



ELDER'S VOICE

Dear Elders and Elder's Contact People,

As another Gathering approaches I would just like to take a minute to stress A **REMINDER** to all of you in this issue. Which is, that no matter how great the new Host is each year or how hard they work all year to prepare and provide for thousands of you to arrive, things can sometimes go wrong.

I recommend to everyone that each year you attend the Annual Gathering you budget for all of the meals, snacks and beverages for your elders, even those included in a Gathering's Agenda - that way if a Host falls short for any reason and the food runs out, or something else unforeseen happens, your Elders are still being provided for during the 3-day event. And if everything works out perfectly, and you don't need to eat out or buy food, than you have a head start on the next year's fundraising.

Sincerely, Donna Stirling

Last summer, in Coquitlam, it was re-confirmed that Squamish would be the next host for the 29th Annual Elder's Gathering in September 2005, but they now have a need to postpone hosting for a year or two.

So, I am getting the word out to the communities in the July issue and August issue, so that hopefully potential bidding groups will have time to talk it over at home, and then come to the BC Elders Council Meeting, at the Thompson Hotel in Kamloops on July 27 at 2:00 pm. to discuss their bid with the BC Elders Council and hopefully answer and ask a few questions about hosting.

Dear BC Elders Council Members: There will only be seating available for each BC Elders Council Member or there alternate at the Council Meeting in Kamloops, as the Meeting Room at the Thompson Hotel has limited seating and we will need to leave room for any prospective bidding Hosts to join us at 2 pm. Council are asked to attend the short meeting by themselves. Thank you

Whe-la-la-u Area Council in Alert Bay is looking for a bus driver to transport their Elders back and forth to the Gathering in Kamloops at the end of this July.

They can pay \$100 per day plus accommodations, if you can help them please leave a message for Ed Dawson at their office: 1-250-974-5501.

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Easy Bakers Corner – Luscious Zucchini Cake

Sift 3 cups of all-purpose flour into a bowl and add 3 cups of granulated sugar, 1 tsp. of salt, 1 Tbsp. of baking soda, 1 Tbsp. of cinnamon, 1 tsp. of nutmeg.

Add 1 1/2 cups of corn oil, 4 lightly beaten eggs, and 1 Tbsp. of vanilla and beat well.

Fold in 1 cup of chopped pecans and 2 cups of grated zucchini.

Grease and flour two 9-inch layer cake pans. Line with waxed paper. Pour batter into pans.

Bake at 350° F for 30 to 35 minutes, or until a cake tester inserted in center comes out clean.

Cool on a rack for 10 to 15 minutes. Carefully remove from pans. Continue to cool on racks.

For Frosting, beat together 8 oz. of cream cheese, 6 Tbsp. of butter or margarine, 3 1/2 cups of powdered sugar, and 1 tsp. of maple extract.

Frost top, middle and sides of cake, and sprinkle cinnamon on top, if desired.

Handy Tips:

If you have wax on the carpet, use an iron [on medium] and paper towel. Press down on the paper towel with the iron - but do not spread the wax around. Then move the paper towel and press down again with the iron, and again and again until gone. If residual dye remains on the carpet, use rubbing alcohol to remove.

Stove rings burnt on with food? Sprinkle on Cream of Tarter and white vinegar and sponge it clean. Make a paste of cream of tarter and vinegar and use it to clean your oven overnight [rinse in cold water].

What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content.

Donna Stirling

‘PRESERVING THE PAST’ New Elder’s Website: www.bcelders.com

The *First Ever* Elder’s Website “Preserving the Past” is now online (Sept. 2002). Future registration forms, booth forms, maps of the Hosting territory, accommodation information, etc. concerning the Annual Gatherings will all be available on the B.C. Elder’s Communication Center Society’s Web Site at www.bcelders.com as soon as they are made available from each new host community.

Issues of your Elder’s Voice Newsletter are posted on the website each month (though all issues still continue to be mailed out to your Elder’s Contact People throughout the province - to ensure that no one is left out because of a lack of access to the internet).

Comments? Please feel free to call in to the Communication Center - contact info is on the back page

Disclaimer: Opinions contained in this publication are not those of Donna Stirling unless her name appears below the material. Elders are free to forward in whatever they feel they need to communicate to their peers without fear of censorships because this is the Elder’s Voice. Also, the health articles are not meant to replace your doctor’s advice, while they may help you have a list of questions at your disposal when you do see him or her, you should contact your family physician or health care worker for all health care matters.

Health Canada funds HIV/AIDS project for Aboriginal communities in Québec
Press Release April 7, 2004

QUÉBEC - The Honourable Jacques Saada, Leader of the Government in the House of Commons and Minister responsible for Democratic Reform, and Mr. Guy St-Julien, M.P. for Abitibi-Baie-James-Nunavik, announced today, on behalf of the Honourable Pierre Pettigrew, Minister of Health, a contribution of \$95,000 over two years to le Centre d'amitié autochtone de Val d'Or for an HIV/AIDS prevention program.

