



Announcing the Passing of Elder Agnus Gogag of Gitanyow, BC

Agnus was 87 years of age when she passed on February 21st 2006, and was very much beloved in her community and will be missed by all. Agnus had been going to the Elder's Gatherings with their group since they started up in 1997 and attended each year with three of her daughter Perrine Campbell, Phyllis Haizimsque and Greta Berry. Their Mom really enjoyed the Gatherings and never wanted to miss one single day of the yearly event. Agnus will be missed by all that attend the Gathering.

Letter to the BC Elders First Nations Community

My name is Dianne Bailey and I am searching for my sibling/siblings who I believe are of Native Canadian decent. I have very little information to offer but I would be grateful for any help anyone can give me.

My mother Ann emigrated to Canada in 1951, with her husband Ernest Brown in approximately 1953 and stayed in Canada until 1955-56.

Through information from relatives it was believed she was pregnant whilst in Canada and that she spent time living on several reservations. She may have also used her maiden name and other family names as well as Ann Brown; Ann Jackson Brown; Ann Jackson; Ann Moody; Ann Jackson Moody.

Ann travelled to Toronto by boat. Her husband was a logger and they travelled across Canada staying in various logging camps. I am not sure where she was living when she left Ernest, but I believe she was living in Vancouver before she left Canada.

Other significant locations where my Mother stayed include; Quebec, Montreal, Ottawa, Saskatoon, Calgary, Edmonton, Kamloops, Prince George, Whitehorse, and Queen Charlotte Island.

**Please contact Dianne Bailey if you have any information:
Ph. 01261-843662 or email: diannebailey@yahoo.com**

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Easy Bakers Corner – Ambrosia Bars - makes 16 bars

Beat together 1/2 cup of butter or margarine and 1/4 cup granulated sugar until creamy. Beat in 1 tsp. of lemon rind. Stir in 1 cup all-purpose flour. Blend gently.

Spread into a buttered 8-by-8 inch baking pan. Bake at 350°F for 15 minutes. Cool.

Spread with 1/2 cup of apricot-pineapple preserves.

Beat 1 egg white and 1/4 tsp. of lemon extract slightly, until frothy. Add 1/2 cup of powdered sugar, gradually. The mixture will be thin.

Drizzle mixture over the preserves. Sprinkle with 1/4 cup flaked coconuts and 1/4 of sliced almonds. Bake at 400°F for 20 minutes or until delicately browned.

Cool slightly. Cut while still warm into 16 bars.

Handy Tips:

1. Coca-Cola for rust...forget those expensive rust removers. Just saturate an abrasive sponge with Coca-Cola and scrub the rust stain. The phosphoric acid in the coke gets the job done.
2. Eyeglass protection. To prevent the screws in eyeglasses from loosening, apply a small drop of clear nail polish to the threads of the screws before tightening them.
3. Soak your toes in Listerine mouthwash (Antiseptic) to get rid of unsightly toenail fungus.

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. **Articles/Submissions are best forwarded to me via email** where possible so they can be posted on the website as is. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content. D. 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 Elders 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:

Health articles, etc. are provided as a courtesy and neither the BC Elders Communication Center Society's Board/Members or anyone working on its behalf mean this information to be used to replace your doctor's and other professional's advice. You should contact your family physician or health care worker for all health care matters. Information is provided in the Elders Voice for your reference only. And opinions contained in this publication are not those of Donna Stirling, Coordinator unless her name appears below the material.

**Groups who have thankfully paid their \$250 'Yearly Support Fee' so far
For the December 2005—November 2006 year**

1. Mamalilikulla-Qwe'Qwa'Sot'Em Band
2. West Moberly First Nations
3. Ktunaxa Nation Council
4. Simpcw First Nation (\$100)
5. Uchucklesaht Tribe
6. Bridge River First Nation
7. T'it'q'et Elders Council
8. Carnegie Community Centre
9. Osoyoos First Nation
10. Qualicum First Nation
11. Wet'suwet'en First Nation
12. Comox First Nation
13. Cook's Ferry Indian Band
14. BC Assembly of First Nation
15. Tobacco Plains Indian Band
16. Pacheedaht First Nation (\$125)
17. Akisqnuq First Nation
18. We Wai Kum First Nation
19. We Wai Kai First Nation
20. Xaxli'p Band
21. Lower Kootenay Band
22. Chawathil First Nation
23. Adams Lake Indian Band
24. Coldwater Indian Band (\$187.50)
25. Doig River First Nation
26. Saulteau First Nation
27. N'Quat'Qua Band (\$150)
28. Gitanyow Health Centre
29. Westbank Klux-Klux-Hu-Up Cultural Society
30. First Nations Summit dba FN Chiefs' Health Committee
31. Sechelt Indian Band
32. Kamloops Indian Band
33. Port Alberni Friendship Center
34. Ulkatcho Indian Band
35. McLeod Lake Tse'khene Elders
36. Mount Currie Band Council
37. Klahoose First Nation

Dear Elders Contact Person,

***If your office has paid, thank you very much for your support, especially to those who paid a partial fee this year because I know that it presents some difficulties, but you really came through.

***If your office/group has Voided the Invoice for this year and faxed it back in to this office, then thank you all very much, as it saves office time here having your office accounted for.

***If you are in the process of paying the fee with the new fiscal year upon us, then thank you very much as the number of paid fees are down so far this year, and your help is really needed. Please call into the office if you require the Invoice to be resent.

Thank you for your continued support, Donna Stirling, Coordinator

For: Union of British Columbia Indian Chiefs

Contact: Chief Stewart Phillip, President, Union of British Columbia Indian Chiefs

Primary Phone: 250-490-5314 Secondary Phone: 604-684-0231

E-mail: president@ubcic.bc.ca

Date issued: April 6, 2006, 03:02 e

Attention: Assignment Editor, Business/Financial Editor, News Editor,
Government/Political Affairs Editor

Union of BC Indian Chiefs Responds to Throne Speech

Vancouver, BC, Apr.06 /CCNMatthews/ - The Union of BC Indian Chiefs responded today to the Throne Speech of the Government of Canada, stating that they fear that the government will not effectively honour the commitments made at the First Ministers Meeting in Kelowna and the agreement on residential schools.

"Based on the glaring absence of any significant reference to Aboriginal issues, I believe the Government of Canada lacks the political will to implement the hard fought historic agreement representing a \$5.1 billion dollar investment commitment to Aboriginal communities, made at the Kelowna First Ministers Meeting on Aboriginal issues on November 25, 2005" declared Chief Stewart Phillip, President of the Union of BC Indian Chiefs.

