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B.C. ELDER'S COMMUNICATION CENTER SOCIETY

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 this issue and the next, 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 their hosting.

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.

Please keep selling your raffle tickets as help is still really needed here. As you hopefully all know the **DRAW DATE** for the raffle is June 30th and all unsold tickets, stubs and monies will need to be sent in by the **3rd week in June**. Cheques and money orders should be made out to **BC Elders C.C. Society** and mailed to **1420 C 16th Avenue, Campbell River, B.C. V9W 2E3.**

Inside this Issue

Easy Bakers Corner/Tips	2	Pg. 6 & 7: "Overweight Kids and Bullying" & Super Seniors Articles
What can you share?	2	Pg. 8: "Are Carbohydrates really as bad as Dr. Atkins said?"
www.bcelders.com	2	Pg. 9: "Heart Disease Huge but Under-appreciated Global Problem"
Food Protection Series	3	Pg. 10: Meditation
URGENT PLEA FOR HELP!	4	Pg. 11: Income Major Health Factor
Women's Favorite Email	5	Pg. 12: Smoking and Kids
		Pg. 13 & 14: War On Stroke
		Pgs. 15: Elder's Raffle - Prizes
		Back Page: Community Events/Proverbs

Easy Bakers Corner – Whole Wheat Banana Bread

Measure 2 cups of whole wheat flour, 1 Tbsp. of wheat germ, 1 tsp. of baking soda, and 1/2 tsp. of salt into a large bowl. Stir to blend.

In a bowl or a food processor, combine 2 eggs, 2 cups of cut-up ripe bananas, 1/2 cup of honey, 1/4 of vegetable oil, 1 Tbsp. of lemon juice, and a 1/2 tsp. of vanilla extract until well blended.

Pour over flour mixture. Add 1 cup of chopped walnuts. Stir with a rubber spatula just until blended. Pour into a greased and floured 8-by-5-by-3-inch loaf pan.

Bake at 350°F until sides pull away from the pan and a toothpick inserted in the center comes out clean, 45 to 55 minutes.

Cool on a rack before removing from pan.

Handy Tips: Two remedies for Bee and Wasp Stings

Two simple remedies are effective, depending on the type of sting. If it's a **bee sting**, prepare a paste of baking soda and water and apply to the area. Bee stings contain formic acid, so an alkaline baking soda helps to neutralize them.

If on the other hand you've been **stung by a wasp**, reach for some vinegar. Vinegar contains acetic acid and will help to neutralize the wasp's more alkaline sting. No first-aid kits should be without baking soda and vinegar.

Info from the KDC Health Newsletter

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.

Food Safety and Barbeque Grilling

Introduction

Summer is finally here. We can now enjoy the warm weather after a cold winter. Nothing beats biting into something hot and juicy straight from the barbeque grill on a warm summer night. Not only does it taste good but it is a great way to spend time with family and friends. However if you plan to cook and serve foods from the barbeque, it must be done properly for the foods to be safe.

Before the Barbeque

- **Defrosting:** Always completely defrost any meat or poultry before grilling so that it cooks more evenly. Foods can be safely thawed in the refrigerator or under cold running water. You can also defrost in the microwave if the food is then going to be immediately placed on the barbeque.
- **Marinating:** Always marinate food in the refrigerator, not on the counter. If some of the marinade is to be later used as a sauce on the cooked food then set aside a portion of the marinade before putting raw meat or poultry in it. However, if the marinade that was used on raw meat or poultry is to be reused on the cooked food, then make sure to cook it to at least 74°C or hotter before re-using on the cooked food.
- **Precooking:** Some people will partially precook the food in the microwave or stove as a way to reduce grilling time. If you do precook, make sure to precook the food just before putting it on the barbeque grill where it will finish cooking.