In Canada, it is estimated that every day one Aboriginal person becomes infected with HIV/AIDS. Partners in this project include le Centre de Santé Vallée-de-l'Or, la Régie Régionale de la santé et des services sociaux de l'Abitibi-Témiscamingue, le Service de Santé Kitcisasik, le Service de Santé Lac Simon, La clinique régionale VIH/sida and staff from MRC de la Vallée-de-l'Or.

The objectives of the project are: to increase awareness of the Aboriginal population of the resources and services for HIV/AIDS in the area, to increase awareness of risk behaviours, and to increase the number of Aboriginal people who have healthy lifestyles related to HIV/AIDS.

"This is two-year project will increase awareness of HIV/AIDS related services to Aboriginals throughout Val-d'Or," said Minister Saada. "It is designed to enhance the visibility and access to resources available to Aboriginal peoples infected with HIV/AIDS, and will feature HIV/AIDS prevention education to help stem the spread infections in the area."

"The project will provide culturally sensitive education," said Mr. St-Julien. "It will also help develop strategies that respond to the needs of Aboriginals living with HIV/AIDS, their families and communities."

"Canada has a collaborative approach to the fight against HIV/AIDS, which is carried out in partnership with other levels of government, non-governmental organizations and community organizations," said Minister Pettigrew. "This project is another example of how this integrated approach will help people infected with or at risk of HIV/AIDS."

The Government of Canada funding was provided to le Centre d'amitié autochtone de Val-d'Or under the Canadian Strategy for HIV/AIDS (CSHA). Since 1998, the Strategy has been providing stable, ongoing funding of \$42.2 million annually to address the HIV/AIDS epidemic in Canada.

The Strategy's goals are:

To prevent the spread of HIV infection in Canada; to find a cure; to find and provide effective vaccines, drugs and therapies; to ensure care, treatment and support for Canadians living with HIV/AIDS, and for families, friends, and caregivers; to minimize the adverse impact of HIV/AIDS on individuals and communities; and, to minimize the impact of social and economic factors that increase individual and collective risk of HIV infection.

Of CSHA resources, \$3.4 million is specifically targeted to Aboriginal communities. In addition, the Federal Government contributes \$2.5 million for on-reserve HIV/AIDS programs administered by Health Canada's First Nations and Inuit Health Branch.

There are now more than 42 million people living with HIV/AIDS around the world, and over 3 million people died of AIDS-related illnesses in 2002. In Canada, about 4,000 people become infected with HIV despite prevention efforts.

Media Inquiries: Aggie Adamczyk Health Canada (613) 941-8189

Marie-Claude Lavigne Press Secretary Office of the Honourable Jacques Saada (613) 995-9301

Food Safety Tips: Packing Food Safely for Your Summer Road Trip

It's that time of year again. Time to pack up the vehicle and head out for the summer road trip. You might be going to your favorite vacation spot or perhaps you're planning to travel to the upcoming 28th Annual Elder's Gathering later this summer in Kamloops. No matter where you go or what you do, one common theme runs through all summer road trips – FOOD!!!

Getting the food ready for your road trip takes a lot of planning – deciding which foods to bring, buying the groceries, and packing it all up. One thing you definitely want to plan for is making sure the food you pack for your road trip stays safe to eat. The last thing you want is for you and your family to get food poisoning while out on the road.

Packing Food Safely

- If you plan to travel for more than 2 hours with perishable foods, the most important thing to remember for keeping food safe is to keep your COLD foods COLD (4°C or 40°F or colder). Generally, this means using an insulated cooler to keep your food cold. One of the main causes of food poisoning is improper cooling. This can sometimes be hard to do especially when traveling in a vehicle on a hot summer day. Here are a few planning tips to help you:
- Before packing your cooler, freeze those foods you don't plan to eat or drink right away. Juice boxes are a good example. The frozen foods will help keep your other perishable foods cold.
- If you have the space, store your cooler in the refrigerator or freezer the day before you pack it.
- Pack the cold foods directly from the refrigerator or freezer right into the cooler. Put those foods that you plan to eat later on the bottom of the cooler and cover them with a layer of ice or frozen gel-packs.
- Full coolers work best at keeping cold foods cold. If your cooler is only partially full, pack the remaining space with some ice, with cold fruit or refrigerated juice/water containers.
- Never pack room temperature or warm foods into your cooler. Coolers do not work well for chilling or cooling foods down. Be sure that all foods, which go into your cooler, are already refrigerated or frozen.
- If possible, use an electric cooler that plugs into the lighter. Electric coolers are ideal for keeping foods cold while traveling. If you plan to stop somewhere overnight, remember to bring the electric cooler inside and plug it in a wall socket. If you leave your electric cooler plugged in your vehicle overnight, it will either draw down your battery (which could mean a dead battery in the morning!!!) or not work which will mean warm, unsafe food in the morning!!!
- If you do use a regular ice cooler, make sure to keep it well stocked with ice or frozen gel-packs. Regular ice coolers can keep food cold but don't wait until all the ice has melted and the food has started to warm up before getting more ice.
- Keep the cooler in the air-conditioned passenger compartment of your vehicle. If you can avoid it, never store your cooler in a hot trunk.
- Limit how many times the cooler is opened. Always open and close the lid quickly.
- When you do stop for lunch, remember to keep the cooler in a shady spot. Don't keep it in the direct sunlight. Keep it covered with a light coloured blanket or tarp to reflect the heat.
- If you're planning to bring raw animal foods for cooking later, put the raw meat in leak proof containers and then pack them on the bottom of the cooler. Avoid having any raw meat juices touch ready to eat or already cooked food. The Styrofoam packs that raw meats are sold in ARE NOT leak proof. Remember, juices from raw meat can have pathogens (disease causing micro-organisms) in it.

