

ATTENTION:  
ELDERS SUPPORT PEOPLE  
PLEASE DON'T FORGET TO MAKE COPIES OF THE ELDERS VOICE EACH MONTH FOR YOUR ELDERS.



Salve, Bath Salts, Bath Bombs & Fleece Beanie Hats

I have for sale my traditionally inspired salve made from Devils Club, that people have been using on arthritis, eczema, first aid; cuts, scrapes, bruises, general dry skin conditions. The salve is topically applied and is made with all natural ingredients.

15 ml \$5.00

For a nice therapeutic bath I have added my Devils Club base to my bath bombs & bath salts. The salts are a fine blend of Epsom and Sea Salts with essential oils and are great for soaking your feet, hands or body that may be feeling sore and achy. Great even if you just want to relax. Bath Bomb assorted sizes in a bag \$5.00/Bath Salts are \$2.00 per bag.

I also make fleece beanie hats that are great for keeping your warm and toasty on those chilly fall and winter days. They come in sizes, small, med and large. Very stretchy and come in a variety of colors and prints \$10.00 each hat

If you would like to try any of my products please call: Danielle at 250-287-8435 or if you would like to send an email I can be reached at dani-assu@hotmail.com

To send the order I use Express Post which cost \$7.65 I send as much as I can fit into the envelope.

Thank you for your time and attention I look forward to hearing from you soon.

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BC Elders Gathering Info Corner

## Easy Bakers Corner – Seattle Blueberry Shortcake (serves 4)

In a large bowl, combine 2 cups all-purpose flour, 1/4 cup granulated sugar, 3 tsp. baking powder, 1/4 tsp. salt and 1/4 tsp. nutmeg.

Cut in 1/2 cup butter or margarine until mixture resembles coarse meal.

In a small bowl, combine 1/2 cup milk 2 egg yolks and 1 tsp. grated lemon rind.

Stir mixture into dry ingredients with a fork until a soft dough is formed.

Pat half of dough evenly into a greased 9-inch cake pan. Sprinkle with 1 cup of fresh or frozen blueberries and 1 tablespoon of sugar. Dot remaining dough over blueberries.

Brush surface generously with egg white.

Sprinkle with remaining 3 tablespoons of sugar.

Bake at 400°F for 25 minutes or until golden brown and cooked throughout when tested.

Serve while warm with whipped cream or plain yogurt and sprinkle with additional blueberries, if desired.

### *Handy Tips:*

1. Reheat Pizza - Heat up leftover pizza in a nonstick skillet on top of the stove, set heat to med-low and heat till warm. This keeps the crust crispy. No more soggy microwave pizzas.
2. To warm biscuits, pancakes, and muffins that were refrigerated, place them in a microwave with a cup of water. The increased moisture will keep it moist and help it to reheat faster.
3. Before you pour sticky substances into a measuring cup, fill it with hot water. Dump out the hot water, but don't dry cup. Next, add your ingredient, such as peanut butter, and watch how easily it comes right out.

## 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/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Submissions are best forwarded to me via email** by the 15th of the preceding month. If you are interested in providing articles, please do so, I look forward to hearing from anyone who wants to contribute to the content of your newsletter. Gilakasla, Donna Stirling

### **'PRESERVING THE PAST'**

**New Elder's Website: [www.bcelders.com](http://www.bcelders.com)**

The *First Ever* Elder's Website "Preserving the Past" is now online (as of Sept. 2002). Registration forms, booth forms, maps of the host territory, accommodation information, etc. concerning the Annual Elders Gatherings are available each year on the BC Elders Communication Center Society's website [www.bcelders.com](http://www.bcelders.com) as soon as they are made available from each new host community.

Issues of your Elders Voice Newsletter are also 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.

# BC ELDERS COMMUNICATION CENTER SOCIETY

## 8th Year GRATITUDE LIST

Groups who have thankfully paid their \$250 'Yearly Support Fee'  
so far for the Dec. 2007 – Nov. 2008 Year

1. Gingoix Elders
2. Seton Lake Elders
3. Assembly of First Nations (Ottawa)
4. Mamalilikulla Qwe'Qwa'Sot'Em Band
5. Nuu-chah-nulth Tribal Council
6. Hamatla Treaty Society
7. Hailika'as Heiltsuk Health Centre
8. Qualicum First Nation Council
9. Quatsino First Nation
10. Tobacco Plains Indian Band
11. Tansi Friendship Centre Society
12. Tsleil-Waututh Nation
13. Gitsegukla Band
14. Bridge River Indian Band
15. Vancouver Aboriginal Friendship Centre Society
16. Sumas First Nation
17. Tsawwassen First Nation
18. BC Assembly of First Nation
19. Osoyoos Indian Band
20. Carnegie Community Centre Association
21. Wuikinuxv Nation
22. Mowachaht/Muchalaht
23. Wewaikum First Nation
24. Da'naxda'xw First Nation
25. Tseycum First Nation
26. Gitanyow Human Service
27. Uchucklesaht Band Council
28. Chehalis Indian Band
29. In-SHUCK-ch Nation
30. Wet'suwet'en First Nation
31. Douglas First Nation
32. Xaxli'p Indian Band
33. BC Transmission Corporation
34. Squiala First Nation
35. Ts'kw'aylaxw Elders Society
36. McLeod Lake Tse'khene Elders Society
37. Kitamaat Village Council
38. Tsawataineuk Band
39. Cook's Ferry Indian Band
40. Ki-Low-Na Friendship Centre
41. BCAAFC
42. Kwikwetlem First Nation
43. Musquem Indian Band
44. Adams Lake Indian Band
45. Kamloops Indian Band
46. We Wai Kai Nation
47. Tla-o-qui-aht First Nation
48. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
49. Lower Kootenay Band
50. Carrier Sekani Family Services
51. Doig River First Nation
52. Lower Nicola Indian Band
53. Soowahlie Health Services
54. Tsewultun Health Centre
55. Union of BC Indian Chiefs
56. Fort St. John Friendship Society
57. Nuxalk Nation Elders
58. Hesquiaht First Nation
59. Ehattesaht Tribe
60. Kluskus Indian Band
61. Samahquam Band
62. Canoe Creek Band
63. Homalco Indian Band
64. Mount Currie Band Council
65. Kermode Friendship Society
66. Old Massett Village Council
67. Lytton First Nation
68. Spallumcheen Indian Band
69. Ulkatcho Indian Band
70. Eniyud Health Services
71. Tl'azt'en Nation
72. Shuswap First Nation
73. T'IT'QET Elders Council
74. Interior Indian Friendship Society
75. N'Quatqua Band

Dear Elders Contact Person,  
Please don't forget that the Invoices for this Dec. 1st  
are coming out in the next issue of the EV.  
Thank you for your continued support!  
Donna Stirling, BCECCS Coordinator



# IT'S YOUR HEALTH



## Listeria and Food Safety

### The Issue

*Listeria monocytogenes* (commonly called Listeria) is a type of bacterium often found in food and elsewhere in nature. It can cause a rare but serious disease called listeriosis, especially among pregnant women, the elderly or individuals with a weakened immune system. In serious cases it can lead to brain infection and even death.