"First Nations have heard from different ministers such as Minister of Indian Affairs Jim Prentice, who continue to state that this government supports the many issues facing First Nations" said Chief Phillip, "but we have yet to hear publicly a similar commitment from Prime Minister Harper."

"As First Nations leadership, we will hold the government accountable with respect of the commitments made in Kelowna and the agreement on Residential Schools. These agreements can serve to begin to address the huge socio-economic gap, serving as viable models of a mutually beneficial approach of respect and reconciliation between the Government of Canada and First Nations rather than the bleak reality of conflict and confrontation" stated Chief Phillip.

Chief Phillip observed, "Like many First Nations leadership, the Union of BC Indian Chiefs will await the federal budget to get a true bearing of the government's commitment to collaborative approaches and results. If this government reneges on the commitments made in Kelowna and on Residential Schools, it will represent the opening salvo of what may be a protracted series of confrontations across Canada. Simply put, it will be - "Back to the Barricades'."

For further information: <http://www.ubcic.bc.ca>

Release ID: 200604060001 Press release distributed by CCNMatthews 1-866-736-3779

Cooperation Vital for Implementing Child Review Recommendations NEWS RELEASE For Immediate Release April 11, 2006



(Coast Salish Territory/Vancouver, April 11, 2006) – The BC First Nations Leadership Council have reviewed and embraced the report presented by Ted Hughes recognizing the opportunities it creates for ensuring the health and well-being of all children. The review provides 62 recommendations for improving the child welfare system, and it endorses a cooperative approach for bringing these recommendations into action.

“We need to move forward in a focused manner to put Hughes’ recommendations into action,” expressed BC Regional Chief Shawn Atleo. “First Nations need to work in cooperation with all parties, the Ministry, the Opposition, and the federal government. We have met with Minister Hagen, expressed our support for the report, and discussed plans for fulfilling the recommendations in the spirit of the New Relationship.”

“The report is about our children, about their safety and their future, which is something that our people feel very strongly about,” said First Nations Summit Grand Chief Ed John. “We need to work together as leaders, as governments, as communities, to ensure that our children receive the highest level of care with a system that is in keeping with our cultures. The report underscores that our communities’ need adequate support and capacity for developing community-based childcare services with key involvement of the federal government.”

“We have reached significant and hard-fought agreements such as the Kelowna Accord and the Transformative Change Accord, any implementation plan must be in keeping with the intent and commitments of these historic agreements,” said Chief Phillip. “We need to be full partners in this childcare plan with our communities’ priorities at the forefront.”

Hughes’ report clearly notes that commitments and agreements reached in Kelowna at the First Ministers’ meeting need to be upheld and that recognition and reconciliation of historic and systemic barriers that have contributed to the high number of Aboriginal children in care can be achieved through these agreements.

“Our children make up more than half of the children in care, and opportunities for real dialogue and partnerships are integral for a responsible and responsive system,” expressed Atleo. “We support the vision and look forward to continuing this work.”

Contact:

Chief Stewart Phillip
Union of BC Indian Chiefs
President
(250) 490-5314

Colin Braker
First Nations Summit
Communications Coordinator
(604) 926-9903

Heather Gillies
BC Assembly of First Nations
Communications Director
(604) 922-7733

Cruise Ship Terminal Latest Success Story for Campbell River Indian Band

North America's only First Nations-themed cruise ship terminal is just the latest chapter in the Campbell River Indian Band's nearly 10-year record as a driving force for economic development on northern Vancouver Island.

When it opens in September 2006, the Campbell River Cruise Ship Terminal will be an international port of call for cruise ships, bringing in travellers from around the world and flowing millions of dollars into the local economy. The government of Canada is investing \$9 million for construction of the terminal, which will be able to accommodate the largest cruise ships in the industry.

The Band has initiated a number of major projects since the early 1990s which have benefited the First Nation while creating opportunities for neighbouring communities. As a result, the band has played a significant role in the growth and development of the region and is now its largest employer.

"We can no longer rely solely on fishing and logging to support our community," says Campbell River Indian Band economic development officer Jodee Dick. "It was necessary for us to begin looking at alternatives to create a positive, sustainable economy and future for our people."

With the capital generated from its many projects, the band has been able to pursue additional economic opportunities and further improve community infrastructure and housing.

The development of a marina for recreational and commercial vehicles in the late 1990s was the band's first highly successful project. Then, in 1997, the Band negotiated with four major retail companies - Canadian Tire, Zellers, Canadian Superstore and Staples - to anchor its Discovery Harbour Shopping Centre.

"The Campbell River economy was really depressed at the time. Canadian Tire was the first store to sign on and the employment opportunities it provided really helped stabilize the community's economy," says Dick.

The band is currently in negotiations that would see two more big box stores built and opened by December 2006 on band land. In preparation for the projects, a feasibility study was conducted that indicated that \$57 million in retail dollars flow out of the north island region annually.

The addition of the two stores will help solidify Campbell River as hub for shopping in the region and bring those dollars back into the community.

"The success of our projects gives the community something to be proud of," says Chief Robert Pollard. It's also created a sense of hope and promise that has prompted some band members who are living off-reserve to return to the First Nation community.

Approximately half the band's population of 600 lives off-reserve. In 2005, the band created the infrastructure for 61 new housing lots and has a waiting list for another 80. Pollard attributes the success of the Campbell River Indian Band's economic development efforts to strong and consistent band leadership. "We are fortunate that over the years all of our councils have been committed to honouring the goals and priorities of the community," he says.

"The band council has helped ensure the success of our multi-million dollar projects by employing effective business practices," adds Dick. "Our boards of directors are highly capable and we have stable corporate structures."

This article is from On The Go (winter 2005/2006 issue) and can be found at www.ainc-inac.gc.ca



Correctional Service Canada
Service correctionnel
Canada

NOTICE OF INTENT

The Correctional Service of Canada is soliciting for interested individuals to provide Aboriginal Spiritual Advisor/ Elder Services to offenders in Federal Institutions located in the Pacific Region (Fraser Valley & Vancouver Island, B. C.)

CHALLENGE: The Aboriginal Spiritual Advisor/ Elder will: Promote the development of Aboriginal Spirituality and Culture and those values that will assist the Aboriginal offender to resolve their contributing factors related to criminal behavior. Ultimately Aboriginal Spiritual Advisor/ Elders will be consistent with the Correctional Service of Canada's Mission Statement, Core Values, Strategic objectives and Guiding Principles.

