

Volume 10 Issue 11

October 2010

BC ELDERS COMMUNICATION CENTER SOCIETY



ELDERS VOICE

ATTENTION: Elders Contact People Please Remember To Make Copies of The EV Each Month For Your Elders And If You Could Also Make Copies For Your Chiefs and Councils That Would Be A Great Help, And Much Appreciated!

EV'S 119th Issue!

THE DATES ARE ANNOUNCED!!

Hosts: Sto:lo and Coast Salish

35th Annual BC Elders Gathering

July 12, 13, 14, 2011

**LOCATION: The Fraser Valley Trade & Exhibition Centre or Tradex
1190 Cornel Street, Abbotsford**

HAPPY BIRTHDAY TO ALL ELDERS BORN IN OCTOBER !!

SPECIAL THANKS TO THE 1ST PARTICIPANTS IN:

'HAVE A FUNDRAISER FOR THIS ELDER'S OFFICE EVENT'

1. Shirley Matilpi, BC Elders Council & the Namgis Elder`s Group - \$200
2. Deanna George, BC Elders Council & the Tsleil-Waututh Nation -\$250

***BC Elders Council Members and their support people will be conducting 50/50 draws/raffles in local communities to help fundraise for the BCECCS. Your support is appreciated.**

****Any group who does not yet have a member on the BC Elders Council is encouraged to contact the office at bcelders@telus.net**

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Pgs. 15-16: Experts Urge Caution With Music Volume For Teens
Pgs. 17-18: FN Pulling Together For Wild Salmon
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Easy Bakers Corner – Pumpkin Cheesecake - Conayt F.S. Cookbook

Crust: Melt 1/2 cup of butter in saucepan; stir in 1 and 1/4 cups of crushed gingersnap cookies. Press into ungreased spring-form pan. Bake at 350°F for 10 minutes.

Filling: Mix 2-8 oz. pkgs. cream cheese and 2/3 cup of granulated sugar together. Add 2 eggs, one at a time, beating after each. Mix in 2 cups of fresh cooked pumpkin or 1 can of pumpkin, 1/2 tsp of cinnamon, and 1/2 tsp of ginger. Pour over crust.

Bake at 350° F for 50 to 60 minutes or until firm. Garnish with whipped cream and serve.

HANDY TIPS

1. Use vertical strokes when washing windows outside and horizontal one for inside windows. This way you can tell which side has the streaks. Straight vinegar will get outside windows really clean. Generally, don't wash windows on a sunny day. They probably will dry too quickly and streak.
2. Candles will last a lot longer if placed in the freezer for at least three hours prior to burning.
3. To clean artificial flowers, pour some salt into a paper bag and add the flowers. Shake vigorously and the salt will absorb dust and dirt and leave your artificial flowers looking like new!
4. To easily remove most burnt on food from your skillet, simply add a drop or two of dish soap and enough water to cover bottom of pan, and bring to a boil on stove top.
5. Spray your Tupperware® or other similar plastic containers with nonstick cooking spray before pouring in tomato based sauces and there won't be any stains.

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, 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

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 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).

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.

BCECCS 10th Year GRATITUDE LIST

Dec. 1st 2009 – Nov. 30th 2010 Year (\$250)

1. Indian Residential School Survivors Society
2. Ditidaht First Nation
3. Qualicum First Nation
4. Cowichan Elders
5. Tsleil-Waututh Nation
6. Laich-Kwil-Tach Treaty Society
7. BC Assoc. of Aboriginal Friendship Centres
8. Kla-How-Eya Circle of Elders
9. BC Transmission Corporation
10. K'omoks First Nation
11. Douglas Band
12. Kluskus Indian Band
13. Lower Nicola Indian Band
14. Ki-Low-Na Friendship Society
15. Hartley Bay Village Council
16. Squiala First Nation
17. Akisqnuq First Nation
18. Wei Wai Kum First Nation
19. Wet'suwet'en First Nation
20. Kitamaat Village Council
21. McLeod Lake Tse'khene Elders Society
22. Da'naxda'xw First Nation
23. Gitwangak Education Society
24. Quatsino Band
25. Spallumcheen Indian Band
26. Williams Lake Indian Band
27. Bridge River Indian Band
28. Lytton First Nation
29. Lower Kootenay Band
30. Ehattesaht Tribe
31. Xaxli'p Indian Band
32. Adams Lake Indian Band
33. Kwikwetlem First Nation
34. Osoyoos Indian Band
35. Hailika'as Heiltsuk Health Centre
36. Carnegie Community Centre
37. First Nations Health Society
38. We Wai Kai Nation
39. Hesquiaht First Nation
40. Sumas First Nation
41. Kamloops Indian Band
42. Shxwha:y Village
43. Ki-Low-Na Friendship Society
44. Chawathil First Nation
45. Gingolx Elders
46. Doig River First Nation
47. Soowahlie Health Services
48. Union of British Columbia Indian Chiefs
49. Whispering Pines/Clinton Indian Band
50. Seton Lake Elders
51. Dzawada'enuxw First Nation
52. Tobacco Plains Indian Band
53. Cook's Ferry Indian Band
54. Shxw'ow'hamel First Nation
55. Carrier Sekani Family Services
56. Gitanyow Human Services
57. Gitxsan Health Society
58. Simpcw First Nation
59. Ulkatcho Indian Band
60. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
61. Tansi Friendship Centre Society
62. Ts'kw'aylaxw Elders
63. In-SHUCK-ch Nation
64. Leq'a:mel First Nation
65. British Columbia Assembly of First Nations
66. Tsawwassen First Nation
67. Taku River Tlingit First Nation
68. Nicomen Indian Band
69. Ts'ltk Elders (Nuxalk)
70. Eniyud Health Services (Xeni Gwet'in F.N.)
71. T'IT'Q'ET Elders Council
72. Pacheedaht First Nation (\$125)
73. Yakweakwoose First Nation
74. Nuuchahnulth Tribal Council
75. Mount Currie Band Council
76. Chawathil First Nation
77. Canoe Creek Band
78. Wuikinuxv Nation
79. St. Eugene Golf Resort Casino
80. Toosey Band (\$125)
81. Heskèn`scutxe Health Services



News and Events

Supporting Elders and Seniors to Live Well at Elders Gathering

When the Adams Lake Band hosted the [34th Annual Elders Gathering](#) from July 13-15, 2010 in Salmon Arm, traditional territory of the Secwepemc (Shuswap) Nation, the Seniors' Healthy Living Secretariat (SHLS) was there to meet the Elders and provide healthy living information and resources.

SHLS hosted an information booth at the Gathering, to promote provincial government resources for older adults, such as the [BC Seniors' Guide](#), the new [SeniorsBC.ca](#) website (including a new page of [resource links for Aboriginal Elders and seniors](#)), and the [Health and Seniors Information Line](#) (toll-free province wide: 1-800-465-4911; in Victoria call 250-952-1742). Many of the estimated 3,000 Elders in attendance stopped by to pick up information and share their views on healthy living.