### Background

Listeria is widespread in the environment - found in soil, vegetation, water, sewage, silage and in the faeces of humans and animals. Animals and humans can carry the bacterium without knowing it.

Plants and vegetables can become contaminated with Listeria from the soil, water and manure-based fertilizers. Farm animals that appear healthy may also carry Listeria and contaminate foods such as meats and dairy products.

Unlike most bacteria, Listeria can survive and sometimes grow on foods being stored in the refrigerator. Moreover, foods that are contaminated with this bacterium look, smell and taste normal. Listeria can be killed by proper cooking procedures.

Listeria is more likely to cause death than other bacteria that cause food poisoning. In fact, 20 to 30 percent of foodborne listeriosis infections in high-risk individuals may be fatal. However, it

should be noted that listeriosis is a relatively rare disease in Canada.

### The Health Risks of Listeria

Many people may be carriers of Listeria, but few will actually develop listeriosis. Those who do will likely become ill from eating food contaminated with the bacteria, often seen as an outbreak of what people would call 'food poisoning'. Symptoms may start suddenly and include:

- Vomiting;
- Nausea;
- Cramps;
- Diarrhea;
- Severe Headache;
- Constipation; or
- Persistent fever.

In some instances, these symptoms may be followed by meningitis encephalitis (an infection of the brain or its surrounding tissues) and/or septicemia (blood poisoning), either of which can result in death.

The mild form of foodborne listeriosis usually begins about one day after eating heavily contaminated food. For the more serious form of the disease, the incubation period is generally much longer - up to 70 days after exposure.

Those who are at the highest risk of serious illness include:

- Pregnant women and their unborn/newborn children. Pregnant women are about 20 times more likely to get listeriosis than other healthy adults. If a pregnant woman develops listeriosis during the first three months of her pregnancy, she may miscarry. Up to two weeks before a miscarriage, pregnant women may experience a mild flu-like illness with chills, fatigue, headache as well as muscular and joint pain. Listeriosis later on in the pregnancy can result in a stillbirth or the birth of an acutely-ill child.
- The elderly. The risk increases with age.
- People with weakened immune systems, such as those undergoing chemotherapy, transplant patients, those with HIV, diabetics and alcoholics. The highest risk group includes those whose immune systems are highly compromised, such as bone marrow transplant patients, blood-borne cancer patients and those with full-blown AIDS. People with AIDS are at least 300 times more likely to get listeriosis than those with a normal immune system.

The disease can be effectively treated with antibiotics, but early diagnosis can be critical to the success of the treatment, especially for those at high risk. At the moment, there is no vaccine to prevent listeriosis.

## Minimizing Your Risk

You can minimize your chances of contracting listeriosis (as well as other foodborne illnesses) by following these steps.

- Read and follow all package labels and instructions on food preparation and storage.
- After handling foods in the kitchen, especially raw foods such as meat and fish, thoroughly clean and sanitize all surfaces used for food

preparation with a kitchen sanitizer (following the directions on the container) or use a bleach solution (5 ml household bleach to 750 ml of water), and rinse with water.

- To avoid cross-contamination, clean all knives, cutting boards and utensils used with raw food before using them again.
- Thoroughly clean fruits and vegetables before you eat them.
- Refrigerate or freeze perishable food, prepared food and leftovers within two hours.
- Defrost food in the refrigerator, in cold water or in the microwave, but never at room temperature.
- Keep leftovers for a maximum of four days only and reheat them to an internal temperature of 74°C (165°F) before eating them.
- Check the temperature in your refrigerator using a thermometer to make sure it is at 4°C (40°F) or below. As the storage temperature increases, so does the growth of Listeria in foods. The higher the number of bacteria in foods, the greater is the risk of getting sick.
- Frequently wash and disinfect the refrigerator. The more often it is cleaned, the less chance there will be for Listeria to be transferred from contaminated food and surfaces to non-contaminated foods.

In addition, the recommendations below should be followed by high-risk individuals:

## Foods to Avoid:

**Hot dogs**, especially straight from the package without further heating. The fluid within hot dog packages may contain more Listeria than the hot dogs.

Avoid spreading fluid from packages onto other foods, cutting boards, utensils, dishes and food preparation surfaces. Wash your hands after handling hot dogs.

## Safer alternatives:

Hot dogs reheated until steaming hot

## Non-dried deli-meats

### Safer alternatives:

Dried and salted deli-meats such as salami and pepperoni, as they generally do not support the growth of Listeria. In addition, you can reduce your risk by reheating deli-meats until steaming hot.

**Soft and semi-soft cheeses** such as feta, Brie, Camembert and blue-veined cheese if they are made from unpasteurized milk

### Safer alternatives:

Pasteurized milk and milk products including cheeses made from pasteurized milk

## Refrigerated pâté and meat spreads

### Safer alternatives:

Canned or shelf-stable pâté and meat spreads

## Refrigerated smoked seafood and fish

### Safer alternatives:

Cooked refrigerated smoked seafood and fish. Canned or shelf-stable smoked seafood and fish.

## Raw or undercooked meat, poultry and fish

### Safer alternatives:

Thoroughly cooked meat, poultry and fish

## The Government of Canada's Role

Health Canada develops food safety standards and policies to help minimize the risk of foodborne illnesses. The Canadian Food Inspection Agency



Listeria and Food Safety

Updated

August 2008

# IT'S YOUR HEALTH



(CFIA) carries out inspection of the food industry to ensure that it meets its food safety responsibilities. Health Canada, in collaboration with the CFIA, has developed a Policy on Listeria monocytogenes in ready-to-eat foods which includes guidance on inspection and compliance action including recalls.

The Public Health Agency of Canada (PHAC), the CFIA, and Health Canada work with public health officials, and provincial ministries of health to confirm the source of the listeria related illnesses when an outbreak is suspected. When cases occur in multiple provinces, federal officials lead the epidemiological investigation. In addition, they provide reference laboratory services, conduct food safety investigations and recall actions.

Health Canada also briefs the medical community, public health officials, the food industry and the public on matters related to listeriosis where appropriate. As a founding member of the Canadian Partners for Consumer Food Safety Education, Health Canada also participates in public awareness campaigns about safe food practices.