Spiritual Advisor/ Elders will support crisis intervention and counseling in experiences such as grief, illness, death, anger, depression, parole denial, suicide attempts and drug and alcohol addiction. Work as part of a team with the Native Liaison in facilitating cultural services. Promote cultural values and increase staff awareness about Aboriginal cultural traditions and encourage sensitivity to Aboriginal Spirituality. Provide Native Spiritual Advisor/ Elder counseling both on an individual and group basis as required. Act as a resource person at institutional boards, meetings and or conferences, to provide focus on the spiritual dimensions of life, and assist in developing a greater understanding of Aboriginal culture, spirituality and traditional practices as it relates to the Aboriginal offender. The Spiritual Advisor/ Elder will engage Aboriginal community Elders in dialogue and assistance for offender reintegration to home communities. The Aboriginal Spiritual Advisor/ Elder must have the ability to conduct purification ceremonies including but not limited to sweat-lodges, pipe ceremonies and putting offenders into fast when appropriate.

These services are required on a contract basis. There will be a probationary period of 6 **Months**. Payment for the services required ranges from \$59,164 to \$67,944 per year.

Applicants must be a Canadian Citizen or possess an Employment Validation to work in Canada, be recognized in their community as a Spiritual Advisor/ Elder in good standing and consent to and be granted an enhanced reliability security check. Any relocation and/or transportation costs will be the responsibility of the candidate. Applicants must possess good communication skills (both oral and written) and a valid B.C. driver's license.

If you are interested in providing this service to the Correctional Service of Canada please mail or fax a current resume and 2 letters of support from the Aboriginal Community and/or organizations stating their recognition of you as a Spiritual Person to the undersigned by **Wednesday, May 31, 2006**.

Sandra Kitt
Procurement & Contracting Specialist
Correctional Service of Canada
Regional Supply Depot (P)
PO Box 3333, 33344 King Road
Abbotsford, BC
V2S 5X7

Phone: (604) 870-2603
Fax: (604) 870-2574

Canada

April 6, 2006 For Immediate Release

First Nations Announce Review Process for Gateway Pipeline Project

A group of First Nations throughout Northern B.C. are pleased to announce that an inaugural Steering Committee has been formed to establish a First Nations Review Process (FNRP) to examine the proposed Enbridge Gateway Project.

The FNRP will consider the potential impacts of the proposed oil export pipeline and import condensate pipeline between Edmonton and Kitimat, and will also consider the associated tanker traffic that we could see oil leaving a port in Kitimat as well as condensate (diluent) entering the same port in Kitimat.

“Our people have responsibilities for the well being of our territories, and a duty to our people to determine whether or not a project of this magnitude should be allowed in” said Guujaaw, FNRP Steering Committee member and President of the Haida Nation.

The proposed project could go through the territories of a number of the participating First Nations Treaty lands or un-extinguished Title, and coastal tanker traffic will threaten the territories of others.

Enbridge has been advocating a process which would only consider a pipeline and not the tankers essential to the project. This process would examine the full scope of the project to determine whether or not it should proceed.

"We will be amongst the first people in line of risk and cannot sit idly by," said Geraldine Thomas-Flurer, FNRP Steering Committee member, and Saik'uz First Nation member.

The Steering Committee will establish the terms of reference for the First Nations Review Process, the identity of the Panel members, the scope of the inquiry and hearing processes in the coming months. The participating First Nations will authorize the panel and process. The First Nations will also determine the extent of interest of municipalities, non governmental organizations and even interests outside of BC and Canada in establishing the process.

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Contact: Guujaaw, Council of Haida Nation, 250-559-4468
Geraldine Thomas-Flurer, Saik'uz First Nation, 250-567-6050
Wayne Campbell, Wilps Nikat'een, 403-284-1551

Backgrounder

First Nations Review Process Steering Committee
First Nation or Group Appointed Representative

Burns Lake Band Ryan Tibbetts
Gitxaala First Nation Clarence Innis
Haida Nation Guujaaw
Heiltsuk Tribal Council Ross Wilson
Nadleh Whut'en Beverly Ketlo
Nak'azdli First Nation Vince Prince
Saik'uz First Nation Geraldine Flurer
West Moberly First Nations Clarence Willson
Wilps Nikat'een Skid'm del Hoya't (Wayne Campbell)



Press Release

Elderly Residential School Survivors Are Dying—Let's Get Moving on the Advance Payment

(Sault Ste. Marie and Vancouver—April 13, 2006) Residential School Survivors across Canada are discouraged and disappointed about the Government of Canada's failure to provide clarity on the timing of an \$8,000 advance payment for residential school survivors over the age of 65.

"Since the formation of the new government, Survivors have waited patiently for the finalization of an agreement that we have wanted for most of our adult lives. We wanted to give the new government the benefit of the doubt," stated Sikwelum (Byron Joseph), President of the Vancouver-based Indian Residential School Survivors Society.

"We had anticipated that a new government would issue the advance payment before reaching a final agreement. It is frustrating that more deadlines have come and gone, and still we wait, still we hear nothing," added Nora Bernard, President of the Children of Shubenacadie, in Nova Scotia.

"While the government did not say that they will not give the advance payment, they did not say they would. Survivors want answers. They want assurances that the advance payment is coming sooner rather than later—after Cabinet approval, not after the court approval period," concluded Ted Quewezance, President of the National Residential School Survivors Society, located in Sault Ste. Marie, Ontario.

We call upon Prime Minister Harper to approve the distribution of the advance payment for the following reasons:

1. Time is of the essence for elderly Survivors. It is estimated that 15 Survivors die every week. It is estimated that more than 20,000 Survivors have passed away since the Residential School issue first gained public prominence in the early 1990s;
2. The advance payment is not tied to securing a final agreement—it never was;
3. The money for the advance payment has already been set aside and all that is required to release it is ministerial approval.

As Survivors, we take this opportunity to thank the new Government of Canada for its apparent commitment to honour the deal. We are concerned, however, that some Survivors will, once again, have their hopes and expectations raised for no reason. Monday's public comments could give terminally-ill Survivors the false hope that they may yet qualify for an advance payment of \$8,000.

The Residential School compensation agreement-in-principle does not provide an advance payment for Survivors who are terminally-ill—only those who are 65 and older. We therefore take the opportunity presented and call upon the Government of Canada to add an advance payment plan for Survivors who are terminally-ill.

Regardless of what happens, Survivors need to bear in mind that we may not see any payments for a full year following approval of the Residential School compensation agreement.

The other matter that raises concerns for us is the news that one of the law firms involved in the negotiations is holding things up.