The Ministry of Healthy Living and Sport's [Aboriginal Healthy Living Branch](#) and Ministry of Aboriginal Relations and Reconciliation's Intergovernmental and

Community Relations Branch were also in attendance, joining SHLS in several demonstrations of "Energy Bursts" from the ActNowBC Move for Life physical activity DVD. Also participating in the Energy Bursts were staff from the [First Peoples' Heritage, Language and Culture Council](#), the [BC Association of Aboriginal Friendship Centres](#), and many Elders from the audience.

The three-day event featured entertainment, including traditional and modern songs, dances and storytelling; speakers; workshops, from flute- and drum-making to grant-writing (see additional workshop information in [COSCO article](#) in this e-newsletter); and self-care services such as traditional healing, glucose testing, and haircuts. There were also information booths, vendors selling a range of items, and excursions to local heritage sites and other points of interest. Most of all, the Gathering provided an opportunity for Elders from Nations across the province to come together, to learn and share thoughts and ideas, and to be celebrated for their continuing contributions.

Many thanks (kukwstsétsemc) to the Secwepemc Nation and the Adams Lake Band for their hospitality, to the many supportive volunteers, and to J.D. and Ethel Billy, King and Queen of the 34th Annual Elders Gathering, for giving of their time to be interviewed for this e-newsletter.

The 35th Annual Elders Gathering will be hosted by the Stó:lō Nation, in the Lower Mainland, in 2011

Provided by: Canadian Press Written by: Steve Rennie, The Canadian Press www.medbroadcast.com

OTTAWA - The movers and shakers of the health and business communities want to pinch Canadians' penchant for salt.

A panel of experts has offered six general and 27 specific recommendations on reducing people's salt intake.

The group, chaired by Health Canada, released its long-awaited report Thursday in Ottawa. Manufacturers are being encouraged to lower the sodium content of their products over time to meet voluntary salt targets.

The initial aim is to reduce people's average daily sodium intake by about a third, to 2,300 milligrams, by 2016.

For adults, 1,500 milligrams of sodium per day is considered adequate. The group's goal of 2,300 milligrams is considered the most sodium people should consume each day.

But Canadians can't seem to shake their salt addiction. The average person consumes 3,400 milligrams of sodium daily.

The panel says the kind of reductions it is recommending could prevent heart problems and other ailments.

"This strategy has the potential to save thousands of lives over the coming years that would otherwise be lost to cardiovascular disease, stroke and other ailments," said Mary L'Abbe, vice-chair of the group and a professor at the University of Toronto.

Research suggests that reducing the amount of dietary sodium to recommended levels could prevent premature deaths from heart disease and strokes in 30 to 40 Canadians a day — saving roughly 11,000 to 15,000 lives a year.

The 25-member panel, chaired by Health Canada, included representatives from food manufacturing and the food service industry, health-focused organizations, scientists, consumer groups and government.

Its recommendations include:

- Revamping Canada's food-labelling system to make sodium levels clearer to consumers;
- Forcing restaurants to list the amount of sodium in each dish;
- Making companies use the same serving sizes in the nutrition facts table on product labels so it's easier for people to compare sodium levels;
- Updating Canada's Food Guide with more information about sodium and calories;
- Putting more government money into research;
- Monitoring sodium intake and releasing a report each year looking at whether people are cutting salt out of their diets.

Health Minister Leona Aglukkaq, who didn't attend the release of the report, thanked the group for its work but wouldn't commit to implementing all of its recommendations.

"Over the coming months, we will work with our governmental partners to assess the report's recommendations and determine how they can best be addressed," she said in a statement released by her office.

The government has already taken some steps to lower sodium in food. Putting nutrition labels on products is mandatory, there are criteria for calling products "low in sodium", "salt-free" or "reduced in sodium," and

Health Canada posts consumer information on its website.

The department is also developing sodium-reduction targets for some foods that it expects to finish by early next year.

The working group had to find middle ground between the sometimes competing interests of the business and health communities. The voluntary targets appear to be a compromise meant to appease both groups.

"We're making sure on the table that everybody knows this is an important initiative," said Phyllis Tanaka of the Food and Consumer Products of Canada. "But it's definitely got challenges attached to success."

Some companies are already taking sodium out of their products. The Campbell Soup Company says it will cut a quarter of the sodium from 24 of its soups in the coming year.

Nicotine Withdrawal Symptoms Coping with Nicotine Withdrawal

By Terry Martin, About.com Guide

Updated May 11, 2009

Physical withdrawal from nicotine is temporary, but it can be uncomfortable while it lasts. "Quitter's flu" is a term used to describe this phase of smoking cessation because nicotine withdrawal symptoms often mimic a cold or a mild case of the flu. Understanding what to expect when you quit smoking and following the tips provided here for coping will help you move through this stage more easily.

The following list contains commonly reported symptoms of nicotine withdrawal. Most people experience some of these, but rarely all of them. Each person goes through this phase of recovery from nicotine addiction a little differently. But for most people, these discomforts are short-lived. Check with your doctor if you're concerned about a physical reaction you're having to smoking cessation, or if nicotine withdrawal symptoms persist.

Nicotine Withdrawal Symptoms

- Cravings to smoke
- Irritable, cranky
- Insomnia
- Fatigue
- Inability to Concentrate
- Headache
- Cough
- Sore throat
- Constipation, gas, stomach pain
- Dry mouth
- Sore tongue and/or gums
- Postnasal drip
- Tightness in the chest

Coping Skills for Nicotine Withdrawal The Five D's

- **Delay** until the urge passes - usually within 3 to 5 minutes.

- Distract yourself. Call a friend or go for a walk.
- Drink water to fight off cravings.
- Deep Breaths - Relax! Close your eyes and take 10 slow, deep breaths.
- Discuss your feelings with someone close to you or at the support forum here at About.com Smoking Cessation.

Other Ways to Manage Nicotine Withdrawal Include:

- **Exercise.** If you're unaccustomed to exercising, start slowly. Take a 15-minute walk once or twice a day, and work up from there. Choose activities that appeal to you, so you'll do them consistently. Exercise reduces cravings to smoke while helping you feel better in general.

Top 10 Reasons to Start Walking

- **Get More Rest.** As smokers, our bodies were used to taking in not only nicotine, but all of the literally thousands of other chemicals in cigarette smoke. The stress of abruptly cutting off that supply, as unhealthy as it was, can leave us feeling tired and wilted. If you're fatigued and can manage it during the day, take a nap. And go to bed a little earlier than usual if you need to. It will do you good.

Chemicals in Cigarettes

On the other hand, if you're at the opposite end of the spectrum and find yourself unable to sleep (which is common also), try taking a long walk several hours before bed.

Managing Insomnia When You Quit Smoking

- **Take a Multivitamin.** Consider adding a good multivitamin to your daily regimen for the first few months after quitting tobacco. It will help offset nicotine withdrawal symptoms and replenish depleted nutrients.

When Vitamin Supplements are Beneficial

- **Relaxation and Rewards.** Take time alone to read a good book. Indulge in a hot bath at the end of the day. Whatever pampers and relaxes you is a great choice. Don't think of it as a luxury; think of it as a *protective measure for your quit program*.

Cessation is hard work early on, and when we take the time to recharge our batteries and replenish our spirits, we put ourselves in the best possible position for continued success. Do this step religiously every single night, and you'll find that you are better equipped to start the next day off on the right foot.