## Need More Info?

For more information visit Health Canada's Food and Nutrition Web site.  
<http://www.hc-sc.gc.ca/fn-an/index-eng.php>

For more information about foodborne illnesses, visit the Public Health Agency of Canada's Laboratory for Foodborne Zoonoses Web site.  
<http://www.phac-aspc.gc.ca/lfz-llczoa/index-eng.php>

Original: November 2005  
©Her Majesty the Queen in Right of Canada, represented by the Minister of Health, 2008  
Catalogue# H13-7/47-2008E-PDF  
ISBN# 978-1-100-10628-1

For more information on Listeria go to the Canadian Food Inspection Agency fact sheet, Food Safety Facts on Listeria.  
<http://www.inspection.gc.ca/english/fssa/concen/cause/listeriae.shtml>

For the Centre for Disease Control, Listeriosis Web site.  
[http://www.cdc.gov/nczved/dfbmd/disease\\_listing/listeriosis\\_gi.html](http://www.cdc.gov/nczved/dfbmd/disease_listing/listeriosis_gi.html)

For information on Canadian food issues/recalls, visit the Canadian Food Inspection Agency.  
<http://www.inspection.gc.ca/english/toce.shtml>

For more Fight BAC!® tips.  
<http://www.canfightbac.org/cpcfse/en/safety/default.aspx>

For more information on foodborne disease internationally go to the World Health Organization, foodborne diseases Web site.  
[http://www.who.int/topics/foodborne\\_diseases/en/](http://www.who.int/topics/foodborne_diseases/en/)

For additional articles on health and safety issues go to the It's Your Health Web site.  
<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/index-eng.php>  
You can also call toll free at 1-866-225-0709  
or TTY at 1-800-267-1245\*.

## Department of Canadian Heritage



Canadian  
Heritage

Patrimoine  
canadien

National Association of  
Friendship Centres



BC Association of Aboriginal  
Friendship Centres

### Urban Multipurpose Aboriginal Youth Centres Initiative

## 2009-2010 CALL FOR APPLICATIONS GVRD/Lower Mainland

In partnership with the Department of Canadian Heritage (PCH) and the National Association of Friendship Centres (NAFC), the BC Association of Aboriginal Friendship Centres (BCAAFC) is requesting applications for the 2009-2010 fiscal year of the Urban Multipurpose Aboriginal Youth Centres (UMAYC) Initiative.

The primary goal of the UMAC Initiative is to create a network of urban multipurpose Aboriginal youth projects to support and assist urban Aboriginal youth, aged 15-24 years, in enhancing their economic, social, cultural and personal prospects. Projects may include Aboriginal youth aged 10-14 and 25-29 with explanation.

A Metro Vancouver Aboriginal Youth Council will be established to assess applications from the GVRD/Lower Mainland region and will make funding recommendations to the NAFC Board of Directors who in turn will forward recommendations to PCH for final approval.

**Projects that are funded will have strong involvement and participation of Aboriginal youth at all stages, i.e., design, application, management, and delivery.**

All proposals **must** correspond with the format of the application and follow the UMAC Program Guidelines. Applications and Guidelines will be available at [www.bcaafc.com](http://www.bcaafc.com) by September 9<sup>th</sup>, 2008.

Applications will **not** be accepted by email or fax and the PCH and BCAAFC will not be responsible for any lost, misdirected or late applications. **Three (3) signed original applications** must be sent, each one containing all supporting documents. Applications should be enclosed in a 3-ring binder or duo tang. Do not bind with staples or cerlox. Handwritten applications will not be accepted.

Applications for projects must be received in the PCH office no later than **Friday, November 7, 2008 at 4:30 PM PST** at the following address:

**UMAYC METRO VANCOUVER ABORIGINAL YOUTH COUNCIL**  
**C/O Canadian Heritage**  
**4<sup>TH</sup> Floor, 300 West Georgia Street**  
**Vancouver, BC V6B 6C6**

FOR FURTHER INFORMATION, YOU CAN CONTACT:  
BC Association of Aboriginal Friendship Centres  
Caitlin O'Reilly, 1-800-990-2432  
[coreilly@bcaafc.com](mailto:coreilly@bcaafc.com)

Urban Multipurpose Aboriginal Youth Centres  
Metro Vancouver

# Funding Levels

The Metro Vancouver area encompasses 19 communities in total, including: Anmore, Belcarra, Bowen Island, Burnaby, Coquitlam, Delta, Langley, Lions Bay, Maple Ridge, New Westminster, North Vancouver, Pitt Meadows, Port Coquitlam, Port Moody, Richmond, Surrey, Vancouver, West Vancouver, and White Rock.

As the number of Aboriginal organizations in Metro Vancouver has increased in the past several years, so too has the demand on the UMAC funding allocation. Large scale projects are no longer feasible if BCAAFC wishes to continue encouraging new organizations to participate in order to reach new youth in the catchment area. For this reason funding levels have been put in place by the BCAAFC.

Further, organizations are only eligible to submit **one (1) funding application per project site**. This means an organization may submit a second application if the activities will be completed at a separate location.

## **Funding Level I - No Audited Financial Statements**

If your organization is **unable** to provide a full year's audited financial statements due either to the organization being new, or due to a limited/small annual budget (less than \$50,000), then your organization is entitled to request through UMAC up to **\$35,000** total in project funding.

## **Funding Level II - Audit but NOT Currently Funded**

If your organization is able to provide a full year's audited financial statement but **is not** currently receiving funding through UMAC, then your organization is entitled to request up to **\$60,000** total in project funding.

## **Funding Level III - Audit and Currently Funded**

If your organization is able to provide a full year's audited financial statement **and** is currently receiving funding through UMAC, then your organization is entitled to request up to **\$85,000** total in project funding.

## **Funding Level VI - Audit and Funded Consistently for 5 Years**

If your organization is able to provide a full year's audited financial statement **and** has received funding consistently through UMAC for 5 or more years, then your organization is entitled to request up to **\$115,000** total in project funding.

For the 2009-2010 fiscal year this includes the Knowledgeable Aboriginal Youth Association (Advocates Project), Redwire Native Youth Media, and the Urban Native Youth Association (Broadway Resource Youth Centre and Drop-In projects).

**For:** WALK4JUSTICE 2008

**Contact:** Gladys Radek and Bernie Williams, WALK4JUSTICE 2008

Primary Phone: 778-839-0072 Secondary Phone: 604-880-3650 **Date issued:** September 11, 2008, 01:57 e

**Attention:** Assignment Editor, City Editor, News Editor, Photo Editor, Government/Political Affairs Editor

## **WALK4JUSTICE for Missing/Murdered Women Brings Petition to Ottawa**

*WALK4JUSTICE 2008 For the Missing Murdered Women of Canada Presents Petition, Urges Inquiries at Parliament Hill, Ottawa Ontario*

Ottawa, Ontario, MEDIA ADVISORY, Sep.11 /CCNMatthews/ - On Monday September 15, 2008, a group of walkers from Vancouver, British Columbia, community activists and family members present the cases of over 3000 missing murdered women from communities across the country to the Government of Canada. A petition with well over 2900 signatures calling for public inquiries into these cases will be presented at this time.