On the Barbeque

- **Cooking:** A good rule of thumb is to cook meats and poultry until you see no pink in the middle and the juices run clear. Better yet, use a small food thermometer and check the temperature of the food at the end of cooking.
- **Cook foods:** To the following internal temperatures to be safe:
 - all poultry (cuts or ground): 74°C or hotter
 - any ground meat or fish: 70°C or hotter
 - fish, beef, veal or lamb cuts: 63°C or hotterMake sure to hold the foods at these temperatures for at least 15 seconds.
- **Ground meat:** Use thin patties rather than thick round patties. It is difficult to thoroughly cook the middle of a thick patty without burning the outside.
- **“Rare” hamburgers:** Avoid serving “rare” hamburgers even if someone asks for it. While this might be their preference, do you really want to be the one that could make your family member or friend very sick?
- **The barbeque’s heat:** Make sure your barbeque produces an even, steady heat. A common problem is overheated barbeques where the outside of the food starts to burn and the cook takes it off because it “looks” done.

After the Barbeque

- **The cooked food:** When the food is properly cooked, **NEVER** put the cooked food on the same surface the raw food was sitting on. Juices from the raw food on the surface can contain pathogens which could then contaminate the freshly cooked food.
- **Hot holding:** If you do hot hold cooked barbeque foods for serving later, always be sure they are held at 60°C or hotter.
- **And most importantly- ENJOY!!!!!!**

URGENT: Public Plea for Financial Assistance

Early Thursday morning, April 29, 2004, My mother was in a single car accident between Smithers and Hazelton, BC. She was on her way home to Glen Vowell, BC. She was taken to Wrinch Memorial Hospital early that morning, approximately around 3:30 am and 5 am. There were three people in the car. My brother, Gary Wilson was the driver and walked away with only minor breaks in his ribs and his girlfriend Francine was released from P.G. Hospital yesterday, May 2, 2004 with a severed finger and the usual bruising.

My mother, Caroline Wright (age 54) was the worst and she sent here to Vancouver General on Thursday April 29, 2004, with the following injuries:

*minor bleeding in the brain, now stable and under control, broken collarbone, dislocated left elbow, now in splint, small fracture in left knee, small pelvic fracture, broken bones in spine, surgery to be done, torn ligaments in right leg, broken right wrist, in cast, broken ribs, all ribs on left side and 3 broken on right side, pancreas damage & inflammation

She was placed in ICU 2 - Bed 5, in critical condition but stable. She was heavily sedated until yesterday, when the doctors began to slowly take her off the sedation to assess her spinal injuries prior to surgery. We know that she is expected to stay in the hospital for sometime, but we are taking everything one step at a time. The family travelled down here on Fri. April 30/04. They arrived early Sat. morning, May 1/04. A family room has been set up at VGH, but it really isn't suitable for the family to sleep at. and I live in Vancouver and only have a one room apartment. The family includes (in relation to me);

Gary Lockerby (Dad), Donovan McLeod, Sr (Brother), Donovan McLeod, Jr. (nephew), Roxanne McLeod (sister, six months pregnant), John Sampson (in-law), Bryan McLeod (brother), Chrystal Bro (sister)

We need financial assistance to help with Hotel rooms for 7 people. As the spokesperson for the family, today I will be fairly busy with contacting a lawyer to begin the ICBC claim and calling hotels for discount prices for our situation. Normally, our family being status natives, our Band Office (Glen Vowell Band) would take care of the accommodations, however, since our family has always being a "thorn" in their sides they can only offer us \$200, which we have not yet received. We have received some funding from people in Hazelton, but it still is not enough to cover accommodations for their stay here in Vancouver.

Sunday, being Mother's Day we would very much appreciate to have any assistance possible to have the family comfortable before then. My mother is a very big fan of the morning news and I am sure that she would like to say a "hello" to Sara Daniels, whom she spoke with a couple of times telling Sara about the weather in Glen Vowell.

SECOND PLEA TO PUBLIC.