Top 10 Tension Busters

Don't let nicotine withdrawal scare you! Remember - nicotine withdrawal is a *temporary* phase of recovery. It doesn't last long and better days....*much* better days lie ahead. The fantastic feeling of freedom and control you'll get when you successfully beat this addiction is worth every bit of effort you give to quitting, and then some.

You are worth it.

WS



ORGAN DONOR REGISTRATION

You only need to register ONCE - even if you move.
No registration confirmation will be sent. If you wish confirmation, please contact us at 1-800-663-6189

BC Care Card No. (Personal Health No.)

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Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year Month Day

Sex

Male Female

Surname

First Name

Address

City BC

Postal Code

E-mail

I hereby consent to the following donation after my death: (Please check **ONE BOX** only.)

- 1. All organs and tissues needed for transplant or transplant research **or**
- 2. All organs and tissues needed for transplant only **or**
- 3. All organs and tissues needed for transplant **EXCEPT** the following: (check those you DO NOT want to donate)
 - Heart Kidneys Eyes
 - Lung Pancreas Skin
 - Liver Bowel Bone **or**
- 4. I do not wish to be a donor.

This completed form constitutes a legally valid consent under the Human Tissue Gift Act and meets the criteria of the BC Freedom of Information and Protection of Privacy Act

Signature: (A parent/guardian must sign if registrant is under the age of 19)
X

Date of Signature:

Background to the Organ Donor Registry

In 1997, a new, remote access, computerized registry was introduced to legally record an individual's decision on organ donation in British Columbia. This registry, the first of its kind in Canada, replaced all previous ways of recording your decision, including placing a decal on your CareCard or driver's license.

Why was the new registry created?

Although the old system of indicating your decision to be an organ donor was an easy and painless procedure, it had many flaws.

- It was only available to BC's drivers, clearly missing a large segment of society.
- It didn't provide individuals with a choice as to which organs, if any, they wanted to donate.
- The information regarding organ donation was not accessible to the health care professionals in an immediate and consistent fashion, i.e., a person who has been in an accident or suffered a serious injury may not have their driver's license or CareCard on their person in the Emergency Room and/or the Intensive Care Unit.
- The registry allows individuals to make an educated decision about organ donation and legally record that decision. It also removes this difficult decision from surviving family members during the grieving period - a time when this kind of decision is most difficult.

How does it work?

- Once someone has filled out the registration form, indicating their decision on organ donation—they mail it back to BC Transplant (BCT), where it is scanned into a secure computerized database. Alternatively, one may complete the form [online](#).
- Individuals registering online will receive an e-mail confirming their registration. They will also have the opportunity to save and print their completed form. Registration confirmation is also available on this site at [registry verification](#) or call BCT at 1-800 663-6189.

How does anyone know if I am a donor?

- At the time of an individual's death, hospital personnel would access the registry via a confidential, secure web access system connected to the individual's Personal Health Number (BC CareCard). If the individual has registered, a copy of their registration form is printed and verified, and then shown to the person's family.

For more information please contact:

BC Transplant

**West Tower, 3rd Floor,
555 West 12th Avenue,**

Vancouver, B.C. V5Z 3X7,

Telephone: (604) 877-2240 Toll Free: 1-800-663-6189 Fax: (604) 877-2111

By Sari Harrar

Betting on Weight Loss

Have trouble staying on your diet? Try putting your money where your mouth is

I'm not the gambling type — Texas hold 'em, firehouse bingo, and glitzy casinos thrill me about as much as a week-old bologna sandwich. But when a major family reunion loomed recently, the prospect of greeting relatives and old friends and smiling for the camera inspired me to ante up and make a weight-loss bet.

Hoping to lose 10 pounds in 10 weeks, I needed a worthy opponent. I couldn't imagine betting against my women friends — we've always encouraged one another as exercise buddies and comrades ordering lunch salads with dressing on the side. So I asked my husband. Dan and I have kept up a fierce Scrabble rivalry for 18 years, and we wager at the drop of a hat on everything from local political races to how soon a traffic light will turn green. He agreed in seconds, and was taunting me about his own weight-loss prowess within minutes. Game on.

Also see:

- How to eat out without getting fat
- Study proves it: Low-cal tastes bad
- 7 must-try strategies for weight loss

We set weekly goals (1 pound for me, 1 1/2 for Dan — men burn calories more easily because they have more muscle mass), scheduled weigh-ins on Monday mornings, and deliberated over prizes. (Foot rubs and morning coffee in bed won out over cash.) But when the wager began, so did the sabotage. In week 1, Dan brought home my favorite chocolate-covered coconut-cream candy. (I tossed it in the freezer.) I couldn't bring myself to retaliate, but secretly, I strategized. In week 2, I stopped popping popcorn for our family's Sunday movie nights because — I'd learned in week 1 — it boosted my weight the next morning.

There were technical difficulties: Our 11-year-old bathroom scale got trashed by week 3, replaced with an unflappably accurate digital model. There were agonizing defeats, like the week I gained three pounds of utterly unfair water weight. And there was a little good-natured trash talking: "This coffee in bed sure tastes good when you're slim like me...."

Ten weeks later, I had lost 8 pounds. Dan dropped 5. I won! My jeans fit better. My waist was smaller. I loved walking into our family party in my slim black pants and sheer ruffled blouse over a camisole. My final prize? An extra-long foot rub with my favorite lemon-scented balm.

Ah, victory is sweet.

Up the Ante, Drop the Pounds

Diet bets are popping up everywhere — online, in gyms, at weight-loss classes, and as informal wagers among friends, spouses, and coworkers. They're big because they work. A multicenter study of 57 dieters found those who stood to lose money if they didn't succeed in shedding weight were about five times as likely to reach their goal as those with no financial stake in the outcome. Half of the bettors dropped 16 pounds in 16 weeks, compared with just 10.5 percent of the no-wager group. And in a study of more than 200 dieters at the University of North Carolina at Chapel Hill, those who were told they'd pocket \$14 for every 1 percent of body weight they shed were nearly five and a half times as likely to take off 5 percent of their body weight as participants not offered cash.

Putting money, ego, and bragging rights on the line is a potent formula for keeping up your motivation. "If eating chocolate cake tonight means you'll lose \$10 or \$50 at your next weigh-in, dessert suddenly isn't very attractive," notes Dean Karlan, Ph.D., a Yale University behavioral economist. After losing 40 pounds in a personal bet with a friend, Karlan went on to found stickk.com, one of the first online weight-loss betting sites. "When there's something big at stake, you can't say, 'Oh, I'll eat less next week. I'll work out longer tomorrow.' You have to stay on track all the time, because doing the wrong thing would be very expensive."

Nobody wants to lose a bet. "More than anything I didn't want to be beaten by my opponents and feel embarrassed," admits Amy Orr, 32, of Brooklyn, who dropped 61 pounds in a series of bets with friends and even her former husband. "I've been on every diet out there — Atkins, Weight Watchers, raw foods — you name it. None worked as well as this."

Wagering on weight loss might even set off feel-good fireworks in the brain. In brain-scan studies at Massachusetts General Hospital, Harvard researchers found that gambling lit up the same little gray cells activated by morphine and cocaine.