The names of these 3000 + women to date will be presented to Prime Minister Stephen Harper, including case information, along with resolutions passed by Aboriginal Chiefs from British Columbia to the Atlantic Provinces, urging the call for a full public inquiry into the disappearances and deaths of women from all walks of life from urban and rural communities. Names of some men are also included in this list. The list of names has been compiled over decades and has yet to be released in its entirety. This is the first occasion at which this information will be made public and follows on the heels of The Apology made to First Nations, Inuit and Metis residential school survivors, June 11, 2008.

Organizers of the walk and the full-time volunteer walkers who have made this journey, leaving Vancouver on June 21st, 2008, arrive in Ottawa on the morning of September 15, gathering at Minawaashin Lodge, 474 Catherine Street at 9:00 am EDST. Press and the public are invited to attend. The group will be joined by supporters and walkers, arriving first at 9:30 am at Human Rights Monument, 161 Elgin Avenue, continuing on to Parliament Hill for rally and further presentations at 10:00 am EDST. A press conference is scheduled at 11:00 am EDST in Press Room 130-S, Centre Block, House of Parliament.

Respected Elder William Commanda, Algonquin Nation, of the Kitigan Zibi Anishinabeg will offer prayers to begin the day's scheduled speakers and presentations, at 10:00 am EDST. Family members and representatives of the missing murdered women will have opportunities to address dignitaries and the public. Chiefs from several communities, including Chiefs from BC, Elijah Harper and other dignitaries will address the Government of Canada. Invited speakers will address systemic violence and abuses of authority leading to women becoming dispossessed and vulnerable to abuse. Status of Women Canada and representatives of Native Women's Association will comment on the crimes women face in their communities. Members of Parliament who will offer support include Hon. Libby Davies, MP, Vancouver East and Hon. Jean Crowder, MP Nanaimo-Cowichan, Federal NDP Aboriginal Affairs Critic.

First Nations drumming and singing groups have been invited to support and take part.

Elders have made this journey, joined by youth, women, men, professionals, union representatives and family members who have been effected by loss and of their loved one's violent deaths, including the children of murdered family members. Union of British Columbia Indian Chiefs, the Aboriginal Mother's Centre, Amnesty International, CUPE, CUPW, other labour groups, Aboriginal Friendship Centres and many organizations have provided financial and in-kind donations to support this Walk4Justice initiative. Hundreds of citizens have taken part in presentations made to communities as Walkers traveled, many making financial contributions to ensure success of Walk4Justice's goal of representing the lives and voices of women who are loved and missed. New cases have occurred as Walk4Justice has traveled the country. These women's cases are added to the disturbing tally that continues to grow.

- END RELEASE - 11/09/2008 **Release ID:** 200809110001 Press Release by CCNMatthews 1-866-736-3779



Tseycum First Nation

## **MEDIA ADVISORY**

September 11, 2008

### **Vancouver Island First Nations Gather to Assert Their Right to Take Care of Their Children**

#### **ISLAND FAMILIES CEREMONY OF UNITY**

The First Nations of Vancouver Island will gather on Friday, September 12 in solidarity to support of each nation's effort to assert their inherent right to care for their children and families. In a historic ceremony, the three aboriginal families of Vancouver Island, the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw, will gather at Tseycum Long House. Minister Tom Christensen and the First Nations Leadership Council will be present.

Following in the wake of the residential school system, First Nations and Aboriginal communities have worked for years to restore their sacred duties and responsibilities to care for their children. Many First Nations seek to move out from under the governance and direction of the Ministry of Children and Family Development (MCFD) system and develop their own system.

This gathering builds on the ceremony held at Tseycum in May of this year after First Nations lost a historic opportunity to choose, if they wanted to do so, to move beyond the limitations present when MCFD officials retain overall control of the resources and policies that direct service delivery within Aboriginal communities.

Many First Nations still seek to develop and govern of their own children and family services system. Only once before in Canada, in Manitoba, have First Nations united to develop a process to assume full control of the practice, resources and overall management of child welfare services.

Date: September 12  
Time: 11:00 am  
Location: Tseycum Long House, corner of West Saanich Rd and Totem Lane  
Contact: Paul Sam (250) 216-5011

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## NEWS RELEASE

For Immediate Release  
2008HLS0009-001379  
Sept. 12, 2008

Ministry of Healthy Living and Sport

### **PROVINCE LAUNCHES ACTION PLAN TO SUPPORT SENIORS**

VANCOUVER – The government of British Columbia has released its action plan to support B.C. seniors in living healthy, active, independent lives, Healthy Living and Sport Minister Mary Polak announced today.

“The Healthy Living Framework sets out government’s priorities to meet the opportunities and challenges of preparing for an aging population, as we work to build the best system of supports for seniors in Canada,” said Polak. “We must ensure we have a plan for the demographic shift that is coming, when one in four of us will be over the age of 65, and this framework will assist us in being prepared.”

The Seniors’ Healthy Living Framework was developed collaboratively by 13 ministries, and outlines four cornerstones that government will focus on over the coming months and years: create age-friendly communities; mobilize and support volunteerism; promote healthy living; and support older workers.

The plan also announces a Seniors’ Healthy Living Secretariat, which will lead implementation of the framework across the provincial government and with other key partners including local government, the business community and community organizations. The secretariat will be responsible for developing information resources for seniors and engaging stakeholders, as well as monitoring and reporting on progress.

The actions identified in Seniors in BC: A Healthy Living Framework will build on existing supports, and provide a future that ensures British Columbians can continue to enjoy independent, active, and secure older years. Dedicated funding over the coming three years will bolster resources and programs for seniors, in priority areas identified in the action plan.

“Adapting to an aging population is a long-term enterprise, so this plan is not just about today’s seniors and their families, but is government’s road map to support tomorrow tomorrow’s older British Columbians,” said Polak. “Early success in the four areas identified in this plan will provide the momentum we need for action in other key areas down the road.”

“I am pleased to see such a robust, practical action plan in government’s response to the growing needs of the aging population,” said Dr. Patricia Baird, the former chair of the Premier’s Council on Aging and Seniors’ Issues. “I support the emphasis and direction of the framework and would like to see us build further on it in the future.”

Seniors in BC: A Healthy Living Framework was guided by the report from the 18-member Premier's Council on Aging and Seniors' Issues, which was asked to explore the opportunities and challenges associated with an aging population. Their findings included input from hundreds of British Columbians who provided individual submissions and participated through community meetings.

To read Seniors in BC: A Healthy Living Framework visit:

[http://www.cd.gov.bc.ca/seniors/PDFs/seniors\\_framework\\_web.pdf](http://www.cd.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf)

Media        Anne McKinnon  
contact:     Communications Director  
               Ministry of Healthy Living and Sport  
               250 952-2387

For more information on government services or to subscribe to the Province's news feeds using RSS, visit the Province's website at [www.gov.bc.ca](http://www.gov.bc.ca).