NEW BANK ACCOUNT: Bank of Montreal Acct# 2722 3314-942

My family had to return to Hazelton on Sat. May 8, 2004 due to lack of funding for accommodations. Any assistance is appreciated. Sincerely, Leona Brown #306-1389 Commercial Drive Vancouver, BC V5L 3X5 Home 604-251-1584 Cell 604-809-4641

A Man and a Woman Switch Places

A man was sick and tired of going to work every day while his wife stayed home. He wanted her to see what he went through so he prayed:

"Dear Lord: I go to work every day and put in 8 hours while my wife merely stays at home. I want her to know what I go through, so please allow her body to switch with mine for a day" Amen.

God, in his infinite wisdom, granted the man's wish. The next morning, sure enough, the man awoke as a woman.

He arose, cooked breakfast for his mate awakened the kids, set out their school clothes, fed them breakfast, packed their lunches, drove them to school, came home and picked up the dry cleaning, took it to the cleaners and stopped at the bank to make a deposit, went grocery shopping, then drove home to put away the groceries, paid the bills and balanced the check book. He cleaned the cat's litter box and bathed the dog.

Then it was already 1 P.M. and he hurried to make the beds, do the laundry, vacuum, dust, and sweep and mop the kitchen floor. Ran to the school to pick up the kids and got into an argument with them on the way home. Set out milk and cookies and got the kids organized to do their homework, then set up the ironing board and watched TV while he did the ironing.

At 4:30 he began peeling potatoes and washing vegetables for salad, breaded the pork chops and snapped fresh beans for supper. After supper, he cleaned the kitchen, ran the dishwasher, folded laundry, bathed the kids, and put them to bed.

At 9 P.M. he was exhausted and, though his daily chores weren't finished, he went to bed where he was expected to make love, which he managed to get through without complaint.

The next morning, he awoke and immediately knelt by the bed and said, Lord, I don't know what I was thinking. I was so wrong to envy my wife's being able to stay home all day. Please, oh please, let us trade back."

The Lord, in his infinite wisdom, replied, "My son, I feel you have learned your lesson and I will be happy to change things back to the way they were. You'll just have to wait nine months, though. You got pregnant last night."

Voted Women's Favorite Email of the Year

Quotes

"The thread of our life would be dark, Heaven knows! If it were not with friendship and love intertwined."

Thomas Moore

"You can lay the foundation of a friendship in a matter of moments, but it is a work of time to build a monument."

Madelyn Watt

"Lord, grant that I may seek to comfort rather than be comforted; to love rather than be loved."

Mother Teresa

"Reprove thy friend privately; commend him publicly."

Solon

Overweight and obese kids more likely to be bullied - and to bully: study

Provided by: Canadian Press May. 03, 2004

Written by: HELEN BRANSWELL

TORONTO (CP) - Obesity doesn't just set children up for a lifetime of adult health problems. It turns them into a magnet for bullies - and sometimes even into bullies themselves.

A new study reports that overweight and obese children are much more likely than healthy-weight kids to be bullied. And as they get older, they are more likely to find their own victims. Lead author Ian Janssen admitted the link between being overweight and being bullied isn't startling, but it is surprisingly strong.

Obese girls, for instance, are 90 per cent more likely to suffer at the hands of a bully than their healthy-weight peers.

"If anyone was to go on a playground and just sit and observe what goes on on a playground, they would say: 'Well of course,'" Janssen said in an interview.

"But . . . what we found was that it was consistent for not just being called names which we might think would be the form of bullying that would be associate with obesity, but it was also apparent for physical forms of bullying and as well for relational forms of bullying."

Relational is a term the researchers used to describe behaviours like shunning, telling lies or spreading rumours about someone.

Overweight girls are more likely to be the victims of physical abuse than overweight boys, a finding Janssen, an obesity researcher at Queen's University in Kingston, Ont., hadn't anticipated.

"It was very apparent and even more so in the girls for the physical forms of bullying. And that was probably the biggest surprise to me when I did the analysis."

But a counsellor at Kids Help Phone, an anonymous, toll-free national service for children, said adults fool themselves if they think violent behaviour is restricted to boys.

"Girls do it just as much," said Gayle Browne, who has worked at Kids Help Phone for four years.