We have received many complaints about lawyer conduct in the residential school issue:

1. Many Survivors have not heard from their lawyers in years. Indeed, they have not even heard from them even since the agreement-in-principle was signed;
2. Other Survivors are receiving letters from lawyers (whom they've never heard of) acting as if they are representing them in their claims;
3. Other Survivors are being recruited by lawyers, and their Aboriginal representatives, in order to "help them get their CEP payment".

The fact that a law firm is now holding things up apparently without having consulted their clients is outrageous and unconscionable. We are launching a campaign to urge Survivors, who are represented by lawyers in these negotiations:

- a. To ask their lawyers if they are holding up the agreement and, if so, why; and
- b. To instruct their lawyers to expeditiously cooperate with the process and come to a final agreement.

In the meantime, we take this opportunity to remind Survivors to not sign up with any lawyer for the time being. Once the deal is finalized, Residential school survivors will be able to claim compensation in two ways:

1. A **Common Experience Payment (CEP)** will be available to every Residential School Survivor at the following rate:
 - a. \$10,000 for the first year or part thereof; and
 - b. \$3,000 for each subsequent year or part thereof.

Survivors do not need the services of a lawyer in order to get their CEP or the advance payment.

There is no form available yet for survivors to apply for the CEP or the advance payment. The forms, once ready, will come from a Government of Canada department Service Canada.

2. An **Independent Assessment Process (IAP)** will be available to survivors who want to pursue compensation for physical and sexual abuse suffered in residential school. Once the AiP is finalized, the IAP will replace the existing Alternative Dispute Resolution (ADR) process, which has been in place since November 2003.

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This press release is being issued on behalf of the following coalition of Residential School Survivor organizations:

Beaufort Delta Residential School Society—NWT
Children of Shingwauk Alumni Association—Sault Ste. Marie, ON.
Children of Shubenacadie—Indian Brook, NS.
Indian Residential School Survivors Society—Vancouver, BC.
National Residential School Survivors Society—Sault Ste. Marie, ON.
Residential School Survivors of Alberta—Edmonton, AB.
Spirit Wind—Winnipeg, MB.

Please contact the following people for more information:

Mike Bensen
Executive Director
National Residential School Survivors Society
1550 Queen Street East
Sault Ste. Marie, Ontario P6A 2G3
Phone: (705) 942-9422
Toll-free: (866) 575-0006
Fax: (705) 942-8713
E-mail: nrsss@auc.ca

Sharon Thira
Executive Director
Indian Residential School Survivors Society
911 - 100 Park Royal South
West Vancouver, BC V7T 1A2
Phone: (604) 925-4464
Toll-free: 1-800-721-0066
Fax: (604) 925-0020
Email: reception@irsss.ca

Leadership Council Open Letter to First Nations in BC: New Relationship Trust Act



March 21, 2006

To all First Nations in British Columbia,

Re: \$100 Million New Relationship Trust

We are pleased to enclose for your information and review the *New Relationship Trust Act*, the proposed legislation to establish the New Relationship Trust. The first reading of this legislation will take place today (March 21, 2006). We hope that the legislation will be proclaimed by the end of this month.

Assuming the legislation passes, a seven-member Board of Directors (composed of a representative from each of the Leadership Council member organizations, two Leadership Council appointees, and two provincial government appointees) will spend the coming months structuring the Trust, including:

- Selecting the financial institution to receive the allocation
- Gathering input from BC First Nations (as mandated by Chiefs at the BC Regional Chiefs' Special Assembly held in Kamloops in October 2005)
- Developing a 3-year strategic plan and outcome measures
- Preparing fund policies and procedures, including subsequent Director selection criteria, investment policy, operating policies and procedures, etc.
- Publishing the strategic plan, including access criteria and process, based on consultations with First Nations.

Once this strategic plan is in place, it is expected that the Trust will commence operations, which will also include financial audits and annual reports. The Trust's Board of Directors will work to have the Trust in operation as soon as possible.

We hope that the New Relationship Trust will prove to be of benefit to BC First Nations. Please do not hesitate to contact us if you have any questions or concerns.

Yours truly,

FIRST NATIONS LEADERSHIP COUNCIL

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***New Relationship Trust Act* available at:**

http://www.legis.gov.bc.ca/38th2nd/1st_read/gov11-1.htm

ASSEMBLY OF FIRST NATIONS BULLETIN

AFN Residential School Survivors Communication

March 16, 2006

More information can be found on the AFN's website at www.afn.ca

The Assembly of First Nations successfully negotiated an Agreement in Principle (AIP) on Residential schools with Canada which was signed on November 20, 2005. With cabinet and court approval of the AIP, there will be compensation for all eligible former students who were still living as of May 30, 2005 as well as an expedited process for those former students who are 65 years of age or older as of that date. It is anticipated that there would be a public announcement when the early payment is to proceed. Application forms would then be made available by Service Canada, and information will also be posted on the AFN website. You do not need a lawyer for the early payment or common experience payment. However, if you suffered from sexual, physical or serious psychological abuse, the AFN recommends that you retain legal counsel to process a claim against the government.

Since the recent federal election former residential school students are wondering whether or not the new government will honour the AIP. The Prime Minister Stephen Harper has assured AFN he would honour the Agreement. On Feb. 6, 2006 The Honourable Beverly J. Oda was appointed as the Minister of Canadian Heritage and Status of Women. Minister Oda is also responsible for the Residential Schools File on behalf of Canada. The AFN is currently in the process of securing meetings with Minister Oda to discuss the Residential Schools issue. The AFN is seeking her support to allow early payments for eligible survivors, 65 years of age or over as of May 30, 2005, who attended an eligible Indian Residential School. The AFN is also requesting that she bring the AIP before Cabinet for approval as soon as possible.

Once Cabinet has approved the Final Agreement, it will then move through a court approval process which will take 2-3 months. By law, there would then be a 4-6 month legal notice period to notify all former students of the settlement agreement. Pending acceptance of the settlement agreement by eligible former students, Service Canada would then be responsible for administering the common experience payment.

Due to the media attention surrounding the proposed settlement, the RCMP has recently issued a warning to Residential School Survivors who may receive compensation in the future. The RCMP warns survivors to watch out for scam artists and cons who may try to take advantage of them. Unfortunately, elderly people are often seen as easy targets for these types of scams. In the past, scam artists have been known to approach their victims using methods such as requesting Charity donations or Home Repair deals or people being offered loans or vehicles in exchange for part of their settlement money. There have also been past circumstances where family members have taken advantage of survivors who have received settlement money. The RCMP urges survivors to talk to someone in their family that they can trust. There has not been any indication that these scams or cons will occur, but people need to be alert at all times and

understand that it is still possible they could fall victim to fraud. If it looks or sounds too good to be true, talk to someone you can trust. If you have any questions or concerns, the RCMP urges survivors to contact their local RCMP detachment.