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## NEWS RELEASE

For Immediate Release  
2008HLS0008-001378  
Sept. 11, 2008

Ministry of Healthy Living and Sport

### **PROVINCE LAUNCHES NEW SUPPORTS FOR HEALTHY PREGNANCIES**

VANCOUVER – New educational resources launched today will support health professionals in helping prevent substance use during pregnancy, announced Mary Polak, Minister of Healthy Living and Sport.

“The ActNow BC Healthy Choices in Pregnancy resources support women to make healthy choices during their child-bearing years,” said Polak. “Through this pillar of ActNow BC, we are working to improve the health of mothers and their babies and ultimately decrease the number of infants born with Fetal Alcohol Spectrum Disorder (FASD).”

The provincial Healthy Choices in Pregnancy resources and education reflect an investment of \$360,000. The launch of the resources at the Chan Centre for Family Education included a national online video-stream of the event.

Each of the resources will add value to the Healthy Choices in Pregnancy education sessions, which are available for viewing and distribution through the Healthy Choices in Pregnancy website at [www.hcip-bc.org](http://www.hcip-bc.org).

The four new Healthy Choices in Pregnancy resources include:

- **Double Exposure:** A review of effective interventions to support women to reduce alcohol use in the child-bearing years. The primary purpose of this resource is for use by professionals and for policy and best practice development.
- **Women and Alcohol: A Women’s Health Resource.** This booklet is available for health professionals and provides useful information about the affects of alcohol on women, risks associated with drinking and the low risk drinking guidelines. This booklet is tailored to women of child-bearing years who drink.
- **Couples and Smoking: What You Need to Know When You are Pregnant –** This is a self-help booklet is available to health professionals and designed for women and their partners about smoking during pregnancy.
- **Supporting Change: Preventing FASD:** The DVD consists of a variety of scenarios of how to discuss alcohol use by women, and clinical information from field experts of women’s health and FASD. This resource is to be used by health professionals and will enhance support for service providers working with pregnant women and women in their child-bearing years.

“BC Women’s and the BC Perinatal Health Program are very pleased to support the development of these important resources,” said Dr. Elizabeth Whynot, president of BC Women’s Hospital & Health Centre. “Our goal is for all women in B.C. to have the best possible opportunity for a healthy pregnancy.”

Healthy Choices in Pregnancy provincial education and resources, including the website, are supported by the Ministry of Healthy Living and Sport through ActNow BC, BC Women's Hospital & Health Centre, the Provincial Health Services Authority and the BC Centre of Excellence for Women's Health. Across the province, the resources will support health authorities in further developing their Healthy Choices in Pregnancy programs and services and their FASD prevention plans. This will improve health promotion and pregnancy services delivered to B.C. women.

In 2003, B.C. became the first province in Canada to create a cross-ministry, comprehensive provincial strategy for FASD. Building on this, the Province released a 10-year Provincial Plan, as well as a \$10-million FASD Action Fund, established through the Victoria Foundation, to support projects that promote FASD prevention and education, and help improve outcomes for children and youth with FASD.

ActNow BC's two provincial targets related specifically to Healthy Choices in Pregnancy include a goal to increase by 50 per cent the number of women counselled regarding alcohol use in pregnancy, and to have each health authority implement their FASD prevention strategies.

Media        Anne McKinnon  
contact:     Communications Director  
               Ministry of Healthy Living and Sport  
               250 812-4012 (cell)

For more information on government services or to subscribe to the Province's news feeds using RSS, visit the Province's website at [www.gov.bc.ca](http://www.gov.bc.ca).

September 18, 2008

## **AFN National Chief Launches “Vote ’08, Change Can’t Wait!” Campaign**

The October 14 election allows the voices of over 800,000 First Nation citizens across Canada to be heard given the slim margin of victory in over 50 ridings in the last general election. To that end, the Assembly of First Nations National Chief Phil Fontaine has launched “**Vote ’08, Change Can’t Wait!**”, a First Nations political participation and public awareness campaign to encourage voting among First Nations voters and to increase the profile of Aboriginal issues in this election. This initiative is also aimed at soliciting a clear and robust Aboriginal platform from each political party.

“The June 11, 2008 Apology to the survivors of the residential school experience was fundamentally about reconciliation,” the National Chief said. He added, “It is time that each party advances a clear vision of what reconciliation means to them if they were to form the next Canadian government”. This election allows each party to place people above politics. For our people, the time is now for all parties to step up and advance an effective and meaningful platform aimed at change. This means alleviating First Nations poverty and improving the quality of the lives and life chances of First Nations children and for all First Nation citizens.”

The National Chief stated that “we are a First People, not an invisible people and each political party must address the core issues which affect us if they truly intend to fulfill the promise and spirit of reconciliation afforded by the June 11 Apology”. To that effect, the National Chief has compiled and delivered a comprehensive questionnaire to all federal party leaders focused specifically on the issues and concerns important to First Nations in Canada.

“We are asking all parties to take the next step and focus on reconciliation, quality of life issues for First Nations, and the quality of the relationship between the Canadian government and First Nation governments. We are also calling on all five parties and the television network consortium in charge of the National Leaders’ Debates to support inclusion of a segment on Aboriginal issues so leaders can speak directly to First Nations and to all Canadians,” the National Chief stated.

In addition, on September 29 the Assembly of First Nations is calling for a National Day of Political Action in First Nation communities across the country. On this day all First Nation communities are encouraged to participate in a variety of political activities such as engaging with their citizens and local candidates, host community meetings and town halls, discuss platforms with each other, and other political events so that First Nation citizens can make an informed choice on October 14.

The Assembly of First Nations is the national political organization representing First Nations citizens in Canada.

Contacts:

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Gina Cosentino, Government Relations, National Chief Office  
613-314-2661 or [gcosentino@afn.ca](mailto:gcosentino@afn.ca)

## An Update of the New Specific Claims Legislation

In June 2008, the *Specific Claims Tribunal Act* received Royal Assent. The legislation establishes a new independent body called the Specific Claims Tribunal. The tribunal will be able to make binding decisions on claims of up to \$150 million dollars that are rejected for negotiations, or on claims where negotiations have failed.

**On October 16, 2008 the new legislation will come into effect in Canada.**

The legislation includes an accountability tool that has never before been a part of the specific claims process. There are also provisions designed to complement the work of the tribunal by enforcing time limits, intended to improve Canada's internal processes.

Will the legislation bring greater fairness to the way specific claims are handled in Canada? Will the tribunal accelerate the resolution of unsettled claims? Will it reduce existing backlog? Does it provide a successful option for your community? Attend this forum to discuss these issues with some of the key people behind this legislation.

The effectiveness of the new legislation is connected to your knowledge of how it works and how the Government will implement it. This forum will give you the knowledge you need to understand the new legislation, prepare for the change and maximize the value of the process and the tribunal.