"I think there's kind of an idea that it's a boy thing, and that boys pick on other boys and kind of do that as part of growing up. But it's not that anymore."

On her end of the phone line, Browne hears of bullying for all sorts of reasons. But she has no doubt that being overweight sets kids up to be picked on.

"Kids are certainly getting bullied around lots of different issues now. But definitely weight . . . often comes up," she said.

The study, funded by the Canadian Institute for Health Information, was published Monday in the journal *Pediatrics*. It's based on analysis of self-reports from 5,749 children aged 11 to 16 drawn from 171 schools across all 10 provinces.

The children took part in a survey entitled Health Behaviour in School-aged Children, the Canadian version of an international survey of school kids organized by the World Health Organization and conducted in 35 countries around the world. Janssen and his colleagues only drew on the Canadian data for their study.

Based on that sample, one in seven children reported being a victim of bullying. The higher the child's weight, the greater the chance the child would be bullied. Overweight and obese boys were more likely to be the victims of verbal and relational abuse than of physical abuse.

Among the older overweight children - 15- and 16-year-old boys and girls - the data showed a complex picture where kids were often both victims and perpetrators. Janssen said they couldn't tell from the data available, but he suspected children who had suffered bullying later took out their frustration on others.

Browne found that idea surprising. "I don't know that bullies were bullied. I haven't seen that."

Both said they felt the findings were important to help in the tailoring of anti-bullying programs.

"The best way to deal with bullying is to prevent it," Browne said. "Because it's really difficult to deal with once it's begun."

But Janssen's primary purpose was to add to the mountain of evidence experts use to urge people to watch their weight - and the weight of their children.

"The more problems that we can demonstrate that are associated with obesity, hopefully, the more we can deal with preventing the problem of obesity," he said. [From medbroadcast.com](http://medbroadcast.com)

Dear BC Elders,

With members of the PWAC (Periodical Writers Association of Canada) I am writing a book called "Super Seniors - Beyond 65 and Fully Alive".

It will feature real-life stories of Canadian women and men over 65 who are living exemplary lives - active in body, mind and spirit - people whose stories will INSPIRE others to become positive about life.

The person (s) selected will be interviewed and their story and pictures carried in this first issue of our annual edition.

Time is rather short as we want to go to print in July. Could anyone interested please reply to Viv Lee by telephone: 604-273-5683 or by email: Viv@superseniors.net within one week

Thanks for your help,

Viv Lee

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. From msnbc

Are carbohydrates really as bad as Dr. Atkins said? Once again, not necessarily. A recent review published in the Journal of the AMA found that there is not enough evidence to make health or diet recommendations for or against low-carb diets. Another article, published in the New England Journal of Medicine, showed that low-carb diets (with high fat and high protein) are more effective for weight loss in obese individuals when compared with low fat diets (fewer than 25% of calories from fat), but only during the initial 3 and 6 months.

By the end of the year, those who stayed on the low-carb diet (and many couldn't) did not lose more weight. And those who succeeded in losing weight in the first place did so because they ate fewer calories. It's the total calories that count! The American Heart Association has not recommended a low-carb diet, stating that there is no evidence that the diet is effective long term in improving health. Against a strict restriction of carbs for weight control is a 12-year Harvard study of 74,000 women, which showed that those who consumed more fruits and vegetables were 26 % less likely to become obese than women who ate fewer fruits and vegetables over the same period of time.

Part of the puzzle is that not all carbs are created equal. Refined carbohydrates, such as white rice, white bread and of course sugar – and potatoes – cause rapid spikes in blood sugar and hence raise insulin levels. Insulin can then cause fat to accumulate in the body, especially around the waist, and wrong fats (triglycerides) to accumulate in the blood stream, contributing to plaque and heart disease. Complex carbs (think whole grains that are not denuded during so-called "refining") are digested slowly and don't cause a sudden blood sugar surge.