The Assembly of First Nations will continue to issue further information on the Residential Schools settlement as it becomes available. Thank you for your patience.

Information about the Agreement in Principle is available from the Government of Canada and is posted on the Indian Residential Schools Resolution Canada website (www.irsr-rqpi.gc.ca) which will be updated as needed. You may also contact the Government of Canada Residential Schools Help Desk toll free at: 1-800-816-7293. The Government of Canada National Survivors Support Line is also available, 24 hours a day, seven days a week at 1-866-925-4419.

Leadership Council Open Letter: Commendation to the Hartley Bay Community

(Original had logos of the British Columbia Assembly of First Nations, First Nations Summit, and the Union of British Columbia Indian Chiefs)

March 22, 2006

Hartley Bay Village Council
445 Hayimilsaxaa Way
Hartley Bay, BC V0V 1A0

Via Post and Facsimile: (250) 841-2541

Dear Council and Community Members,

The First Nations Leadership Council commends the timely and immediate response of your community to the sinking of the BC Ferry Queen of the North in the early hours of March 22, 2006. Without hesitation, courageous members of your community bravely responded to the crash scene using fishing vessels and speedboats to rescue victims.

Your community also generously opened itself up to the passengers, and provided them with much-needed safety and comfort in the hours after the sinking. The ability of the Hartley Bay community to pull together in response to this disaster, save lives and comfort victims truly demonstrates your strength, courage, and humanitarianism. On behalf of all First Nations in BC, we applaud you for your remarkable efforts.

Yours truly,

FIRST NATIONS LEADERSHIP COUNCIL

The UBCIC is a NGO in Special Consultative Status with the Economic and Social Council of the United Nations

A woman's natural estrogen levels may be tied to higher risk of stroke: study Feb. 17, 2006

Provided by: Canadian Press
Written by: MARILYNN MARCHIONE

KISSIMMEE, Fla. (AP) - Women who have higher natural estrogen levels also may have a higher risk of stroke - a novel finding that suggests a possible new way to prevent this deadly condition, doctors reported Friday.

More study is needed to confirm these results, but they fit with much of what is already known about hormones, said several experts who were not connected with the new work.

"This is really interesting," said Dr. JoAnn Manson, a women's health researcher and chief of preventive medicine at Harvard-affiliated Brigham and Women's Hospital in Boston.

"These findings would be consistent with the increased risk of stroke seen in the Women's Health Initiative," the landmark federal study that prompted many women to stop taking estrogen pills after menopause, she said.

The new research was led by Dr. Jennifer Lee of the University of California in San Francisco and presented Friday at an American Stroke Association conference.

It involved 7,290 women who participated in a recent study of raloxifene, a "designer estrogen" that blocks that hormone's action in some parts of the body, like the breast, while increasing its effects in others, like bones.

The study's main aim was to test raloxifene for the treatment of the bone-thinning disease osteoporosis, a use for which the drug ultimately won approval. Women with osteoporosis who were at least two years past menopause were randomly assigned to get raloxifene or dummy pills for four years.

Lee then analyzed these women's levels of estradiol, the most potent form of estrogen that circulates in blood.

Estradiol dramatically drops after menopause, and half of the 2,447 women given the dummy pills had no detectable levels. Among the rest, those who had lower estradiol levels had a 70 per cent lower risk of stroke than those with higher levels, she found.

"To see this effect in such a large population . . . is quite striking and is surprising," Lee said.

Among the 4,843 women given raloxifene, the drug seemed to lower stroke risk in those with the highest levels of estradiol. However, these results were so weak that they could have occurred by chance.

A larger study would have to be done to test this possibility, and in healthy women without osteoporosis, Lee said. If the results reported on Friday hold up, it would suggest that for every 78 women given raloxifene, one stroke might be prevented, she said.

The study was paid for by Eli Lilly & Co., makers of raloxifene, which is sold as Evista. Lee has no financial ties to the company.

So, should women with a strong family history of stroke have their estradiol levels checked?

"Yes," said Dr. Daniel Hanley, a stroke specialist at Johns Hopkins University in Baltimore who had no role in the study. "For a woman to know where she might be in this risk profile cannot hurt."

Dr. Constantino Iadecola, a neurologist at Weill Medical College of Cornell University in New York, agreed.

The finding "highlights the complexity of these hormonal systems," Iadecola said. "Most likely it is not just whether estrogen is there or not," but how much is present and how it affects various parts of the body that determines the risk of stroke, breast cancer and heart disease, he added.

Manson noted that high levels of estrogen are linked to obesity, and obesity is known to raise stroke risk - further evidence that Lee's study is onto something. Lee's results took into account the women's weights as well as their ages and other heart and stroke risk factors.

Researchers are interested in doing a similar analysis now of the federal Women's Health Initiative study results to see whether it bears out what Lee found, Manson said.

It might be that taking hormones after menopause is especially risky for women who already have high natural estradiol levels, she and others said.

Info from Women'sHealth@Medbroadcast.com

Heart Health: Heart attack: know the symptoms

The key to surviving a heart attack is getting medical help early - nearly half of all deaths due to heart attack occur within three to four hours of the beginning of symptoms.

Keep in mind that not everyone experiences the same heart attack symptoms to the same degree - some older people and women can experience less obvious symptoms. Some heart attacks come on suddenly, but the vast majority start slowly with mild pain and discomfort. Many people experiencing a heart attack are not sure they are having one and may think it's only heartburn or indigestion. This may result in not seeking medical attention promptly.

Therefore, it's critical to be familiar with and recognize heart attack symptoms, and to take them seriously. **The following are heart attack warning symptoms:**

- pain or discomfort in the chest, shoulder, arm, back, neck, or jaw that does not go away with rest (in women, pain may be more vague)
- pressure, heaviness, fullness, or squeezing in the chest
- shortness of breath
- nausea and/or vomiting
- sweating, or cool and clammy skin
- anxiety
- denial

If you experience these warning symptoms, the Heart and Stroke Foundation suggests doing the following things:

- Call 911.
- Stop all activity and rest (sit or lie down).
- If you are taking nitroglycerin, take your usual dose.
- If you have chest pain and are not allergic to ASA, chew and swallow one 325 mg ASA tablet or two 81 mg tablets.

Rest and wait for Emergency Medical Services (EMS). Acting promptly may save your life!