Then there's the accountability factor. "Checking in with somebody every week is definitely going to help you stay on course," says New York City diet expert and registered dietitian Elisa Zied, M.S., R.D. "It's competitive in a playful way."

The extra ka-ching doesn't hurt, either. "Some people are definitely in it to win the money," says wellness coach Lisa Sallin of Thousand Oaks, CA, who runs 12-week healthy-weight-loss challenges. About \$25 of each participant's \$39 course fee goes into a pot. The winner gets half; second place earns 30 percent; third, 20. And we're not talking pocket change: "The winner in my biggest group dropped 13 percent of his body weight and took home \$200," says Sallin.

From www.lifestyle.ca.msn.com

By The Associated Press, thecanadianpress.com, Updated: July 14, 2010 1:46 AM

Pa. dog trapped in hot car honks to alert owner

MACUNGIE, Pa. - A veterinarian says a dog trapped in a car on a 90-degree day in eastern Pennsylvania honked the horn until he was rescued.

Nancy Soares says the chocolate Labrador was brought to her Macungie (muh-KUHN'-gee) Animal Hospital last month after he had been in the car for about an hour.

She says Max's owner had gone shopping and was unloading packages when she returned but forgot that Max was still in the car. She later heard the horn honking and looked outside several times but saw nothing amiss. Finally, she went outside and saw Max sitting in the driver's seat, honking the horn.

Soares says the owner immediately gave Max cold water to drink and wet him down with towels before rushing him to the clinic.

Soares says Max was very warm and panting heavily but had suffered no serious injuries, only heat exhaustion.

From www.msn.com

Ageing and Cultural Diversity: A Cross-Cultural Approach

by Susan Judith Ship with the assistance of Reaghan Tarbell from www.niichro.com

Elders from First Nations, Inuit and Ethnocultural Minority Communities:

Different Histories, Some Common Issues

"Our Nations' Elders Speak" is an innovative joint project between the National Indian and Inuit Community Health Representatives Organization (NIICHO) and the Canadian Ethnocultural Council (CEC) which addresses the multiple dimensions of unwanted isolation faced by elders in First Nations, Inuit and Ethnocultural Minority communities.¹ Their particular needs as members of culturally marginalized groups, for historically very different reasons, are not addressed by the mainstream agencies and services (or literature on seniors needs) working with seniors.

This unusual partnership between cultural groups, who often have little contact but much in common, is rooted in a shared concern for promoting and encouraging ways of working with elders from First Nations, Inuit and Ethnocultural Minority communities which are culturally sensitive, relevant and responsive to their needs, values and experiences. Despite significant cultural differences and histories, elders from First Nations, Inuit and Ethnocultural Minority communities face common issues involving unwanted isolation which result from language barriers, cultural barriers, minority status and limited access to services, accentuating the problems of unwanted isolation.

Seniors and Elders

Senior: A person over the age of 65. It is a relatively recent social and legal definition. As First Nations and Inuit people have low life expectancy of all groups in Canada, an Aboriginal senior is any person 55 years of age and older. Given the relative dependence and vulnerability of many immigrant seniors who never fully integrate into Canadian society, an Ethnocultural Minority senior is any person 55 years or older.²

Elder: There is no single definition of Elder. Traditionally in First Nations, Inuit and most Ethnocultural Minority cultures, Elders are those people, usually older, who are recognized by the community as possessing great wisdom and who are called upon as an authority to advise or act on important family and community matters. The term "Elder" in some cultures, referred to and may still refer to any older person to indicate respect, honor, and special status as ageing in many cultures is associated with experience, wisdom, the transmission of cultural heritage and language, leadership roles in the community, and in some cases, spiritual knowledge.³

The term Elder has come to mean many different things to Elders themselves. It may mean frail elderly or it may signify wisdom and experience and/or spiritual knowledge; it may define a state of being to achieve or it may just mean old. We have chosen to use the term Elder rather than senior to refer to all people age 55 and older from First Nations, Inuit and Ethnocultural Minority communities to celebrate the vitality, knowledge, experience and positive contribution of our nations' Elders to our common future.

Some Demographic Trends:

● *People* aged 65 and older are the fastest growing segment of Canadian society. These growth rates are lowest in the First Nations and Inuit communities and highest in the Jewish community.

● *Women* outnumber men in the population 55 and older, particularly in the Caribbean communities but not in the Dutch, Italian and Inuit communities.

● *Fifty-five per cent* of First Nations and Inuit Elders age 65 and older and 44 per cent of those over 55 claim an Aboriginal language as their mother tongue, with Cree, Inuktitut and Ojibwe the most widely used. Fifty-one per cent of Chinese elders, 29 per cent of South Asian elders and 21 per cent of Southern European elders speak neither English nor French. Far more women than men, age 65 and older, are unable to speak either official language.

● *The main sources of income* for people aged 65 and older are government pensions, particularly among First Nations and Inuit elders. The average income for Aboriginal and Ethnocultural Minority elders is between \$5,000 and \$14,999 with women having substantially lower personal income levels than compared to men.⁴

Elders at Risk

Old age is "whenever health and functioning deteriorate to a level that results, as we age, in decreasing independence and mobility."⁵

Traditional cultural practices do not negatively affect the health and functioning of older individuals from First Nations, Inuit and Ethnocultural Minority communities. The social and political status of cultural groups in Canada, which results from our very different histories, poverty, cultural disruption, racism, sexism and ageism negatively affect elders' access to resources and to services which in turn affect their life chances, health, well-being, quality of life and ageing itself. In this respect, First Nations and Inuit elders are particularly at risk.

The majority of First Nations and Inuit elders have experienced unhealthy living conditions and poorer health than all other cultural groups in Canada for most of their lives - consequences of the "legacy of disadvantage" resulting from European colonization. Aboriginal elders have the lowest life expectancy of all groups in Canada, are more likely to suffer degenerative diseases normally associated with old age, as well as experience the social and psychological consequences of old age such as loss of friends, spouse or relatives earlier in their lives.⁶ Many elders have experienced a loss of self-esteem and independence resulting from the negative impact of Native residential schooling and the loss of traditional ways of life.

The health status of elders in Ethnocultural Minority communities is generally more favourable than is the case with First Nations and Inuit elders, although this may vary from community to community and by social class background. Migration, immigration and resettlement are associated with a wide range of physical and mental health problems, in particular, a complex array of stresses and anxieties related to culture shock, culture conflict, loss of social status and narrowing social networks, to which older immigrants are particularly vulnerable. Refugee women are particularly prone to post-traumatic stress, depression and suicidal feelings as well as infectious diseases such as TB, hepatitis B and reproductive health problems, as a direct result of trauma, including rape, torture and the loss of family members.⁷

"To Age Well is to Feel Whole."

Ask women of child-bearing age about alcohol use: docs

The Canadian Press Date: Friday Aug. 13, 2010 4:33 PM ET Article from www.ctv.ca

TORONTO — Health providers should routinely ask women of child-bearing age about their alcohol consumption as a first step in trying to prevent fetal alcohol spectrum disorder in children, says the Society of Obstetricians and Gynaecologists of Canada.

The doctors organization released a set of guidelines Thursday aimed at helping doctors, nurses, midwives and other practitioners broach the subject of drinking with women who are already pregnant or those who could become pregnant.