They also contain important fiber, vitamins and phyto (plant) chemicals. When you stop consuming these "made for us by nature" carbohydrates and substitute protein and fat, you can eventually cause considerable harm. In the short term you may feel tired, dizzy, nauseated and dehydrated. With time, lack of carb balance can lead to deficiencies in vitamins and minerals. A lack of fiber often results in constipation and this increases your risk for development of diverticulosis (weakened pouches that develop in the bowel wall) and possibly even colon cancer.

A diet with the wrong fats, i.e. saturated fats found in meat and whole milk and the trans fats in many processed foods and margarines, will contribute to heart disease. Too much protein can lower absorption of calcium, leading to osteoporosis, and can stress your kidneys. We don't need a general carb-out. If you want to keep your weight down and stay healthy, do the known, right stuff: eat plenty of vegetables and fruits, and substitute whole grains, some nuts, and healthy oils for sugar, white starch and saturated fats. And of course, don't smoke, and make sure you exercise!

Heart disease huge but under-appreciated global problem, report says
Provided by: Canadian Press Written by: MALCOLM RITTER Apr. 25, 2004

NEW YORK (AP) - Heart disease is a huge but largely overlooked problem for global health, striking working-age people in developing countries and hampering their economies, a new report concludes.

Low- and middle-income countries suffer about 80 per cent of the world's 17 million deaths each year from heart disease, including stroke, researchers found. "This is a common problem in developing countries," said the study's lead author, Stephen Leeder, a visiting research fellow at the Earth Institute at Columbia University. And while the United States and other developed countries have largely pushed the death rate from such diseases past the age of 70 - through prevention and medical care - elsewhere the problem is far more common in working-age people, Leeder said.

In the age group of 30 to 59, for example, the rate of men dying from heart disease in Russia is about five times that of the United States; in India, it's nearly double; and in South Africa and Brazil, markedly higher, the report says. India alone is losing a million people a year from its potential active work force, Leeder said.

"These are people who would otherwise be adding to the economy. They're people who would be looking after their families," Leeder said Friday, noting that widowhood is "a fast track to poverty" in developing countries.

The report is sponsored by Columbia's Earth Institute and its school of public health, the University of Sydney in Australia and the Initiative for Cardiovascular Health Research in The Developing Countries. It is scheduled to be released Monday but was available Friday on the university institute's website.

In a foreword, Derek Yach, a representative of the World Health Organization's director general, said the report "will start to dispel many myths that hamper progress in CVD (cardiovascular disease) and other chronic diseases."

To combat the problem, Leeder said, developing countries must recognize heart disease as an economic as well as a health issue. They should take such steps as taxing cigarettes and banning tobacco ads. Residents should be educated about the risk of heart disease and about getting exercise and trimming their diets, he said. And governments should do all they can to make sure inexpensive drugs to treat high blood pressure and high cholesterol are provided to their citizens.

The report notes that the problem of heart disease in low- and middle-income countries hasn't received more attention in part because it has "few of the features that attract international sympathy or support." Heart disease rarely kills children, the researchers wrote, while adults with the disease "do not provide heart-rending photo opportunities."

It is "commonly seen as an affliction of affluence occurring in late middle and old age, a regrettable but inevitable feature of growing old." That view persists despite the fact that millions of people, especially the poor, die from cardiovascular disease in their 40s and 50s, the report says, "and it is the poor, not the rich, who are generally most at risk."

The research takes a close look at populations in Russia, Brazil, India, China and South Africa, and calculates the number of productive years lost to heart disease as an indicator of economic cost. In total, the loss is about 21 million productive years annually, and it will climb to about 34 million by 2030 unless communities and their governments take action, the report said.

Leeder said those estimates are conservative.

Meditation - Kinds of meditation

For many people, the word "meditation" brings to mind images of monks sitting pretzel-legged, chanting "om." At the very least, it's typically assumed to be some sort of specialized religious activity. But it's not necessarily so.