Lynn Wilcott is a Food Safety Specialist, Food Protection Services, BC Centre for Disease Control.

We've heard the same prescriptions for good health repeated for years by our mothers, friends, in magazine articles and, oh yes, by our doctors. Are they true, and are they supported by current research? On "Today's Woman," "Today" show medical contributor Dr. Judith Reichman tells us that in some instances this "it's good for you" advice ain't necessarily so.

We've been told women should take iron supplements. Is that true?

To start, it is very important to know that iron supplements are the most common cause of poisoning deaths among children, and overload is dangerous at any age. If you're not anemic, doses over forty-five milligrams can cause constipation, vomiting, nausea or diarrhea. While we have our periods and lose blood and deplete our iron stores, taking a multi-vitamin with a small amount of iron is acceptable. But as we get older and stop having periods this is not necessarily so. One out of two hundred and fifty people of Northern European descent (and also persons of other ethnic backgrounds) have a genetic disorder called hemochromatosis.

In this condition, iron absorption is so efficient that there is build up of excess iron in the body's organs, which can cause serious liver, heart, thyroid and joint problems, as well as liver cancer. As women menstruate for thirty or forty years this problem may not show up until after menopause. Iron may also aid the formation of free radicals, those unstable agent disease-promoting molecules. In fact, one theory of why younger women have less heart disease than men is that prior to menopause women's mild iron deficiency acts as a cardiac shield against free radical damage.

Finally, in a recent report of the Nurses' Health Study, in which they followed thirty-two thousand women for more than ten years, they found that those women with higher iron stores were found to be at increased risk for development of type 2 diabetes. Too much iron, as in too much of any supplement, can be harmful. So once you're menopausal, do not take a multivitamin with iron unless told to do so by your doctor after appropriate blood testing.

The Pap smear – does it really need to be done every year?

After age 30 we can decrease the frequency of our Pap smears to every two to three years if our past routine Pap has been normal, we are in a monogamous relationship, don't smoke, don't take steroids, and are not DES-exposed (meaning your mother took DES when she was pregnant with you). Nearly all cervical pre-cancer and cancer is due to the sexually transmitted human papilloma virus (HPV), which, although readily transmitted, is cleared by most women after a few years. If this virus is not cleared, it will take three years or more to cause mutations in the cervical cells leading to pre-cancer and cancer. Some physicians are adding a special test for HPV and if this and the Pap smear are negative, feel very assured that a three-year wait (and not the usual yearly Pap) is safe and warranted.

Q. As an Aboriginal person, I understand I am at great risk of getting diabetes. What should I know about looking after myself?

- What signs should I look for?
- How can I know for sure if it's diabetes?
- What if I already have diabetes?
- What traditional native medicines can help with diabetes?
- Where can I find more information?

We need insulin so our bodies can use glucose (or sugar) for energy. Insulin also helps our bodies digest food properly. A person with diabetes is not able to produce the amount of insulin their body needs. People of Aboriginal descent are **three to five times** more likely than the general population to have or develop diabetes. **Two in every three** Aboriginal persons with diabetes are women. People with diabetes can also show early signs of other problems. These include: **Heart disease, Kidney disease, Loss of limbs**

There are **three types of diabetes**. Each is described below. You'll also find some specific information about their risk and impact for Aboriginal people.

- **Type 1 diabetes** In Type 1 diabetes, the pancreas is no longer able to produce insulin. People with Type 1 diabetes must inject insulin with a needle every day. This type usually occurs in children and young adults. It affects about **one out of every ten** people with diabetes.
- **Type 2 diabetes** In this type of diabetes, the pancreas may not be producing enough insulin. Or, it might not be using the available insulin very well. A variety of options can help control sugar levels for people with Type 2. These may include meal plans, pills or insulin injections. Type 2 diabetes affects about **nine out of every ten** people with diabetes. It usually occurs later in life (most who get it are over 45). However, a growing number of **Aboriginal children as young as five to eight years old** are developing it.
- **Gestational diabetes** This form of diabetes only develops during pregnancy. It goes away after the baby is born. However, all women who have gestational diabetes are at a higher risk for developing Type 1 or 2 in the future. Aboriginal women who develop gestational diabetes are at an even higher risk for diabetes, and could develop Type 1 or 2 within three to ten years.