The recommendations, published in the August issue of the Journal of Obstetrics and Gynaecology Canada, are based on a two-year review of international scientific evidence by an expert committee convened by the SOGC.

"There are a lot of women asking is it safe to have a few drinks in pregnancy or not, and there are many conflicting reports around the world to say yes or no," said SOGC president Dr. Ahmed Ezzat.

"So there are many, many questions and there haven't been clear guidelines for health-care workers to advise these women or to counsel them about it," Ezzat, a professor of obstetrics and gynecology at the University of Saskatchewan, said from Saskatoon.

"So this group of experts thought that it's prudent to advise abstinence, therefore, in women who are or might become pregnant ... However, at very low-level consumption, we don't have enough evidence to say there is harm or how much (alcohol) is safe."

Ezzat said the guidelines encourage health providers to talk to female patients about alcohol consumption in the same way they ask about tobacco use, and to provide counselling or referrals for addiction programs if necessary.

Dr. Gideon Koren, director of the Motherisk Program at Toronto's Hospital for Sick Children, said the women who most need to be identified and given help are those who drink heavily, putting their unborn babies at risk for FASD.

"The problem here is that very many physicians do not even ask the question," he said. "It's not an easy thing to ask. Here you have a patient, who comes to you for something else, to ask about drinking."

"We have a sad reality that physicians and other health professionals are not doing their job on that -- namely that a lot of women are not asked and we do not identify the cases. At the end are kids who are very heavily affected. So we are missing out on a big thing."

He said an estimated three per cent of Canadian children are born with FASD as a result of exposure to alcohol while in the womb. Because metabolism in the developing fetus is slower than in the mother, alcohol's effects are prolonged and potentially harmful.

Koren said research has shown that of 100 women who drink heavily during pregnancy, about 40 per cent will have children with some form of FASD. Symptoms can range from mild attention problems to more serious deficits, such as reduced IQ, poor comprehension and diminished language skills.

"And in the most severe cases, fetal alcohol spectrum disorder is characterized by behavioural changes, and mostly very abrupt behaviour -- aggression, delinquency, inability to follow rules, breaking rules and ... very early involvement with the law."

In fact, said Koren, about half of the inmates in Canadian prisons are the offspring of "heavy-drinking moms."

The only way to prevent FASD is to stop women drinking during pregnancy, he said. "That's exactly why physicians have to be involved and other health professionals."

"Because if you don't know, you don't do anything."

Experts urge caution with music volumes as study finds 1 in 5 US teens has slight hearing loss

Provided by: The Canadian Press

Written by: Carla K. Johnson, The Associated Press

Aug. 17, 2010

CHICAGO - A stunning number of teens have lost a little bit of their hearing — nearly one in five — and the problem has increased substantially in recent years, a new national study has found.

Some experts are urging teenagers to turn down the volume on their digital music players, suggesting loud music through earbuds may be to blame — although hard evidence is lacking. They warn that slight hearing loss can cause problems in school and set the stage for hearing aids in later life.

"Our hope is we can encourage people to be careful," said the study's senior author Dr. Gary Curhan of Harvard-affiliated Brigham and Women's Hospital in Boston.

The researchers analyzed data on 12- to 19-year-olds from a nationwide health survey. They compared hearing loss in nearly 3,000 kids tested from 1988-94 to nearly 1,800 kids tested over 2005-06.

The prevalence of hearing loss increased from about 15 per cent to 19.5 per cent.

Most of the hearing loss was "slight," defined as inability to hear at 16 to 24 decibels — or sounds such as a whisper or rustling leaves. A teenager with slight hearing loss might not be able to hear water dripping or his mother whispering "good night."

Extrapolating to the nation's teens, that would mean about 6.5 million with at least slight hearing loss.

Those with slight hearing loss "will hear all of the vowel sounds clearly, but might miss some of the consonant sounds" such as t, k and s, Curhan said.

"Although speech will be detectable, it might not be fully intelligible," he said.

While the researchers didn't single out iPods or any other device for blame, they found a significant increase in high-frequency hearing loss, which they said may indicate that noise caused the problems. And they cited a 2010 Australian study that linked use of personal listening devices with a 70 per cent increased risk of hearing loss in children.

"I think the evidence is out there that prolonged exposure to loud noise is likely to be harmful to hearing, but that doesn't mean kids can't listen to MP3 players," Curhan said.

The study is based on data from the National Health and Nutrition Examination Survey conducted by a branch of the Centers for Disease Control and Prevention. The findings appear in Wednesday's Journal of the American Medical Association.

Loud music isn't new, of course. Each new generation of teenagers has found a new technology to blast music — from the bulky headphones of the 1960s to the handheld Sony Walkmans of the 1980s.

Today's young people are listening longer, more than twice as long as previous generations, said Brian Fligor, an audiologist at Children's Hospital Boston. The older technologies had limited battery life and limited music storage, he said.

Apple iPod users can set their own volume limits. Parents can use the feature to set a maximum volume on their child's iPod and lock it with a code.

One of Fligor's patients, 17-year-old Matthew Brady of Foxborough, Mass., recently was diagnosed with mild hearing loss. He has trouble hearing his friends in the school cafeteria. He ends up faking comprehension.

"I laugh when they laugh," he said.

Fligor believes Brady's muffled hearing was caused by listening to an iPod turned up too loud and for too long. After his mother had a heart attack, Brady's pediatrician had advised him to exercise for his own health. So he cranked up the volume on his favourites — John Mellencamp, Daughtry, Bon Jovi and U2 — while walking on a treadmill at least four days a week for 30-minute stretches.

One day last summer, he got off the treadmill and found he couldn't hear anything with his left ear. His hearing gradually returned, but was never the same.

Some young people turn their digital players up to levels that would exceed federal workplace exposure limits, said Fligor. In Fligor's own study of about 200 New York college students, more than half listened to music at 85 decibels or louder. That's about as loud as a hair dryer or a vacuum cleaner.

Habitual listening at those levels can turn microscopic hair cells in the inner ear into scar tissue, Fligor said. Some people may be more predisposed to damage than others; Fligor believes Brady is one of them.

These days, Brady still listens to his digital player, but at lower volumes.

"Do not blare your iPod," he said. "It's only going to hurt your hearing. I learned this the hard way."

Online:

JAMA: <http://jama.ama-assn.org> Noisy Planet campaign: <http://www.noisyplanet.nidcd.nih.gov/>

Apple on hearing: <http://www.apple.com/sound/> Health News at www.msn.com

By The Associated Press, thecanadianpress.com, Updated: August 5, 2010 9:59 PM

Newspaper: NZ gambler trumped by own casino ban

WELLINGTON, New Zealand - A man who won 60,000 New Zealand dollars (\$44,000) playing poker at an Auckland casino was refused the jackpot because he had banned himself from the premises for gambling too much, a newspaper reported on Friday.

Sothea Sinn, 28, won the prize playing Caribbean stud poker at Auckland's Skycity Casino on Wednesday but casino staff refused to pay, saying he was banned at his own request, The Dominion-Post newspaper reported.

"I was absolutely gutted," Sinn told the newspaper.