Most basically, meditation involves calming and focusing the mind. Many forms also involve some kind of breath control. Most, but not all, involve sitting. And there are several ways to meditate that involve no religious or spiritual purpose or affiliation at all. Techniques that have been studied in clinical trials and are recommended by some doctors for improving mental and physical health include the following:

Relaxation response.

This involves sitting in a relaxed posture with the eyes closed and focusing on your breath for 10 or 20 minutes. It is recommended to do it twice daily. This is a technique that was developed by Dr. Herbert Benson of Harvard Medical School; he has published books on it, and there is information on it available on the Web.

Mindfulness meditation.

This involves being aware of your bodily sensations, the things you feel, and the sounds you hear, and paying attention to what you're doing. It may sound simple, but have you ever eaten a meal without thinking about anything but the food and the act of eating?

There are several approaches to this technique; the one most tested for its health benefits is often referred to as Mindfulness-Based Stress Reduction, or MBSR, and can be learned over a course of a few weeks through tapes or programs. Its leading proponent is Dr. Jon Kabat-Zinn of the University of Massachusetts Medical School, which has a Center for Mindfulness.

Other advocates of similar kinds of mindfulness meditation include Thich Nhat Hanh, a Vietnamese Zen Buddhist who has published several books and allows a non-religious approach to meditation.

Transcendental Meditation®.

This is a program offered by an organization founded by Maharishi Mahesh Yogi; it is required that you learn the technique from an instructor. It involves 15 to 20 minutes twice a day, seated, but it also involves mental repetition of a *mantra*, a "word" such as "ainga" or "shiring" that has been selected for you by your instructor.

There are also meditation techniques that are related to specific religions. Different branches of Buddhism (notably Theravada, Tibetan and Zen) have a variety of well-established techniques, as do sects of Hinduism, but there are also meditative practices used in some groups in western religions such as Islam and Christianity. There is considerable variety in the different approaches.

People's income a major health factor: report

CTV.ca News Staff

There is a link between wealth and health, and it favours those who have the healthiest incomes, a new report says.

The report, entitled *Improving The Health of Canadians*, confirmed that the rich are healthier than the middle class, who is in turn healthier than low-income people.

"Income largely determines Canadians' ability to purchase the necessities of a healthy life," it said.

"Let's look more closely at the health of disadvantaged groups, especially aboriginal peoples," said Dr. Cameron Mustard, one of the researchers of the report released Wednesday, in a statement.

The report was prepared for the Canadian Institute for Health Information. "We need to understand the health needs of low-income families. We also have to confront new challenges, such as obesity, which the World Health Organization has recognized as a worldwide epidemic," he added.

The health of aboriginal people, broadly measured by life expectancy and infant mortality, is worse than Canada as a whole -- although they have made gains in recent year, the report said.

It found the life expectancy of aboriginals and Inuit were five to 10 years less than other Canadians. The infant mortality rate was two to three times higher. Suicide rates are also higher. In addition, aboriginal people suffer three times the diabetes rate and 16 times the tuberculosis of the general Canadian population.

The report found that in children, the obesity problem may be stabilizing, but kids are still much chubbier today than 20 years ago.

Two of every 100 girls were obese in 1981 versus 10 of 100 in 2001.

One difference between the sexes is the risk of obesity rose among affluent men, but dropped for affluent women, it said.

To improve Canadians' health, the report prescribed the following: "Good jobs, adequate incomes, supportive family and community environments, effective child and family services, and improved health behaviours can all contribute to reducing inequalities in health."

The dimensions of wage inequality among Aboriginal peoples

In addition to confirming a wage gap between Canadian workers as a whole and those of Aboriginal origin, our research also generated new findings: there is greater disparity in the distribution of wages among Aboriginals than among Canadian workers as a whole, even after allowing for demographic differences.

Our analysis does not stop there. Indeed, this analysis can hide considerable wage dispersions between Aboriginal groups since appreciable wage gaps were noted between these groups. Having said this, wage dispersion is most likely greater for certain Aboriginal groups than others. Since this aspect has never been studied before, the purpose of this paper is to document differences in wage dispersion for the four main Aboriginal groups. Our results show that North American Indians living on reserves are the most disadvantaged Aboriginal group because their earnings are substantially lower than those of the other groups.