Program Addition: We are pleased to announce that Ms. Lynne Partel, Executive Director of the Specific Claims Reform Initiative, has been added to our list of faculty speakers.

For more information download a PDF of the [brochure](#)  
or visit our website at [www.pbli.com/742](http://www.pbli.com/742)

### Who Should Attend:

- Aboriginal leaders and officials
- Directors and members of community boards
- Lawyers
- Federal, provincial and municipal officials
- Project managers, executives and others working in this area

If you are unable to attend these conferences and wish to purchase materials for these or any other PBLI conference, please visit our website at [www.pbli.com/materials](http://www.pbli.com/materials). Look for other upcoming Aboriginal topic conferences at [www.pbli.com/aboriginal](http://www.pbli.com/aboriginal).



ABORIGINAL  
TOURISM ASSOCIATION OF  
BRITISH COLUMBIA

# Tourism Trailblazers Train-the-Trainer

October 06 - December 12, 2008 - Kamloops  
Monday - Friday 8:30am - 4:30pm

Are you passionate about Aboriginal culture? Do you enjoy teaching and working with others, to prepare to welcome the world into our world, Aboriginal Tourism BC is excited to provide the ATBC Tourism Trailblazers Train-the-Trainer program. Upon completion of this program you will be certified as an Aboriginal Tourism Trailblazer facilitator and receive 2 three credit tourism related courses which will be transferable to BC post-secondary institutions.

**Program Length:** 10 weeks – (50 days of training)  
**Start Date:** October 06<sup>th</sup>, 2008      **End Date:** December 12<sup>th</sup>, 2008  
**Location:** Central Interior - Kamloops  
**Number of Seats:** 16 full-time  
**Schedule:** Monday – Friday 8:30am – 4:30pm  
**Training Outcomes:**

Our Story; Your Experience – ATBC Trailblazer  
Cultural Heritage and Nature Interpretation 3 credits  
Managing Festivals and Events 3 credits  
Facilitator Certification in:  
    FirstHost  
    SuperHost – Fundamentals  
Tourism Visitor Information Counselor Services

**Qualifications:**

Knowledge and interest in Aboriginal Culture  
Great communication skills  
Experience and interest in teaching/leading  
Ability and willingness to travel

**How to Apply:**

Email or fax your resume and cover letter by September 19 to:  
Cheryl Chapman Training and Education Coordinator  
[cheryl@aboriginalbc.com](mailto:cheryl@aboriginalbc.com)  
Fax: 604-921-1072 ext# 230 or  
Call 1-877-266-2822 ext# 230 for more information.

**Trainees will be provided with trainee support and travel based on participation, therefore trainees are responsible for their own transportation, accommodation and meals, please be sure to have all of your living arrangements in place.**

# Managing Advanced Prostate Cancer from [www.Medbroadcast.com](http://www.Medbroadcast.com)

A diagnosis of locally advanced or metastatic prostate cancer can be tough to hear.

Advanced prostate cancer is harder to treat than early prostate cancer (cancer that has not spread beyond the prostate). Metastatic prostate cancer (cancer that has spread to lymph nodes and distant organs) and most cases of locally advanced prostate cancer (cancer that has spread to tissues just outside the prostate) cannot be cured.

Instead, treatment aims to prolong survival, delay the cancer's progression, relieve symptoms, and improve quality of life.

The good news is that there are treatment options still available, including medication, radiation, and surgery. The treatment chosen depends on many factors:

- previous treatments you have received
- where the cancer has recurred
- whether you have other conditions such as heart disease or diabetes
- individual considerations

Available treatment options include hormone therapy, radiation therapy, chemotherapy, and surgery.

## Hormone therapy

Hormone therapy is used to treat metastatic prostate cancer and some cases of locally advanced prostate cancer. It is used to prolong life, relieve symptoms, delay cancer progression, and improve quality of life. With hormone therapy, medications or surgery are used to reduce the levels of androgens (male hormones such as testosterone), so they cannot cause the tumour to grow. This may be done through surgery to remove the testicles (which produce androgens) or by using medications.

Hormone therapy medications may be given through *subcutaneous injection* (injection under the skin), *subcutaneous depot* (a tiny long-acting implant inserted under the skin), *intramuscular injection* (injection into a muscle), *intramuscular depot* (long-acting injection into a muscle), orally (by mouth; e.g., tablets), or nasally (into the nose).

Hormone therapy medications include:

- **luteinizing hormone-releasing hormone (LHRH) analogues (which work by blocking androgen production):**
  - buserelin nasal ([Suprefact®](#)) and subcutaneous ([Suprefact®](#), [Suprefact Depot®](#))
    - usual dose (nasal): two pumps in each nostril three times a day
    - usual dose (subcutaneous): one injection once daily
    - usual dose (subcutaneous depot): one implant every 2 or 3 months
  - goserelin subcutaneous ([Zoladex®](#), [Zoladex-LA®](#))
    - usual dose: one implant (given by subcutaneous injection) every 1 or 3 month
  - leuprolide intramuscular (Lupron®, [Lupron Depot®](#))
    - usual dose (intramuscular): one injection once daily
    - usual dose (intramuscular depot): one injection every 1, 3, or 4 months
  - leuprolide gel subcutaneous ([Eligard®](#))
    - usual dose: one injection every 1, 3, 4, or 6 months
  - triptorelin intramuscular ([Trelstar®](#))
    - usual dose: one injection every 1 or 3 months

- **nonsteroidal anti-androgens (which work by blocking the effects of androgens on the prostate; they are used in combination with LHRH analogues or surgery):**
  - bicalutamide tablets ([Casodex®](#), generics)
    - usual dose: 50 mg once daily
  - cyproterone tablets ([Androcur®](#), generics) and intramuscular ([Androcur Depot®](#))
    - usual dose (tablets): 100 mg to 300 mg divided into two or three doses per day
    - usual dose (intramuscular): 300 mg once every one or two weeks
  - flutamide tablets ([Euflex®](#), generics)
    - usual dose: 250 mg three times a day
  - nilutamide tablets ([Anandron®](#))
    - usual dose: 150 mg once daily

## Radiation therapy

Radiation therapy uses *radiation* (a type of energy) to kill cancer cells. It can be given by:

- external beam
- brachytherapy (radioactive seed implants inserted through surgery)

For locally advanced prostate cancer, radiation is often used in combination with hormone therapy to slow the spread of the cancer, prolong life, and relieve symptoms. For metastatic prostate cancer, it is used to relieve symptoms and control the spread of the cancer.

## Chemotherapy

Chemotherapy uses medications (usually in combinations called *regimens*) to kill cancer cells. Chemotherapy is used when advanced prostate cancer stops responding to hormone therapy or when prostate cancer returns. Chemotherapy may be used to prolong life, improve quality of life, and relieve side effects caused by the cancer's spread.