Sinn said that in 2004 he demanded the casino ban him and his girlfriend because he was gambling too much. He said he thought the ban had expired, but casino staff said he had agreed to undergo counselling before readmission and had not done so.

Sinn said he would take his case to New Zealand gambling authorities.

First Nations Pulling Together for Wild Salmon

News Release August 17, 2010



Inspired by Salmon Are Sacred, skippers and experienced paddlers are pulling together to 'Paddle for Wild Salmon' down the Fraser River in October. Support amongst First Nations is building with Alexandra Morton paddling with Grand Chief Stewart Phillip, Grand Chief Saul Terry, Grand Chief Clarence Pennier, Chief Bob Chamberlin, Chief Marilyn Baptiste, Chief Andy Phillips, June Quipp, Ernie Crey and other leaders. Paddlers from the Stó:lō Nation, Squamish Nation, Cowichan Tribes and Musgamagw-Tsawataineuk Tribal Council have already committed themselves to the journey from Hope to Vancouver (20th to 25th October).

Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs, said:

"I am deeply honored to support such a vital effort to protect and defend our wild salmon stocks. First Nations have long depended and continue to depend on the many runs of salmon of the Fraser River, Somass River, Skeena River and the many rivers along the BC coast. We call on all First Nations to join us on the Paddle for Wild Salmon. We all need to pull together to explicitly demonstrate to Government, industry and the Cohen Commission that wild salmon comes first."

Grand Chief Clarence Pennier, President of the Stó:lō Tribal Council, said:

"We are at a crossroads when it comes to wild salmon in BC. We need to take the right fork in the road. Hopefully the paddle will bring more awareness to the plight of the wild salmon. The paddle will also demonstrate that there are lots of people who want to see wild salmon protected by switching to land-based fish farms."

Elena Edwards, one of the organizers of the Paddle for Wild Salmon, said:

"The Paddle for Wild Salmon is about recognizing the need to join together as one strong voice to deliver the message to government, and to all people, that we will not stand idly by while wild salmon go the way of the buffalo. That we now consider 12 million to be a good run implies we've forgotten that historical runs along the Fraser River were up to 92 million. What happened to the other 80 million? We need to do whatever it takes to give wild salmon a chance to recover to a healthy population. First Nations, fishermen and communities up and down the Fraser River and along the BC coast are all in the same boat, whatever our differences, pulling together for wild salmon. Taking a stand for wild salmon cannot be put off any longer."

Dr Alexandra Morton, who was recently awarded an Honorary Doctorate from Simon Fraser University, said:

"Five thousand people delivered the message to the Parliament in Victoria last May - get salmon feedlots out of our ocean to protect wild salmon, but the federal government is taking us backwards with their plans to deregulate the industry. So we need to try and communicate again

and the Get Out Migration moves on to the Fraser River. On the walk down Vancouver Island First Nations communities came together to swell our numbers and guide us in ceremony. Migrating down the Fraser River in October will be a challenge, but experienced paddlers are dedicated to this including many from Tribal Journeys. This year's sockeye run tells us these fish are worth standing up for."

Darren Blaney of the Homalco First Nation will also lead a canoe team across the Salish Sea to join the paddlers in Vancouver on 25th October with other canoes considering making the journey from Nanaimo, Victoria, Cowichan Valley, the Sunshine Coast and Washington. Kayakers from the Pipedreams Project will leave Kitimat on 1st September and plan to join the Paddle for Wild Salmon in October.

At the end of the paddle the 'Stand Up for Wild Salmon' walk will start from Vanier Park in Vancouver on 25th October with a flotilla gathering in Vancouver Harbor. The procession will walk across Burrard Bridge to the DFO office and then on to the Law Courts to visit the opening day of the Cohen Commission's evidential hearings. A rally will then take place at the Art Gallery.

Salmon Are Sacred will be in Lillooet tomorrow (18 August) for the Cohen Commission's public forum – and in Campbell River next week (25 August).

For more details of 'The Paddle for Wild Salmon' including a poster by Carl Chaplin and photos please visit: <http://www.salmonaresacred.org/paddle-wild-salmon>

Contact: Elena Edwards and Don Staniford: 250 230 1172

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Date issued: September 9, 2010, 10:00 e

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

Government Review Process is Flawed: Enbridge Pipeline Doomed

Fraser Lake, BC, NEWS RELEASE, Sep.09 /CCNMatthews/ - The Carrier Sekani communities of Nadleh Whut'en, Nak'azdli Whut'en, Saik'uz, Takla Lake and Wet'suwet'en First Nations are standing united to proclaim that the federal government's review of the Enbridge Northern Gateway Pipelines Project is flawed and has no authority.

These 5 First Nations see the Joint Review Panel as a waste of taxpayers' and investors money, and will do nothing to protect the environment or the rights of indigenous people. The deck is stacked by having the Panel members accountable to the existing government, which has been reluctant to lead in progressive climate change policy, including that of stopping energy developments in the Alberta Tar Sands - the most destructive project in the world (also considered by some to be the largest industrial project in human history) and largest contributor to green house gas emissions and other toxic chemicals into the atmosphere, land and water, which

impact the quality of life of all Canadians.

"The Panel was appointed by a federal Minister. The indigenous people who will be most affected by the proposed pipeline were not included in establishing a fair and transparent process for reviewing this project." Stated Chief Larry Nooski of the Nadleh Whut'en First Nation. "This process is a contravention of our existing Section 35 Aboriginal Rights, and Article 18 of the United Nations Declaration on the Rights of Indigenous Peoples:

Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

Chief Karen Ogen of the Wet'suwet'en First Nation said, "Our people and Elders have been discussing this proposed pipeline project since they first showed up 5 years ago. We told them then, and we're telling them now. Enbridge is not allowed to bring dirty oil through our communities, because when a spill happens it will destroy our water for generations." In addition, Chief Dolly Abraham stated, "Enbridge cannot even take care of its existing pipelines. The people around the Kalamazoo River in Michigan have had their homes destroyed by negligent regulators and an irresponsible company [Enbridge]. Strike three happened many, many years ago. Enbridge has a bad track record, and government regulators brush spills and leaks under the carpet." In July 2010 the Canadian House of Commons Environment Committee killed a report on the impacts to water from the Alberta Tar Sands because Conservative MPs wanted to hide testimony that government officials failed to protect the environment. It is the same Tar Sands oil that could be moved through the Enbridge pipeline from Bruderheim, Alberta to Kitimat, BC. It is the same Tar Sands oil that spilled into the Kalamazoo River.

Vice Tribal Chief of the Carrier Sekani Tribal Council noted, "First Nations are being supported by many, many Canadian citizens that are concerned that the cumulative impacts from the pipeline are simply not worth the risk. We've seen what the mountain pine beetle has done to our forests and local economy. We need to focus on moving into a low carbon economy and innovation through education and conservation."

Alternatives to oil are available and relevant policies and laws must be developed in concert with indigenous peoples in north central BC. "We are here to stay and defend our lands and resources from unsustainable practices." Voiced Chief Fred Sam of the Nak'azdli Whut'en. "We have strong prima facie cases for title to our territories, and industry and government better pay close attention to what free, prior and informed consent means, because if First Nations don't approve a project, it will not happen." The 5 First Nations are no strangers to development in their territories. They are not anti-development; it just must be appropriate and sustainable. The Enbridge Northern Gateway Pipelines Project is neither.