From Statistics Canada

Premature mortality in health regions with high Aboriginal populations

This article examines the rate of potential years of life lost--a measure used to quantify premature mortality in differing health regions. The rate was considerably higher in health regions with large proportions of Aboriginal residents, compared with other health regions. Much of this difference was attributable to injuries in the high-Aboriginal regions; notably, suicides and motor vehicle accidents.

From Statistics Canada

Where There's Smoking, There's Fire: Especially For Kids

A recent report showed that teenagers become addicted to nicotine more quickly than adults. 40% of the 12/13 year olds who had tried smoking studied showed symptoms of addiction, in some cases after only a few puffs and without ever inhaling.

53% of those who had inhaled reported symptoms; 70% developed an addiction before becoming daily smokers; and girls got hooked much more quickly than boys, taking an average of only three weeks from the first smoke. Many of the children were only smoking two cigarettes a day. The study challenges the myth that kids don't become addicted unless they smoke daily; and unless they are smoking at least ten, as opposed to two, cigarettes.

Other recent news articles show that in addition to the powerfully addictive nature of nicotine, additional factors contribute to the widespread nature of this deadly and costly practice. A recent Ontario study showed that adolescent girls who think they are overweight were 50% more likely to smoke than girls who believed that their weight is healthy, or that they are underweight. Even boys who skipped meals for weight control were more likely to smoke than boys who were satisfied with their weights. Tobacco companies certainly exploit this connection, having spent 6.73 billion dollars in 1998 for ads targeted at women, featuring slim, attractive, and athletic models. This glamorization of smoking (and drinking) has likely contributed to the association of smoking with popularity among young people aged 14-22 that has also recently been researched.

Examining the promotion of smoking from a different angle, studies have also made visible the active and successful suppression of anti-smoking efforts on the part of pharmaceuticals and other suppliers of chemicals for the tobacco industry. It has been established that in the 1980's and 90's, tobacco companies such as Philip Morris used financial leverage to coerce their suppliers into stopping or modifying anti-smoking efforts such as encouraging doctors to urge their patients to quit, the marketing of a transdermal patch, or donating money to anti-smoking groups.

Putting just these two factors together, it is no wonder that a report showed that the hard-won reduction in smoking among U.S. women was nearly nullified in the 1990's – an unspeakably tragic finding, given that more American women die from lung cancer than from any other form of cancer, and that 90% of lung cancer-related deaths are linked to smoking. And that is only part of the bad news. Recent research has revealed that: exposure to second-hand smoke most definitely causes cancer, second-hand smoke dramatically increases the risk of heart disease; tobacco smoke causes cancer in more parts of the body than previously thought (adding the stomach, liver, cervix, uterus, kidney, nasal sinus, and myeloid leukemia to the lung, oral cavity, gullet, larynx, pharynx, pancreas and bladder); women who are heavy smokers for many years may be at greater risk for developing breast cancer; smoking hinders fertility treatments in men and fertility in women; smoking during pregnancy has been linked to autism in children (as well as impulsive behaviour, conduct disorder, and ADHD); and smokers are more likely than nonsmokers to experience panic attacks.

Getting back to kids, it is sobering to consider the following quote from Dr. Jonathan Samet, head of epidemiology at Johns Hopkins School of Public Health: "Only now are we beginning to see the full picture of what happens when a generation begins to smoke at an early age, as youth do, and then smoke across their whole lifetime...The full picture is more disturbing than what we saw when we only had the smaller pieces."