What signs should I look for? To find out whether you or someone you care about may have diabetes, watch for these signs:

Feeling very tired, Being very thirsty, Going to the bathroom a lot, Having blurred vision, Losing or gaining weight quickly.

However, keep in mind that it's possible to have diabetes without noticing any of these symptoms. While most studies agree that this disease can be passed along in families, being overweight is also a strong risk factor. If you think you are at risk, read on.

How can I know for sure if it's diabetes?

The best way to check for diabetes is a **blood test**. Your health provider may have you fast first, and do the test when you have not eaten for eight to ten hours. Then, you would take a similar test on another day. Based on the results, your health provider will be able to tell you if have diabetes. Or, you would learn whether you are at risk for diabetes in the future. Many people didn't like taking the test before. It used to

take longer, and they had to drink bad-tasting liquid. Now the test is much easier, and costs a lot less.

What if I already have diabetes?

Taking your medications regularly can help control your diabetes and prevent problems. You can also make **changes to your lifestyle**. Here are some suggestions:

- Eat a healthy diet.
- Lose weight if you are overweight.
- Control any high blood pressure.
- Enjoy regular physical activity.
- Reduce your stress.
- Take care of your feet.

Be friendly to your feet

Diabetes affects how blood and oxygen flow through your body, especially to your feet. This makes them prime targets for problems. Not taking proper care of your feet could lead to further problems. These can in turn affect the whole body, which is already weaker because of the diabetes. If problems are left untreated, **gangrene** can develop. Gangrene is often caused by a loss of blood flow. It mainly starts in the legs and feet. If the gangrene spreads, it can lead to loss of limbs that would need to be amputated. This is why foot care is such a crucial part of diabetes care.

What traditional native medicines can help with diabetes?

There are special healers who travel to Native communities offering foot-care clinics. Talk to health care workers in your community to learn more about what's available. Another traditional practice some health workers use (for example, at **Anishnawbe Health** in Toronto) combines Blueberry leaves and Yarrow mixed in equal parts. People are starting to recognize that the Blueberry has many positive health effects. This includes helping some Aboriginal People with diabetes. As with any alternative medicines, **always talk to your health care provider before you add new medicines**.

Where can I find more information?

For more information you can contact any of these organizations:

- The **Assembly of First Nations** offers a [section on diabetes](#) and other chronic conditions that affect Aboriginal communities.

[Canadian Diabetes Association](#). This site includes an online [Diabetes Dictionary](#) that explains? in simple language? many terms you might see as you learn more about the disease.

- The [Canadian Pediatrics Society](#). See their [position paper](#) on Aboriginal Peoples and diabetes.
- [National Aboriginal Diabetes Association](#) is very helpful.
- Turtle Island Native Network [Spotlight on Diabetes](#). This feature includes a recent news release about the Government of Canada's vow to fight diabetes.
- The [Visions Centre of Innovation](#).

Last Modified Date: March 2004 Created for the Canadian Health Network by R.K. Abram, Onyota'a:ka.
Canadian Health Network from Health Canada's website

Some First Nation communities have a lot of drinking, sniffing, and drugs. Tell me about the side effects and health problems that can result.

- [Side effects and health problems](#)
- [Where can I get more information?](#)

Substance abuse is only a symptom of deeper problems with an individual and their community. This is similar to the depression and suicide that also hit Aboriginal groups very hard across Canada.

Many communities are facing the challenge of reclaiming their cultural beliefs and traditional values.

One of their major first steps is to develop strong substance abuse programs that work well over time.

Side effects and health problems

Just as someone who is abusing drugs loses respect for themselves, they lose respect for others as well.

One of the more visible side effects of substance abuse is that the family unit can break down. Here are some other ways that substance abuse does its damage:

Damage to your body

Damage to your body can include:

- Liver inflammation or cirrhosis: because too much alcohol can damage the liver.
- Memory loss: because drinking alcohol and sniffing glue can damage the brain.
- Malnutrition: because a person who is high or drunk tends to forget important everyday things.
- Heart problems.
- Stomach ulcers.

Damage to your mind, emotions and spirit

These aspects of your being also suffer from substance abuse of any kind. And this imbalance impacts all other areas of your life.

Damage to babies developing in their Mothers

The youngest victims are those babies who are growing and developing inside a Mother who abuses drugs or alcohol. Fetal alcohol syndrome (FAS) is becoming a very serious problem. So is its milder form, Fetal alcohol effects (FAE). Newborns born with these conditions can suffer a lifetime of challenges. These include:

- lower weight at birth
- heart defects
- delayed learning
- behaviour problems.

While these effects are possible in both cases, they may not be as severe in FAE babies. Or, they may not be visible right away.

Where can I get more information?

Here are a few organizations that deal with alcohol or drug abuse. They can offer more information on other common effects and hazards of abusing alcohol and other drugs:

- [Aboriginal Healing Foundation](#)
- [Canadian Centre on Substance Abuse](#)
- the [Nechi Training, Research & Health Promotions Institute](#)
- [Addictions Foundation of Manitoba](#)
- the **Selkirk Healing Centre** in Manitoba

The **Medicine Wheel** is an important part of traditional Native healing. Go to Question 6 to learn more.