"Our people have been here since time immemorial. That means that our ancestors did things to respect and give thanks to the creator for all the beauty of our lands and what it provided for our survival. In return, we took care of land, the fish, the plants and other creatures. People cannot eat money; money can't buy a healthy environment," said Chief Jackie Thomas of the Saik'uz First Nation. Enbridge jobs being offered to First Nations and northern residents have no long term value. They will not diversify local economies, nor build strong sustainable communities. The 5 First Nations are seeking investments in projects that truly benefit people, the environment and relationships. The Enbridge project is doomed to fail since it has already not listened to First Nations communities.

A separate First Nations review process is required of these mega projects like the Enbridge Northern Gateway Pipelines proposal. Several First Nations have brought this proposal forward to government, but it has been ignored, in fear that power in Ottawa will be tarnished. First Nations and local communities deserve a fair, transparent and relevant process, and it is not found with the current Joint Review Panel.

Editor-in-chief of Prevention, Liz Vaccariello, joins The Doctors to share 50 essential health dos and don'ts everyone needs to know!

1. **Don't** treat allergies until you identify their triggers.
2. **Do** time your allergy medication doses.
3. **Don't** take decongestants to treat allergies.
4. **Don't** dry laundry outdoors if you have allergies.
5. **Don't** wear synthetic fibers if you have asthma.
6. **Don't** ignore asthma symptoms.
7. **Do** create and distribute an asthma plan.
8. **Do** kill bad breath with lemon juice and plain, unsweetened yogurt.
9. **Do** drink ginger water to alleviate gas.
10. **Do** prevent gas with warm water and 2 tablespoons of brandy (if you are over 21).
11. **Don't** sacrifice nutrition and fiber to stop gas.
12. **Do** cut gas-causing foods such as pretzels and artificial sweeteners.
13. **Don't** assume water is the best hydrator for sick kids.
14. **Do** give your child a non-carbonated, electrolyte replacement drink.
15. **Don't** rub brandy, or any alcohol, on your teething baby's gums.
16. **Do** try a frozen bagel or teething biscuit to soothe a baby's sore gums.
17. **Don't** over-stimulate your baby.
18. **Do** try holding your baby in new ways.
19. **Don't** ever leave a hot handle or stove burner exposed.
20. **Do** cover a recently used burner with a cool pot.
21. **Do** stir your child's food to prevent hot spots, and taste it for temperature.
22. **Don't** assume processed "health" foods are healthy; read labels and opt for real, natural foods.
23. **Don't** share utensils with your child.
24. **Don't** get a facial if you have acne.
25. **Do** consider a peel or light therapy for acne.
26. **Do** protect your lips with SPF.
27. **Don't** use a lip balm with menthol or camphor.
28. **Don't** forget about your allergies at the spa.
29. **Do** use baking soda to soothe itchy skin.
30. **Do** restore hair shine with avocado treatment.
31. **Do** treat dandruff with lemons or tea tree oil.
32. **Do** store watermelon on the counter rather than in the refrigerator to boost cancer-fighting properties.
33. **Do** refrigerate apples.
34. **Don't** store fruits and vegetables in the same fridge drawer.
35. **Do** steam asparagus vertically to maximize nutrition.
36. **Don't** store coffee in the freezer.
37. **Do** eat parsley and celery to help prevent ovarian cancer.
38. **Don't** ignore occasional high blood pressure.
39. **Do** eat bananas to lower blood pressure.
40. **Don't** add salt to your food.
41. **Do** cardiovascular exercise.
42. **Don't** waste money on high-priced energy gels.
43. **Do** remember to floss your teeth.
44. **Do** sit down to eat.
45. **Don't** eat a plain salad.
46. **Do** eat fish at lunch to lose 8 pounds per year.
47. **Do** eat nuts to curb cravings.
48. **Don't** ignore where food comes from.
49. **Do** eat a rainbow of colors.
50. **Do** have regular sex to live longer.

From www.TheDoctorstv.com

Ten Rules Kids Won't Learn In School

via *The Prairie Rambler*, February 1998

1. Life is not fair. Get used to it. The average teenager uses the phrase "It's not fair" 86 times a day.
2. The real world won't care as much about your self-esteem as your school does. This may come as a shock.
3. Sorry, but you won't make \$40,000 a year right out of high school. And you won't be a vice president or have a car phone, either. You may even have to wear a uniform that doesn't have a designer label.
4. If you think your teacher is tough, wait until you get a boss.
5. Flipping burgers is not beneath dignity. Your grandparents had a different word for burger flipping. They called it opportunity.
6. It's not your parents fault if you mess up. You're responsible! This is the flip side of "It's my life" and "You're not my boss."
7. Before you were born your parents were not boring. They got that way paying your bills and listening to you.
8. Life is not divided into semesters. And you don't get summers off. Not even spring break. You are expected to show up every day for eight hours; and you don't get a new life every 10 weeks.
9. Smoking does not make you look cool. Watch an 11-year-old with a butt in his mouth. That's what you look like to anyone over 20.
10. Your school may be "outcome-based," but life is not. In some schools, you're given as many as times as you want to get the answer right. Standards are set low enough so everyone can meet them. This, of course, bears not the slightest resemblance to anything in real life—as you will find out.

**Good luck! You are going to need it—
and the harder you work, the luckier you will get.**

By The Canadian Press, thecanadianpress.com, Updated: June 28, 2010 7:28 PM

Cyclist hurt in collision with deer

A deer stands on the side of route 108 near Plaster Rock N.B. Friday Sept.29, 2000. The animal stayed on the side of the road for a few minutes and then went back into the woods. THE CANADIAN PRESS/Jacques Boissinot

LUMSDEN, Sask. - A cyclist had to be taken to hospital for treatment after he collided with a deer on a highway north of Regina.

Lumsden RCMP say the man in his 60s was pedalling quite quickly when two deer crossed Highway 11 in front of him.

The cyclist lost control when he tried to go around the animals and hit one of them.

He wasn't seriously hurt, but had to be taken to a Regina hospital by ambulance.

Police say it's not known if the deer was injured.

Restless legs syndrome The first description of restless legs associated with severe sleep disturbances was written by the English physician Sir Thomas Willis (1621-1675):

Although we now know more about the features and treatment of this condition, the cause of this neurological condition remains elusive.

Who gets it? Restless legs syndrome (RLS) can occur in 2 forms: idiopathic (no cause is known), and secondary (associated with other medical conditions such as kidney failure or anemia). The idiopathic form affects between 1% and 5% of the general population. Men and women are equally affected, and it is more common in seniors. Also, during the last few months of pregnancy up to 15% of women develop RLS; in most cases, the symptoms disappear after delivery. Complete our questionnaire to see if you suffer from RLS.

Main features of restless legs syndrome The main feature of RLS is the presence of troublesome, but usually not painful, sensations in the legs that produce an irresistible urge to move. It is often difficult to describe these sensations, but terms such as creeping, burning, itching, pulling, or tugging are frequently used. Sometimes sufferers experience sharp "pins and needles" or numb feelings as well.