From healthnewsletter@medbroadcast.com

Cancer Awareness Month article from Vancouver Coastal Health – Healthlink – vch-news.ca

Spring has arrived and the daffodils are in bloom. To many of us, these flowers are a reminder to pack up those winter coats and start settling into the glorious spring season. But April is also a time to raise awareness and continue the fight against cancer.

Cancer can affect almost anyone at any time. There are many different types of cancer and it can have an impact on almost any organ in the body. Cancer begins with our cells. Normal cell production occurs as our bodies grow, millions of cells group together to form organs and tissue. As long as the cells behave normally we will be healthy. When cells behave abnormally, for example if they do not divide and grow when they are supposed to, they can form lumps or tumours. Benign tumours are non-cancerous, and malignant tumours lead to cancer. The four main categories of cancer are:

- **Carcinomas** are the most prevalent type of cancer as it arises from epithelial cells or cells that cover the external surface of the body or line internal organs
- **Leukemias** are blood-forming cancers
- **Lymphomas** are cancers associated with the lymphatic system
- **Sarcomas** are cancers that develop in the connective tissue such as bones and cartilage

While what causes cancer is still unknown, there have been many correlations between cancer and certain factors, for instance:

- Tobacco smoking accounts for approximately 85% of lung cancer cases
- Excessive exposure to sunlight has been linked to skin and lip cancer
- Genetic factors have been linked to certain kinds of cancer such as colon and breast cancer

What can you do to prevent cancer? While what causes cancer is still unknown, we do know that adapting healthy lifestyles can decrease your risk of cancer and other illnesses. Here are some healthy habits that everyone should adapt:

- **Focus on Fibre** - Adults should consume 25 to 38 grams of dietary fibre per day it helps regulate your digestive system. For example, one serving of an all bran cereal in the contains half the daily recommended fibre intake.
- **Kick the Nic** - Quitting smoking will not only save you money it will also save your health. Lung cancer is currently the leading cause of cancer death in Canada.
- **Get moving! Stay Active!** - incorporating regular exercise will help strengthen your cardiovascular system and improve your overall health.
- **Eat your fruit and veggies** - Health Canada's Food Guide recommends eating five to 10 servings each day.
- **Slip, slap, slop on the sunscreen** - Make sure you wear sunscreen with an SPF factor of 15 or higher to protect yourself from the sun's harmful rays. While sunlight is a beneficial source of vitamin D, too much sun exposure can lead to skin cancer.
- **Screen the gene** - For certain types of cancer regular screening can catch cancer early on, which can result in successful treatment. However not all cancers have screening tests. Check with your doctor to see if you need routine checks.

Vancouver Coastal Health works in partnership with the BC Cancer Agency, a world-renowned research and treatment centre, with experts dedicated to advancing cancer research, developing new cancer treatments, and providing education on cancer prevention.

Below are 4 Articles gratefully provided by the Vancouver Coastal Health Authority

1. Accessing Canada's Food Guide Online

You are what you eat and spring is a great time to dust off your eating habits!
Not sure where to start? Consult Canada's Food Guide to Healthy Eating online!

- Go to www.hc-sc.gc.ca/
- Click on the blue Food and Nutrition menu tab in the left column
- Scroll to the bottom of the page and look under the heading, "What Information is Available?"
- Click on the green link for the Food Guide

Please Note: Different People Need Different Amounts of Food

The amount of food you need every day from the four food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.

2. Understanding antidepressants of past and present

By Dr. Paul Martiquet, Medical Health Officer

Imagine that: opium as an antidepressant!? Might be nice, some would say, but just think about the side effects! In fact, until the "accidental" discovery of the first antidepressant drug in the 1950s, opium and institutionalisation were two of the choices for treating depression. Today, fortunately, there are other options.

While medication can be an important part of treating depression and anxiety disorders, studies have shown that combining them with therapy provides the best chance of treatment.

Antidepressants work on chemicals in the brain called neurotransmitters, two main ones being serotonin and norepinephrine. Brain cells use these compounds to communicate; it is believed that inadequate levels are partly to blame for depression. Antidepressant drugs affect this underlying imbalance of neurotransmitters.

The first antidepressant drug came about during the 1950s as physicians began to notice the side effects of a popular drug to treat the symptoms of tuberculosis. It seems that people were "happier" when taking it.

The first class of antidepressants were monoamine oxidase inhibitors, or MAOIs. Unfortunately, the side effects could kill you! MAOIs came with strict dietary restrictions as consuming the wrong food or drink could cause a life-threatening jump in blood pressure.

Also in the 1950s came a second class of antidepressants: TCAs, or tricyclic antidepressants. These came with none of the strict dietary warnings and were the main choice during the 1960s to 80s. Still, they do have side effects: potential heart problems; are often sedating; can affect coordination; may have weight gain; and could harm self-esteem are the main side effects.

Then came Prozac, the first of the SSRIs, or selective serotonin reuptake inhibitors, in the late 1980s. SSRIs were an important breakthrough, as they have none of the dietary restrictions, no sedation, unlikely to cause weight gain, and are safer for the heart. Of course, there are side effects – but you knew that.

SSRIs are safer than earlier chemical choices, but no drug is without cautions. The side effects include: headache, insomnia, fatigue, dry mouth, sexual dysfunction and upset stomach.

One important thing to know about any class of antidepressants is that there is no single wonder drug that will “fix” depression in all people all the time. Depression itself is a complex disease with many causes. If one drug fails, your doctor will choose a second, or a combination to deal with your unique situation.

For some people, St John’s Wort is an option. This natural remedy has been shown to work in some cases to reduce mild depression. Of course, it also has side effects—once again, we knew that! St John’s Wort may cause blood thinning drugs and birth control pills to function poorly. More importantly, please do not get your medical advice from a retail clerk. Like any other drug, discuss this option with your physician and your pharmacist. They both can direct you to the choice for your individual situation.

3. Tired of mixed messages about eating and exercise?

Who doesn’t want to look and feel their best? While dieting is a popular approach, research has shown that simply eating sensibly and being active will help you shed unwanted pounds, protect your health, and provide you with more energy, better sleep, and an overall improvement in your mood.

However, not a week goes by, it seems, without some new or even contradictory information about what food or drink is good for us or how much time we need to spend being active and how. It’s understandable why some people become sceptical and, yes, thoroughly fed up. But reliable and consistent information is available.

Canada’s Food Guide to Healthy Eating is a good start and it’s available on Vancouver Coastal Health’s website in the Healthy Living section at www.vch.ca/living/ under the “Nutrition” link in the blue list of health topics, or from many health units. Whether you feel that you need to lose weight or would like to maximize your nutrition intake, it’s a good place to start educating yourself on balancing nutrition and controlling portion size. Yes, portion size does count!