Last Modified Date: March 2004

Created for the Canadian Health Network by R.K. Abram, Onyota'a:ka.

Canada trails several industrialized countries on heart attack survival rates

Provided by: Canadian Press

May. 04, 2004

TORONTO (CP) - A new study comparing health-care outcomes across five major industrialized countries shows Canada has the worst record for heart attack survival, but the best rates of survival from childhood leukemia.

The study, published Tuesday in the policy journal *Health Affairs*, compared data from Canada, the United States, Australia, Britain and New Zealand for 21 separate indicators, which together are suggestive of the quality of health care in the countries.

The indicators included survival rates for key types of cancer, kidney and liver transplants, heart attack and stroke, as well as rates of such things as mammography to detect breast cancer and what the authors termed avoidable events - suicides, asthma deaths and cases of preventable diseases like pertussis, measles and hepatitis B.

The authors, U.S. academics and international health-care officials, said no one country is evidently the best or the worst at delivering health care, but each has areas they need to improve.

"None of the five countries . . . is consistently the best or the worst on all 21 indicators," said Gerard Anderson, a professor of health policy and management and international health at Johns Hopkins University in Baltimore, Md.

"So, if you're looking for a place to go to get the best care, there isn't a single place." That said, the study suggested the United States likely isn't getting a good enough bang for its buck.

"The United States should be particularly concerned about these results, given that we spend twice as much on health care as any other country," Anderson added.

"Spending more does not necessarily result in better outcomes, at least on these 21 indicators."

The data, drawn from a number of years and sources, showed kidney and liver transplant patients in Canada had the best rates of survival to five years of any of the countries.

Cancer survival rates were average or above average. But the heart and stroke survival rates are a cause for concern, the authors said.

The study also questioned polio vaccination rates in Canada and New Zealand, which were the lowest for the five countries listed. "These low vaccination rates could allow it (polio) to recur," it noted.

A Canadian author, Dr. John Millar, admitted the risk isn't enormous. "I don't think it's a huge risk, but obviously the rates in Canada are a source of concern," said Millar, executive director for population health surveillance and disease control planning for the Provincial Health Services Authority in British Columbia.

Millar suggested resistance to vaccinations linked to fears about their safety and inadequate public health resources in parts of the country may be behind the lower than optimal rates.

The study was funded by the Commonwealth Fund, a private foundation supporting independent research on health and social issues.

medbroadcast.com

TORONTO, Feb 22 (Reuters) - It would be an ironic twist: Canada's long downtrodden aboriginal population becomes the remedy for the country's looming labor shortage.

Successive Canadian governments have spent vast amounts on aboriginal affairs and the debate has raged over whether the money is ever enough, or even allocated properly, to help a group that suffers social ills far out of whack with the rest of the populous.

Canada spends more than C\$5 billion a year on Indian affairs, or about half of what is earmarked for the military. But the unemployment rate for the 1.3 million Indian, Metis and Inuit people remains more than double the national average and the group suffers inordinately from alcoholism and other woes.

Prime Minister Paul Martin, however, has signaled that he wants to improve the lot of aboriginals in his mandate.

'SHAMEFUL' CONDITIONS

"Aboriginal Canadians have not fully shared in our nation's good fortune," Governor-General Adrienne Clarkson said in the government's opening policy speech to Parliament this month. "While some progress has been made, the conditions in far too many aboriginal communities can only be described as shameful."

Martin's government has promised to set up a new cabinet committee on aboriginal affairs, saying the goal was to see "real economic opportunities" for native Canadians.

But how can this be achieved when the problems have seemed so intractable in the past?

The Canada West Foundation, in a new study, believes there are some compelling economic reasons to reach out to the community because of what is expected to be a large influx of aboriginal youth into the labor force as the rest of the population ages.

"It would be a mistake for governments to treat aboriginal human capital as simply an aboriginal policy priority: it must be a top government priority, period, in a similar way that quality health care, balanced budgets and strong economies are top government priorities," Ben Brunnen, policy analyst for the foundation, wrote in the study.

Because of Canada's rapidly aging baby boomers, predictions of a coming labor squeeze abound. A recent federal report found that in a decade the number of retirees will outstrip the number of new people entering the labor force.

Some have looked to immigrants to fill the gap -- if Canadian bosses become more liberal in accepting their foreign qualifications. But Canada West believes the country should look in its own backyard, noting that the aboriginal population is younger than the rest of the population, with one in three aboriginals currently under age 15.

The challenge, however, is keeping aboriginals in school, especially those living on reserves where educational opportunities are narrow.

DROPPING OUT OF SCHOOL

Currently nearly half of the aboriginal population has less than a high-school diploma, compared with only about 30 percent of the rest of the populace. As well, native students are more likely to drop out between grades nine and 10, and the statistics worsen for those on reservations compared with city dwellers.