From msn.com

Health: The War on Strokes from msnbc newsweek

They strike out of the blue, insidious and deadly, killing brain cells, destroying lives. Now a new wave of research offers hope to millions. Inside the search for treatments that work

By Jerry Adler

March 8 issue - Until the day he collapsed, John Kelly, 57—an exceptionally fit, nonsmoking, retired Marine officer from Kansas City, Kans.—had never given a moment's thought to strokes. His cholesterol was low; he worked out six days a week; no one in his family had ever had one. One morning in January he sat down on the edge of his bed, bent over to tie his shoes, and, he says, "kept right on going" until he toppled to the floor. A blood clot had cut circulation to a large region on the right side of his brain, which instantly began shutting down; muscles on the left side of his body, with no input from the nerves, went limp.

Inside his head, a biochemical riot had begun, which if unchecked would lead in a few hours to a massive cell die-off, leaving him an invalid at best. Like many stroke victims, Kelly seemed barely aware of what was happening to him: the right side of the brain controls muscles on the left side of the body. But the speech center is in the left hemisphere, so Kelly could still talk. He asked his wife to help him finish dressing so he could go to work. She ran for the phone instead ...

It will happen to 700,000 Americans this year, two thirds of them 60 or older but some just in their 20s, and nothing, short of a massive coronary, kills as quickly. Of those who survive the initial attack—roughly 75 percent—nine in 10 will have long-term impairment of movement, sensation, memory or reasoning, ranging from slight to devastating.

The prevalence of strokes, which began leveling off around five years ago after a three-decade drop, may soon be on the rise, a result of an aging population and a growing number of Hispanics and African-Americans, who are likelier than whites to suffer strokes. And there is one other factor, says Dr. John Marler, associate director of the National Institute of

Neurological Disorders and Stroke (NINDS): as we get better at treating heart attacks, "more people are surviving a myocardial infarction and going on to have a stroke."

The two share identical risk factors, including high blood pressure, excess cholesterol and diabetes; the basic mechanism—blockage of a crucial artery—is usually the same. But progress against coronaries has not, until now, led to new treatments for stroke. The last decade has seen big advances in long-term rehab for stroke victims, but for most people who show up in the emergency room there is exactly one drug doctors can use to get blood flowing into their brains again—and only a few patients get even that. But promising research into how blood vessels function and how neurons die may lead to new treatments that can save the lives, and brains, of people like John Kelly. Says Dr. Joe Broderick, head of neurology at the University of Cincinnati: "We're five to 10 years behind cardiology, but we're going in the same direction."

About 700,000 people suffer a stroke each year. Many don't realize they're having one, don't get to the hospital on time and miss out on effective treatment. A guide to warning signs, risk factors and more.

The Symptoms What to Watch Out For: Knowing the warning signs and getting prompt treatment can significantly reduce damage from stroke. Anyone experiencing these symptoms should call 911.

- Sudden numbness or weakness in the face, arms or legs, particularly on one side of the body
- Confusion, difficulty in speaking or understanding what others are saying
- Vision problems, such as sudden trouble seeing from one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- A sudden severe headache that does not have an obvious or known cause

Less Common Symptoms:

- Sudden nausea, fever or vomiting that develops much more rapidly than with viral illness (minutes or hours vs. days)
- Fainting, a period of decreased consciousness or convulsions

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.

PLEASE CALL YOUR ELDER'S CONTACT PERSON OR CALL 1-877-738-7288 for TICKETS
(Everyone's help is needed to sell tickets if this is to be successful!)

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.

B.C. ELDER'S COMMUNICATION CENTER SOCIETY

1420 C. 16th Avenue, Campbell River, B.C. V9W 2E3 - Contact: Donna Stirling, Coordinator
Toll-free at 1-877-738-7288

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**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:

Never trust the man who tells you all his troubles but keeps from you all his joys. Jewish

Love makes time pass. Time makes love pass. French

He who respects his parents never dies. Greek

He who knows little quickly tells it. Italian

Do not stand in a place of danger trusting in miracles Arab

BIBLE QUOTES

"Bear with each other and forgive whatever grievance you may have against one another. Forgive as the Lord forgave you." Colossians 3:13

"The Heavens declare the glory of God; the skies proclaim the work of his hands." Psalm 19:1

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

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

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