With the information age upon us, incorporating physical activity into our daily lives has become even more important. Remember you can build up to the recommended 60 minutes a day. Try being active 10 minutes at a time doing things you enjoy doing. You don’t need to run a marathon to start reaping the benefits!

When it comes to changing your eating habits or adding exercise to your daily routine, remember that your old habits developed over time so your new habits won’t feel right overnight.

Did you know?

A 12-inch submarine sandwich bun equals six servings of grain products. This could be more than your entire day’s supply of grain products. Think of sharing it or opting for a smaller portion.

A quarter pound burger equals two servings of meat, or all the meat you need for an entire day.

One serving of juice is 125ml. A 360ml bottle of juice, found in most convenient stores, counts for almost three of the recommended five to 10 daily servings of fruit and vegetables.

Nutrition tips for everyone

Forget dieting. Eat well.

Choose whole grain cereals, breads, and other grain products.

Incorporate a variety of fruits and vegetables daily.

Opt for low-fat dairy products, lean meats, and foods prepared with little or no fat.

Take a pass on salt and enjoy alcohol and caffeine in moderation.

For detailed nutrition tips, recipe ideas, fact sheets, and healthy eating solutions online, visit

www.dietitians.ca/eatwell

Above 3 articles have been provided by the Vancouver Coastal Health Authority, www.vch.ca

4. Helping prevent osteoporosis with exercise and healthy diet

By Dr. Paul Martiquet, Medical Health Officer

As a child, your body grows rapidly, going through many changes and spurts of growth. Along with the rest of the body, the body's structure, its skeleton is growing too as bones become more dense and stronger. Late in the teens, bone growth slows and by the time we hit our late 20s, the process actually starts to reverse. Too fast or too much, and we develop osteoporosis.

Osteoporosis is a medical condition in which bones lose density; they become more porous and compressible. Think of porous like a sponge instead of dense like a brick. As bones become weaker and more brittle, breaks become more likely, and more dangerous.

After the age of 30, there is a rise in the rate at which bone dissolves and is absorbed into the body. On average, we lose about 0.4% of bone per year. For men, thinning bones develops gradually when production of testosterone slows, usually around 45-50 years of age. For women, who have smaller and lighter bones than men, osteoporosis is about four times more likely. Their rate of loss increases dramatically after menopause.

Some of the factors that increase the likelihood of developing osteoporosis include family history (genetics), smoking (smokers lose bone thickness faster), heavy alcohol use, lack of exercise, diets low in calcium, phosphorus and vitamin D, and being of European or Asian ancestry.

Whether a person develops osteoporosis depends on the thickness of their bones in early life, in combination with their health, diet and physical activity in later life. That means that getting a good start in life with good diet and exercise can help reduce the risk that you will develop osteoporosis later.

It might be a bit late for us to do that, but we can encourage our kids to be active. Good activities for children's bone development are high impact and weight-bearing. For example, kids who dance, run, jump, play soccer, volleyball and field hockey are building stronger, denser bones.

Fortunately, all is not lost for the older person concerned about developing weak bones. (You knew there would be a section about exercise... here it is.) Just as for children, weight bearing exercise and activity is good for adult bones, too. Building strong bones works when we push them to work harder. Research has shown that high weight / low repetition exercise is better for bone health than low weight / high rep workouts. That means doing 8 – 10 reps of a workout for two or three cycles until the weight is easy to do, then slowly building up the weight while maintaining low reps. This is called PRT, or Progressive Resistance Training, and it's good for bones.

The kinds of activities that help are the same as for children: power walking, hiking, jogging/running, stair climbing are all good examples. While cycling and swimming are also great exercises, they do much less for your bones.

A caution amidst all this exercise: if you are already experiencing osteoporosis, it is best to avoid high impact exercises. Avoid those exercises that increase forward bending or rounding the spine — sit-ups are out, as are toe-touches! In any case, it is usually a good idea to discuss your fitness activities with your physician or trained fitness specialist first.

Provided by the Vancouver Coastal Health Authority, www.vch.ca

Proper flossing techniques

Why floss?

While some people wait to floss their teeth until they have eaten food such as corn on the cob, ideally, you should be flossing whenever you brush. For most people, brushing and flossing should happen twice a day at minimum. Proper flossing is one preventive measure for avoiding gum disease. Flossing helps to keep your gums healthy, prevent bad breath, tooth decay and cavities. It also helps to remove plaque before it becomes calculus or tartar. Learning the proper way to floss, combined with proper brushing techniques is the easiest way to ensure healthy gums and good oral hygiene.

What tools do I need for proper flossing?

While knowing how to select a proper toothbrush is important, there is no special trick to selecting the right type of floss - most products will work just fine.

What is the proper way to floss my teeth?

Although flossing can be intimidating at first, learning and practicing the proper technique will help you to become more comfortable and efficient. Try following these simple steps in front of a mirror, or ask your dental professional to show you how to floss at your next dental checkup.

1. Wind about 18 inches of floss around the middle fingers of each hand, leaving about five inches between your hands.
2. Pinch the floss between your thumb and index finger on each hand and leave about one inch in between.
3. Gently guide the floss down between all the teeth using a gentle sawing motion, pulling the floss in a "C shape" around the entire side of the tooth and sliding it under the gum line. Use an up and down motion to clean the entire surface of the side of the tooth.
4. Pull the floss out from in between the teeth. As you move to the next tooth unroll clean floss from one finger and wind the extra floss onto the other finger. Floss each tooth with a clean section of floss, gradually working your way around your mouth, cleaning both sides of each tooth.

Flossing Tips

- Use a pattern - start at the back upper right tooth, moving to the upper left side. Then go to the back lower right tooth and move around to the back lower left side.
- Establish a routine.
- Practice and improve your technique.
- Avoid wrapping the floss too tightly around your fingers.
- Remember to rinse your mouth thoroughly after flossing to remove loosened food particles.
- If the floss catches or tears you might want to try a different type/brand of floss (ie. waxed vs. unwaxed).
- If your teeth are too tight to floss, talk to your dentist about it.
- If you are just beginning to floss, your gums will likely bleed. Once you start to floss regularly the bleeding should stop. If the bleeding continues, see your dentist.

A few easy exercises can prevent fainting, study shows Mar. 14, 2006

Provided by: Canadian Press

Written by: MARILYNN MARCHIONE

ATLANTA (AP) - Feeling faint? Cross your ankles. Squeeze your knees. Grip a ball. Simple muscle-tensing exercises like these can keep you from passing out, say researchers who did a scientific study of the problem. Lots of people have fainted at least once in their life, usually with little consequence other than embarrassment. But for some, it's a frequent occurrence that is especially dangerous if it happens while they are driving or if they have jobs like piloting airplanes.