The study also found, however, that aboriginals do really well financially when they do manage to earn a post secondary diploma. "It is thus of paramount importance that aboriginal Canadians be provided with opportunities to gain the human capital needed to participate fully in the Canadian economy," the report concluded.

The emerging labor pool has not escaped the notice of the Canadian Council of Technicians and Technologists, which has been predicting the country will be facing a shortage of some 17,000 specialist workers by next year.

"That natives are a source of labor for us there is no question," said Jim Facette, executive director of the council. "There are all kinds of opportunities from what I see. But they do have to garner a certain amount of education."
(Additional reporting by Teresa Ruiz)

Keep Your Kids Healthy

From Medbroadcast.com

One Canadian child in every four is overweight, and that number is increasing – in fact, the rate of obesity in Canadian children has more than doubled in the past two decades. And with this weight gain come health problems such as diabetes and heart disease.

The source of these problems is no secret. Two-thirds of school-aged children in Canada are not active enough. And the snack foods kids are eating in increasing quantities are heavy with fat and carbohydrates and light in nutritional value.

So how do you keep your children fit and eating right? We've put together some tips to help you: a healthy food converter, to help you get them away from junk food painlessly; some healthy no-cook snacks for kids, since kids will always snack; and some exercise ideas, to give them non-boring ways of staying fit.

Simple yet creative no-cook snacks for kids

Snack Kebobs: Raw veggies and fruit cut into chunks and placed on skewers.

Banana Popsicles: Dip peeled bananas (fresh or frozen) into low-fat yogurt; roll in crushed low-fat breakfast cereal.

Fruit shakes: Blend ½ cup low-fat yogurt with ½ cup fresh fruit juice.

Sandwich hearts: Make cheese or peanut butter sandwiches on whole-grain bread. Use cookie cutters to make hearts, stars, or favorite animals.

Good ol' "ants on a log": Spread celery or carrot sticks with peanut butter and raisins.

Remember the "moderation" rule when choosing snacks: it's OK to eat your favorite foods in moderation, but make sure they're not replacing or adding to regular well-balanced meals. For more information on healthy eating and exercise for children, read Canada's Food Guide to Healthy Eating and Canada's Physical Activity Guide.

Pet Safety for All Seasons from msn.com

Keep your dog comfortable and healthy in the warm weather with our practical suggestions

Summer General Tips

- Puppies and older dogs are more susceptible to hot weather; encourage your puppy to take a break from play to cool off, and don't overtax your older dog.
- Your dog may be less active during hot weather and need less to eat than in cold weather. Observe your dog and adjust the amount of food to suit her activity level and appetite. If your dog is losing weight or you notice other indications of illness, call your vet.
- Although you may think a close clip will keep your dog cool, if the cut is too short your dog can get a sunburn. At a normal length, a dog's coat has insulating properties that help protect him from the heat.
- If you take your dog to the beach, take water for him to drink -- dogs should not drink seawater or lakewater. Bacteria and other bugs in the water can cause an upset tummy or other illnesses.

Staying Cool and Avoiding Heat Stress Some dogs handle hot weather better than others. Puppies, older dogs, short-nosed breeds like pugs and bulldogs, overweight dogs and dogs with heart or lung problems are more likely to suffer from heat stress. If your dog has recently moved from a cooler climate, he is more vulnerable, too.

These tips will help you prevent heat stress in your dog.

- Provide plenty of water and shade. Dogs need hydration and respite from the sun, just like people do. A few ice cubes help keep drinking water cold longer.
- Avoid excessive exercise. On extremely hot or humid days, try to walk your dog in the early morning, preferably before sunrise, or later in the evening after the sun sets.
- Never leave your dog in a car in hot weather. (This is so important that it is against the law in some areas to leave a dog in a car on a hot day.)
- When traveling or shipping your pet by air, do not schedule flights during peak periods, which are often plagued by delays and stopovers. Choose early-morning or evening flights, when the sun is less strong, and pick up your pet promptly upon arrival at your destination.

Preventing Heatstroke A type of heat stress, heatstroke can come on quickly and usually results from overexposure to heat and humidity and from a lack of ventilation. Signs of heatstroke are panting; staring blankly or appearing anxious; not responding to commands; warm, dry skin; hot body temperature; dehydration; rapid heartbeat; and collapse. If you think your dog may have heatstroke, call your vet. Spray your dog with a garden hose or put him in a tub of cool (not cold) water to lower body temperature. If water is not available, apply ice packs to the dog's head and neck. Give your dog ice cubes to lick on your way to the vet. Even if your dog appears to be feeling better, an immediate trip to the vet's office can help prevent possible secondary complications.

Hot-Weather Dangers Swimming. Not all dogs are great swimmers, and even a great swimmer can get caught in an undertow. To be on the safe side, give your dog a life preserver, available at pet supply stores, especially if you plan to take your dog on a boat.

Bugs. Mosquitoes can carry a parasite that infects your dog with heartworm disease. Take your dog to your vet each year before mosquito season begins, and have him checked for heartworm and other internal parasites. Your vet can prescribe a heartworm prevention program.