The symptoms occur or worsen only when the patient is at rest, typically ease with voluntary movement of the affected extremity, yet frequently return again upon resting. Finally, symptoms of RLS are worse in the evening and at night, especially when the sufferer lies down. Restlessness, fidgeting or nervousness manifests as movements of the toes, feet, or legs when the individual is sitting or lying down in the evening.

People with RLS have difficulty in both getting to sleep and staying asleep. Problems in getting to sleep are due to the discomfort and need to move the affected limb, which delays the onset of sleep. Problems with staying asleep are related to periodic limb movements (PLMs) that occur during sleep. PLMs are jerks that typically occur 20 to 30 seconds apart, on and off throughout the night, which cause sleep disruption and often disturb the bed partner. The affected individual is usually unaware of their own movements or of the accompanying partial arousals or brief awakenings which disrupt sleep. Although most people with restless legs syndrome have PLMs, most people with these night-time limb movements, especially the elderly, do not have any other features of restless legs syndrome.

Because of difficulty sleeping, people with RLS may be abnormally tired or even sleepy during waking hours. Chronic sleep deprivation and its effects on alertness, mood and mental efficiency can affect work, relationships and recreational activities.

Assessment for restless legs syndrome Before undertaking any treatment for RLS, you should have a complete medical assessment, including a detailed medical history, physical examination, selected laboratory tests, and usually an evaluation in a sleep laboratory. A careful medical evaluation is required to distinguish between idiopathic RLS and the secondary forms of RLS, since secondary forms of RLS are treated by treating the associated disorder, for example, anemia.

Devising a treatment strategy The best treatment plan for RLS requires close interaction between you and your doctor. As outlined below, choosing a healthy life-style, eliminating symptom-producing substances and engaging in self-directed activities will all help reduce or eliminate the need for medications. However, if medications are required, careful trials are usually necessary to find the best medication and best dosage for each person.

Lifestyle changes to ease the symptoms Simple life-style changes can lessen the symptoms of RLS. As caffeine can worsen symptoms, the intake of coffee, tea, and soft drinks containing caffeine should be reduced or eliminated. Also, since the consumption of alcohol and the use of tobacco products increase the duration or intensity of RLS symptoms for most individuals, their use should be reduced or eliminated.

Fatigue and drowsiness tend to worsen the symptoms of RLS. Therefore, implementing a program of sleep hygiene is often helpful to feel well rested and, over time, reduce the RLS sensations. Sleep hygiene includes ensuring that the sleeping environment is comfortably cool (or warm) and quiet, going to bed at the same time every night, and arising at the same time every morning.

A variety of self-directed activities also provide effective, although temporary, relief: walking, stretching, taking a hot or cold bath, massaging the affected limb, applying hot or cold packs, using vibration, performing acupuncture, and practicing relaxation techniques (such as biofeedback, meditation, or yoga). When movement is impossible or restricted, as when travelling, distracting activities can be helpful, such as reading a gripping novel, performing intricate needlework, or playing video games.

Drug treatment Unfortunately, most people with RLS eventually require medications to provide relief. Four major classes of medications are used, each with its own benefits, limitations, and possible side effects.

Dopaminergic agents are the primary and first-line treatment for RLS. These medications work in the central nervous system by increasing the levels of dopamine, a chemical that the body naturally produces and that regulates the delivery of messages between cells in the nervous system. The most frequently used dopaminergic agent is carbidopa-levodopa (Sinemet®). It is inexpensive and causes few serious effects. However, it has one significant disadvantage. Up to 85% of people who take this medication for the treatment of RLS develop a phenomenon known as *augmentation*, in which the symptoms of RLS occur with increased intensity during the morning or afternoon as opposed to at night. Most people with RLS who develop augmentation must switch to another medication.

A newer dopaminergic medication, pergolide mesylate (Permax®), is showing great promise in treating RLS. Recent studies have shown that this medication is as effective as Sinemet, but has much less potential for causing augmentation (10% for Permax® vs. 80% for Sinemet®). The disadvantages of Permax are that it is more expensive than Sinemet and it has not been used as long, so doctors are less familiar with prescribing this drug. The primary side effects are dizziness, nausea, and nasal congestion.

Pramipexole (Mirapex®) is a new medication that works through dopamine pathways in the brain. It shows promise in treating RLS although there is concern that some people with Parkinson's Disease who take pramipexole experience sudden sleep attacks during the day.

Benzodiazepines work by promoting sleep (due to their sedative-hypnotic effect) and by minimizing the sleep-disruptive effects of limb jerks and other RLS sensations. The most commonly used benzodiazepine is clonazepam (Rivotril in Canada; Klonopin in the USA). Side effects of benzodiazepines include daytime drowsiness or confusion, especially in seniors.

The opioids, which are narcotic analgesic (pain-killing) medications, are used most often for people with severe and unrelenting symptoms of RLS. Some examples of medications in this category are codeine, propoxyphene (Darvon® or Darvocet®) and oxycodone (Percocet®). Side effects include dizziness, sedation, nausea, vomiting, constipation, hallucination, and headache.

Anticonvulsants appear to work by decreasing the unpleasant sensations of RLS and the urge to move. Gabapentin (Neurontin®) is the anticonvulsant that has shown the most promise in treating the symptoms of RLS. Possible side effects of gabapentin include dizziness, sleepiness, fatigue, increased appetite, and unsteadiness.

Other resources: Web site for RLS information: www.rls.org

Jon Fleming, MD, in association with the MediResource Clinical Team

Article from www.medbroadcast.com

**BC ELDERS
COMMUNICATION
CENTER SOCIETY**

By The Associated Press, the canadianpress.com

Sept. 2, 2010

Man calls 911 from hot tub; seeks hug, towels

BEAVERTON, Ore. - A homeless man who called 911 from the hot tub of a suburban Portland, Oregon home and asked for towels, hot chocolate and a hug.

He didn't get any of those items — he got arrested for trespassing instead.

Beaverton police say Mark Eskelsen called 911 from his cell phone, identified himself as "the sheriff of Washington County," and asked for medical help. He later admitted he wasn't the sheriff but informed the dispatcher he'd been in the water about 10 hours and his towels had gotten wet.

As he put it, "I just need a hug and a warm cup of hot chocolate with marshmallows in it." The Oregonian newspaper says arriving officers arrested Eskelsen for investigation of second-degree criminal trespass and improper use of 911.

According to hospital regulations, patients are required to be escorted out in a wheelchair when being discharged. A student nurse was having trouble with an elderly gentleman who insisted that he did not need a wheelchair. After some discussions about rules being rules, he reluctantly agreed. As she was wheeling him out, the student nurse asked the man if his wife was picking him up. "I don't know," he replied. "She's upstairs in the bathroom changing out of her hospital gown." www.jokeclean.com

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Marital Freedom: "The liberty that allows a husband to do exactly that which his wife pleases."
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ANNUAL BC ELDERS GATHERING INFORMATION CORNER

THE DATES ARE ANNOUNCED!!

**Hosts: Sto:lo and Coast Salish
35th Annual BC Elders Gathering
July 12, 13, 14, 2011**

**LOCATION: The Fraser Valley Trade & Exhibition Centre or Tradex
1190 Cornel Street, Abbotsford**