"If they have one episode during a flight, they have a problem," said Dr. Nynke van Dijk of the University of Amsterdam, who led the study with financing from the Netherlands Heart Foundation and presented results at a meeting of heart doctors in Atlanta.

Exercise has many benefits, but this is the first scientific study testing specific techniques for fainting.

"They are very cheap, have no known side-effects as far as we know and are very easy to teach patients," she said.

Fainting is a reflex that can be triggered by stress, dehydration, low blood pressure, certain medications and many other factors. The heart strenuously contracts, the heart rate falls and blood pressure drops. Blood drains from the head and pools in the abdomen, causing the patient to lose consciousness and collapse.

"It's a very common complaint in doctors' offices," and a problem that many patients find frightening, said Dr. Matthew Wolff, cardiology chief at the University of Wisconsin-Madison.

Van Dijk and fellow scientists wanted to see if people who feel a fainting spell coming on could do exercises to raise blood pressure and abort it.

They studied 223 frequent fainters aged 16 to 70. About half were given the usual counselling about avoiding stress and other triggers of fainting and increasing salt and water intake to raise their blood pressure. Others were taught three exercises:

-Leg crossing, at the ankles while squeezing the thighs together and tensing abdominal muscles.

-Hand gripping, by interlocking fingertips and pulling arms in opposite directions.

-Arm tensing, by rhythmically squeezing a soft ball while also tensing thighs and abs.

Over the next 14 months, about one-third of those taught the exercises had a fainting spell compared with half of those who weren't taught the muscle-tensing methods.

People who learned the exercises actually described using them to cut short a spell of light-headedness, van Dijk said.

She taught her patients the exercises in half an hour, and said many variations are possible - tighten your thighs and butt "like dancing the tango," she recommended.

"The stuff really works," and doesn't involve drugs or any risk, said Dr. James Stein, another University of Wisconsin cardiologist.

Info from hearthealth@medbroadcast.com

Adding blood thinner to aspirin to prevent heart attacks proves risky

Mar. 13, 2006

Provided by: Canadian Press

ATLANTA (AP) - People taking the blood thinner Plavix on top of aspirin to try to prevent heart attacks, as many doctors recommend, now have good reason to stop.

The drug combination not only didn't help most people in a newly released study, but it unexpectedly almost doubled the risk of death, heart attack or stroke for those with no clogged arteries but with worrisome conditions like high blood pressure and high cholesterol.

"They actually were harmed," said Dr. Eric Topol. "This was a trial to determine the boundaries of benefit, and it did. You don't use this drug for patients without coronary artery disease."

He and Dr. Deepak Bhatt of the Cleveland Clinic led the study, which involved 15,603 people in 32 countries. Topol has since left the clinic and is at Case Western Reserve University in Cleveland.

Results were reported Sunday at an American College of Cardiology conference whose organizers issued an "expression of concern" saying the drug's maker, Sanofi-Aventis SA, told some stock analysts the results of the study in advance, in violation of the conference's embargo policies.

However, Sanofi spokesman Michel Joly denied the claim Sunday, saying the company provided no results in advance.

Aspirin's ability to prevent heart attacks in men is legendary but it does little for their risk of stroke. In women, aspirin wards off strokes but only reduces heart attack risk in those 65 or older. Adding Plavix to aspirin for people being treated for a heart attack cuts their risk of a second one or death.

For these reasons, doctors thought the drug combination might prevent "heart attacks waiting to happen" in people with very clogged arteries or lots of risk factors like heavy smoking, diabetes and high cholesterol.

They gave everyone in the study low daily doses of aspirin plus Plavix or a dummy pill and looked at how they fared more than two years later.

Adding Plavix made little difference for the group as a whole except for slightly reducing hospitalizations. But for the 20 per cent with no signs of heart disease, the drug combination proved dangerous. Heart-related deaths almost doubled, from 2.2 per cent of those taking only aspirin to 3.9 per cent of those who added Plavix.

The only people even modestly helped by adding Plavix were those with established heart disease. Their risk of heart attack, stroke or death was about seven per cent versus eight per cent for those taking aspirin alone.

Specialists said this was not enough to justify recommending the drug in light of the overall findings of no benefit.

From Medbroadcast.com

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PROVERBS:

Never write a letter while you are angry.	Chinese
Only mad dogs and Englishman go out in the noonday sun.	Indian
Pray, pray very much; but beware of telling God what you want.	French
The reverse side also has a reverse side.	Japanese
Scratch my back and I'll scratch yours.	American
Since we cannot get what we like, let us like what we can get.	Spanish
Under a tattered coat you will generally find a good drinker.	Spanish

BIBLE QUOTES:

"When Peter came to Jesus and asked him, "Lord, how many times should I forgive my brother when he does wrong things to me? Should I forgive him seven times?" Jesus answered him, "I say not seven times only, but seventy times seven." Matthew 18:21-22

"Jesus looked at His disciples and said: Happy are you poor; the kingdom of God is yours! Happy are you who are hungry now; you will be filled! Happy are you who weep now; you will laugh! Happy are you when people hate you, reject you, insult you, and say that you are evil, all because of the son of Man. Be glad when that happens and dance for joy, because a great reward is kept for you in heaven." Luke 6:20-23

Mail, fax, email, or call in your Special Wishes/Community Events !!

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

24 Hours a day - 7 days a week - **National Survivors Support Line** 1-866-925-4419
The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada

Quotations: "If you can't be a good example -- then you'll just have to be a horrible warning."
"I try to take one day at a time -- but sometimes several days attack me at once." J. Unlimited
"When I was young, I was put in a school for retarded kids for two years before they realize I actually had a hearing loss. And they called ME slow!" Kathy Buckley
"I'm not going to vacuum 'til Sears makes one you can ride on." Roseanne Barr
"I have yet to hear a man ask for advice on how to combine marriage and a career." G. Steinem
"Behind every successful man is a surprised mown." Maryon Pearson

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

30th ANNUAL BC ELDER'S GATHERING

Hosts: Nuuchahnulth Tribal Council and Tseshaht First Nation
Dates: July 18, 19, 20, 2006 **Place:** Alberni Valley Multiplex
Address: 3737 Roger Street, Port Alberni, B.C.
For Information Please Contact Coordinator: Vina Robinson
Office # 250-724-5757 **Fax #** 250-723-0463
Email: vrobins@nuuchahnulth.org