Fleas and ticks are more plentiful in the summer. Groom your dog regularly and look carefully for ticks and fleas. Your vet can prescribe medication to prevent flea and tick infestation, or you can purchase special preventive shampoos, dips, and collars.

Antifreeze. In warm weather, cars can overheat and leak antifreeze. This substance is highly toxic to dogs; take your dog to the vet immediately if you suspect that she has ingested antifreeze. Store your antifreeze in a locked cabinet or on a high shelf, and dispose of spills promptly.

Ontario to unveil gambling help line:

The pilot project will be tested on 200 problem gamblers. It could expand to help up to 10,000 a year.

OTTAWA -- Help will be just one call away for those hooked up to Canada's first government-backed phone counselling program for problem gamblers. Ontario is set to announce plans today for a pilot project that could help up to 10,000 people a year in the province when fully operational.

It will offer six free phone sessions with an accredited counsellor for gamblers who fear public exposure or who live in rural areas.

Statistics Canada reported last month that 1.2 million adults are at risk or have already developed betting troubles.

More than 340,000 live in Ontario, but only about 1,000 show up each year for treatment, says the Centre for Addiction and Mental Health in Toronto.

"It will open up treatment resources to people who normally wouldn't consider it," said Tony Toneatto, a research scientist with the centre who will oversee the phone project.

He has treated gambling addicts ranging from powerful executives to welfare moms hoping for the big win.

But there's a huge gap between those who need counselling and those who seek it, he said.

"A lot of people suffer in shame because they're just not able to take that step. There's the public humiliation if you're someone who's well-known in the community.

"And there are those who simply don't have the money to park."

The Ontario government, through the Ontario Problem Gambling Research Centre, will spend \$250,000 to develop the phone counselling program and test it on 200 clients.

Sessions will last about an hour. Homework will include one to three hours of assignments each week from a handbook that explores why people bet more than they can afford.

The province devotes two per cent of revenues from slot machines at racetracks and four charitable casinos to pay for problem gambling research and treatment.

For 2001-2002, that amount was about \$22 million.

Follow-up for six months on participants will help determine if the phone counselling project will be expanded.

Rob Simpson, chief executive officer of the research centre, said up to 10,000 gambling addicts a year could be treated at a cost of \$600 each.

Governments that enjoy huge profits from state-sanctioned casinos, slot machine parlours and video lottery terminals are obliged to act, he said.

Betting addiction -- a medically recognized mental health disorder -- is "the undesirable product" of

Canada's gambling craze, he said.

"It's really hard for the rest of us to understand that these people are unable to make sensible decisions about their gambling. Their ability to control their impulses is impaired."

Statistics Canada says men, aboriginal people, those with less education, VLT players and those who bet frequently are most likely to get in over their heads.

An estimated 19 million Canadian adults wagered \$11.3 billion in 2002 on everything from video lottery terminals (VLTs) to ordinary lottery tickets, bingos and casino games.

That's a four-fold jump from the \$2.7 billion spent 10 years ago when government coffers relied much less on gambling.

Details on the phone counselling project are available at 1-877-238-5377.

Info from Statistics Canada

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Allergy proofing your bedroom

One of the most important parts of allergy management is to avoid allergens, the substances that cause the allergic reaction. This includes reducing and minimizing the number of potential allergens in your home. Find out what you can do in the...

Wash bedding on a weekly basis in water that is at least 54.5° C (130° F)

Use a cover for the bed mattress, box spring that is allergy resistant (does not allow allergens through material)

- Use pillowcases that are allergy resistant
- Remove stuffed toys from bedroom
- Remove carpets from bedroom
- Use shades instead of blinds or curtains to cover windows
- Minimize amount of upholstered furniture in bedroom
- Keep fur bearing pets out of bedroom
- Keep windows closed and air conditioning with filter on during pollen season
- Keep room vacuumed, and surfaces cleaned and free of dust
- Use a high efficiency particulate air (HEPA) cleaner to remove allergens from the air

From medbroadcast.com

Annual B.C. Elders Raffle - March 01, 2004 - June 30, 2004

Thank you very much to all Artist who contribute to this Elder's Draw -
without your support this draw would not have been possible.