Chemotherapy medications often used to treat advanced prostate cancer include:

- docetaxel ([Taxotere®](#)) - used in combination with prednisone or prednisolone
- usual dose: one infusion (a slow injection into a vein) every 3 weeks
- mitoxantrone (generics) - used in combination with prednisone
- usual dose: one infusion (a slow injection into a vein) every 3 weeks

Chemotherapy medications are usually continued until the cancer progresses or until a maximum dose (determined by the doctor based on your body size) has been reached.

## Surgery

For locally advanced prostate cancer, a *transurethral resection of the prostate* (also called TURP, a surgery where excess prostate tissue is removed) can help relieve symptoms. In some cases, a *radical prostatectomy* (a surgery that removes the entire prostate) can even provide a cure.

For metastatic prostate cancer, surgery is used to relieve symptoms of the cancer's spread (e.g., a tumour that is blocking urination) and make a person more comfortable.

## Working with your doctor

There are a variety of options for treating advanced prostate cancer. To find the option that's right for you, [discuss your treatment options with your doctor](#). Though all treatments have [side effects](#), it's important to realize that side effects may be preventable, manageable, or reversible. Speak with your doctor about the risks and benefits of each treatment and how you will feel as you receive treatment.

## The Personal Toll of IBD from [www.medbroadcast.com](http://www.medbroadcast.com)

Inflammatory bowel disease (IBD) is a serious condition that affects nearly 200,000 Canadians. Symptoms include stomach tenderness and swelling, diarrhea, weight loss, and rectal bleeding. It can also cause other symptoms, such as fatigue, skin rashes, joint pain, and eye inflammation.

But a list of symptoms doesn't tell the whole story. IBD can also have a devastating impact on a person's quality of life. Here are some of the ways IBD can affect a person's life:

**Physical discomfort:** The symptoms of IBD can cause significant physical discomfort and pain, which can interfere with a person's ability to do their normal activities and enjoy life.

**Isolation:** People with IBD may shy away from social situations because of their condition. This can be because their symptoms leave them with no energy to socialize, or because they are concerned about the possible embarrassment of unpredictable attacks of diarrhea. This can lead to loneliness and isolation from family and friends.

**Depression and anxiety:** People with IBD may be more prone to certain mental health conditions such as depression and anxiety.

**Interference with work:** IBD is unpredictable. Symptoms may flare up around the same time as an important presentation or deadline. As well, if IBD is severe, a person may need to take time off from work to recover, and may even need to be hospitalized for treatment. This can interfere with a person's productivity and work performance.

**Effects on sexuality:** IBD and surgical treatment for IBD can interfere with sexuality. During a flare-up, people with IBD may find they are less interested in sex. IBD symptoms such as abdominal cramps, diarrhea, and fatigue can also make sexual activity more difficult. If someone has surgery for IBD, they will need to avoid sex during the recovery period after surgery. Also, if they need to wear a bag to collect wastes outside the body after surgery, this may cause self-image issues that could affect sexuality.

IBD can take a major toll on a person's quality of life. But there are treatments available to help manage this condition. If you have IBD or think you might, talk to your doctor about getting a diagnosis and finding a treatment option that is right for you.

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*Dear Elders, this came in too late for the Aug. 20 show, but the info below will help those interested in more information, D. Stirling*

### **EXCITING NEW TELEVISION SERIES "TRIBAL TREKS"**

**Vancouver B.C., August 20, 2008 - Tribal Treks** is an exciting 13-part HD reality series, which documents the experiences of everyday Canadians and international tourists as they partake in Aboriginal tourism adventures. It is the goal of the series to not only promote Aboriginal tourism, but to teach the viewer about Aboriginal culture. It will also document the friendships that are built between the non-Aboriginal people we send out to the destinations and the people they meet on their adventures.

**Where can I get more information about Tribal Treks?** - We will have a web site up this fall, but you can visit [www.tribal-treks.com](http://www.tribal-treks.com) for the one-sheet on the show. There is also a web site for Brenco Media Inc. located at [www.brencomedia.com](http://www.brencomedia.com)

**Where can I get a copy of Tribal Treks?** Please contact our production office at (778) 338-4856 to get DVD copies of the show.

The First Nations House of Healing (the link is [www.intertribalhealth.ca](http://www.intertribalhealth.ca))

Located at 534 Centre Street, Nanaimo, BC V9R 4Z3

Phone # 250-753-0590

Toll Free# 1-877-777-4842

Toll Free Fax # 1-877-753-0573

Program Name	Start Date	End Date	#days	Application Deadline
<b>Enriching Our Circles</b> 5-day program for referral workers	Oct 20	Oct 24	5	Sept 26,2008
Setting The Path to Abundance 11-day co-ed programs for Elders	Oct 27	Nov 6	11	Sept 26,2008
Releasing with the Tides 11-day program for former IRS students going through the ADR/IAP,CEP	Nov 7	Nov 17	11	Oct 10,2008
Rekindling Our Spirit As Women 11-day sexual abuse program for woman	Nov 18	Nov 28	11	Oct 17,2008
Keeping the Circle Strong 11-day Co-ed grief and loss program	Dec 1	Dec 11	11	Nov 7, 2008
Emotional Fitness 11-day program anger	Jan 2	Jan 12	11	Dec 5,2008
Rekindling Our Spirit as Men 11-day sexual abuse program for men	Jan 13	Jan 23	11	Dec 5 2008
<b>Breaking the Silence</b> <b>11-day co-ed program lateral violence</b>	<b>Jan 26</b>	<b>Feb 5</b>	<b>11</b>	<b>Jan 5,2009</b>
Soaring Together 11-days for couples	Feb 6	Feb 16	11	Jan 9,2009
Reclaiming our Gifts II 5-day Men's Conference	Feb 17	Feb 20	5	Jan 26,2009
<b>Finding the Beat Of Your Drum</b> <b>11-day program for</b> <b>Intergenerational Survivors</b>	<b>Feb 23</b>	<b>March 5</b>	<b>11</b>	<b>Jan 30,2009</b>
<b>Reclaiming the Wounded Spirit</b> <b>11-day program for - Affects of</b> <b>Suicide</b>	<b>Mar 9</b>	<b>Mar 19</b>	<b>11</b>	<b>Feb 6,2009</b>
Caring for Our Sacred Gifts 11-day program- parenting blended families; children in care, foster, adopted (adults)	Mar 23	Apr 2	11	Feb 20,2009