Prizes

- 1st - A framed 30" x 23" print 'Sisiutl & Canoe' No. 78/100 by Artist Junior Henderson, donated by Junior Henderson
- 2nd - 16" x 24" (winter scene) painting by Cree Artist and Entertainer Ed Peekeekoot, donated through Amy Eustergerling, B.C. Elders Council
- 3rd - 3/4" hand carved Silver Bracelet by Artist Delmar Johnnie of Seletze' Fine Arts, donated by Sarah Modeste, B.C. Elders Council
- 4th - 26" x 22" 'Wasted Tears' print No. 58/150 by Artist Willy Belcourt, donated by Terry Spahan, B.C. Elders Council
- 5th - 20" x 15" 'Sisiutl & Moon' print No. 70/125 by Artist Victor Moon, donated by Victor Moon
- 6th - Deer Skin Drum donated by Betty Nicolaye, B.C. Elders Council
- 7th - Buckskin Moccasins - men's size medium, by Celestine Thomas, donated by Jeanette McMaster, B.C. Elder's Council
- 8th - Buckskin Moccasins, donated by Jeanette McMaster, B.C. Elders Council
- 9th - Cowichan Vest (adult size), donated by Sarah Modeste, B.C. Elders Council
- 10th - Elige eau de Parfum, Indulgent Shower Gel, & Indulgent Body Crème pkg. donated by Chief Maureen Luggi
- 11th - 22" x 15" 'Kwakiutl Spirit Whale' print No. 6/100 by John Sharkey, donated by Marilyn Ferry
- 12th - 11" x 15" 'Owl' print No. 8/145 by Pam Holloway, donated by Elder Rose Hanson
- 13th - Coast Salish Carved/Painted Pottery by Artist Stewart Jacobs, through Andrea Jacobs, B.C. Elders Council

Profits for this Annual Provincial Elder's Art Raffle will be divided equally 4-ways:

1. To assist individual Elders with travel and accommodations to attend their Annual Elder's Gathering.
2. To provide a donation to each new Host community to assist with the food costs associated with hosting between 3000 and 7000 Aboriginal Elders and their Support People.
3. An '**Elder's Group Draw**' - with one or two winning groups sharing a 1/4 of the raffle profits to help send their group to the Gathering.
4. One share will be used for office expenses for this communication center operating for the Elders in this province.

Raffle results will be announced in the August issue as the draw date on June 30th was too late to make it into the July issue before the cut-off date with the printer.

B.C. Elder's Communication Center Society
1420 C. 16th Avenue, Campbell River, B.C. V9W 2E3 Toll-free at 1-877-738-7288

**B.C. ELDER'S
COMMUNICATION
CENTER SOCIETY**

**1420 C 16th Avenue
Campbell River, B.C. V9W 2E3**

**Toll-Free: 1-877-738-7288
Phone: 1-250-286-9977
Fax: 1-250-286-4809
Coordinator: Donna Stirling
Website: www.bcelders.com
Email:
bcelderscommcenter@telus.net**

**'ELDER'S VOICE' ISSUES
ARE SENT OUT TO
COMMUNITIES BY THE
1st OF EACH MONTH, IF
YOUR COPY IS NOT
RECEIVED IN A TIMELY
FASHION PLEASE
CALL IN.**

TRADITIONAL HEALING CORNER

First Nations communities have much to offer in the way of traditional healing. If you can provide information of who and what is available in your area, please call in to the office on the toll free line to talk.

LOGO—Our thanks and appreciation go out to Shuswap First Nation's Artist Ivan Christopher for donating our Center's Logo.

PROVERBS:

Be slow in choosing a friend, but slower in changing him. Scottish

Even a fool is thought wise if he keeps silent, and discerning if he holds his tongue. Misc.

Fear not a jest. If one throws salt at you, you will not be harmed unless you have sore places. Latin

A fool shows his annoyance at once, but a prudent man overlooks an insult. Misc.

BIBLE QUOTES

"Turn all your troubles over to Him, because He cares for you and is watching over you." 1 Peter 5:7

"I will be glad and rejoice because of your constant love. You see my suffering; you know my troubles." Psalm 31:7

Don't forget to mail, fax, or call in your Special Wishes!!

Happy! Happy! Birthday To All Elders Born In July!!

COMMUNITY EVENTS

The 28th Annual Elder's Gathering will be held at the KXA Auditorium in Kamloops (in the same facility it was held at in 1999) and is being hosted by the Shuswap Nations and the Interior Bands. It will take place July 27, 28, 29 2004 - for more information call: Doris Bamford, Contact Person (after 3 pm) at 1-250-314-9820, fax 250-828-9802 or call Laura Coles at 1-250-679-8584 OR watch for updates here in the Elder's Voice.

Accommodations: More information can be found in the BC Approved Accommodation book available from the Chamber of Commerce or Tourist Information or call: 1-604-435-5622 to request the book.

Comfort Inn & Suites - Toll free: 1-888-556-3111 or email comfort@kamloops.com

Best Western (Kamloops) - Toll-free: 1-800-665-6674 or email bestwestern@kamloops.com

Days Inn (Kamloops) - Toll free: 1-800-561-5002 or email daysinn@kamloops.net

Hampton Inn - Toll free: 1-800-426-7866 or email hampton@kamloops.com

Super 8 Motel (Kamloops) - Toll free: 1-800-800-8000

Sagebrush Motel - Toll free: 1-888-218-6116

Scott's Inn - Toll free: 1-800-665-3343 or email scottsinn@kamloops.com

Ramada Inn (Kamloops) - Toll free: 1-800-663-2832 or email ramada.kam@shawbiz.ca

Travel Lodge (Kamloops) - Toll free: 1-800-372-8202 or email sleepy@kamloops.com

Travel Lodge (Mountain View) - Toll free: 1-800-667-8868