## To My Child

Just for this morning, I am going to smile when I see your face and laugh when I feel like crying.  
Just for this morning, I will let you choose what you want to wear, and smile and say how perfect it is.  
Just for this morning, I am going to step over the laundry, and pick you up and take you to the park to play.  
Just for this morning, I will leave the dishes in the sink, and let you teach me how to put that puzzle of yours together.  
Just for this afternoon, I will unplug the telephone and keep the computer off, and sit with you in the backyard and blow bubbles.  
Just for this afternoon, I will not yell once, not even a tiny grumble when you scream and whine for the ice cream truck, and I will buy you one if he comes by.  
Just for this afternoon, I won't worry about what you are going to be when you grow up, or second-guess every decision I have made where you are concerned.  
Just for this afternoon, I will let you help me bake cookies, and I won't stand over you trying to fix them.  
Just for this afternoon, I will take us to McDonald's and buy us both a Happy Meal so you can have both toys.  
Just for this evening, I will hold you in my arms and tell you a story about how you were born and how much I love you.  
Just for this evening, I will let you splash in the tub and not get angry.  
Just for this evening, I will let you stay up late while we sit on the porch and count all the stars.  
Just for this evening, I will snuggle beside you for hours, and miss my favorite TV shows.  
Just for this evening when I run my finger through your hair as you pray,  
I will simply be grateful that God has given me the greatest gift ever given.  
I will think about the mothers and fathers who are searching for their missing children, the mothers and fathers who are visiting their children's graves instead of their bedrooms, and mothers and fathers who are in hospital rooms watching their children suffer senselessly, and screaming inside that they can't handle it anymore.  
And when I kiss you goodnight I will hold you a little tighter, a little longer.  
It is then, that I will thank God for you, and ask him for nothing, except one more day...

### God's Boxes

I have in my hands two boxes,  
Which God gave me to hold.  
He said, 'Put all your sorrows in the black box,  
And all your joys in the gold. '

*I heeded His words, and in the two boxes,  
Both my joys and sorrows I stored,  
But though the gold became heavier each day,  
The black was as light as before.*

*With curiosity, I opened the black,  
I wanted to find out why,  
And I saw, in the base of the box, a hole,  
Which my sorrows had fallen out by.*

*I showed the hole to God, and mused,  
'I wonder where my sorrows could be!'  
He smiled a gentle smile and said,  
'My child, they're all here with me..'*

*I asked God, why He gave me the boxes,  
Why the gold and the black with the hole?  
'My child, the gold is for you to count your blessings,  
The black is for you to let go. '*

"Birth Certificate shows that we were born. A Death Certificate shows that we die.  
Pictures show that we lived!"

I Believe

I Believe...That just because two people argue, it doesn't mean they don't love each other. And just because they don't argue, it doesn't mean they do love each other.

I Believe...That we don't have to change friends if we understand that friends change.

I Believe...That no matter how good a friend is, they're going to hurt you every once in a while and you must forgive them for that.

I Believe...That true friendship continues to grow, even over the longest distance. Same goes for true love.

I Believe...That you can do something in an instant that will give you heartache for life.

I Believe...That it's taking me a long time to become the person I want to be.

I Believe...That you should always leave loved ones with loving words. It may be the last time you see them.

I Believe...That you can keep going long after you think you can't.

I Believe...That we are responsible for what we do, no matter how we feel.

I Believe...That either you control your attitude or it controls you.

I Believe...That heroes are the people who do what has to be done when it needs to be done, regardless of the consequences.

I Believe...That money is a lousy way of keeping score.

I Believe...That my best friend and I can do anything or nothing and have the best time.

I Believe...That sometimes the people you expect to kick you when you're down, will be the ones to help you get back up.

I Believe...That sometimes when I'm angry I have the right to be angry, but that doesn't give me the right to be cruel.

I Believe...That maturity has more to do with what types of experiences you've had and what you've learned from them and less to do with how many birthdays you've celebrated.

I Believe...That it isn't always enough, to be forgiven by others. Sometimes, you have to learn to forgive yourself.

I Believe...That no matter how bad your heart is broken the world doesn't stop for your grief.

I Believe...That our background and circumstances may have influenced who we are, but, we are responsible for who we become.

I Believe...That you shouldn't be so eager to find out a secret. It could change your life Forever.

I Believe...Two people can look at the exact same thing and see something totally different.

I Believe...That your life can be changed in a matter of hours by people who don't even know you.

I Believe...That even when you think you have no more to give, when a friend cries out to you - you will find the strength to help.

I Believe...That credentials on the wall do not make you a decent human being.

I Believe...That the people you care about most in life are taken from you too soon.

I Believe...That you should send this to all of the people that you believe in, I just did.

'The happiest of people don't necessarily have the best of everything;  
they just make the most of everything.'

**BC ELDERS  
COMMUNICATION  
CENTER SOCIETY**

For information on the Residential School Settlement's Common Experience Payment please call:  
Service Canada at 1-866-699-1742

**1415 Wewaikum Road  
Campbell River, B.C. V9W 5W9**

**Phone: 1-250-286-9977  
Fax: 1-250-286-4809  
Toll-Free: 1-877-738-7288  
Coordinator: Donna Stirling  
Website: [www.bcelders.com](http://www.bcelders.com)  
Email:  
[bcelders@telus.net](mailto:bcelders@telus.net)**

**'ELDERS VOICE' ISSUES  
ARE SENT OUT TO  
COMMUNITIES BY THE  
1st OF EACH MONTH.**

If your area's copy is not received in a timely manner please call in to the office.

**PROVERBS:**

1. Better to have loved and lost than never to have loved at all.
2. Empty vessels make the most noise.
3. If wishes were horses beggars would ride.
4. It's better to travel hopefully than to arrive.
5. An ounce of prevention is worth a pound of cure.

**BIBLE QUOTES:**

"When I consider thy heavens, the work of thy fingers, the moon and the stars, which thou hast ordained, What is man, that thou art mindful of him? And the son of man, that thou visitest him? For thou has made him a little lower than the angels, and has crowned him with glory and honor. Thou makest him to have dominion over the works of thy hands; thou has put all things under his feet." Psalm 8:3-6  
"The Lord liveth; and blessed be my rock; and let the God of my salvation be exalted." Psalm 18:46

***Please mail, fax, email, or call in your  
Special Wishes/Community Events !!***

**Happy! Happy! Birthday To All Elders Born in October!!**

***Libra - The Harmonizer (Sept. 23-Oct. 23)***

***Nice to everyone they meet. Can't make up their mind. Have own unique appeal. Creative, energetic, and very social. Hates to be alone. Peaceful, generous. Very loving and beautiful. Flirtatious. Gives in too easily. Procrastinators. Very gullible.***

**National Survivors Support Line**

24 Hours a day - 7 days a week - 1-866-925-4419

The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada.

**ANNUAL BC ELDERS GATHERING INFORMATION CORNER**

There are no updates available at this time. The 33rd Annual Elders Gathering is slated to be in Terrace, but that is all I know right now. I will have updates here as soon as they become available.

Thank you for your patients, it does sometimes take months for announcements from the new host to be released while they get organized.

Sincerely, Donna Stirling  
BCECCS Coordinator