

Volume 5 Issue 11

October 2005

BC ELDERS COMMUNICATION CENTER SOCIETY



ELDERS VOICE

Dear Elders and Elders Contact People;

Please take special notice of pages 4, 5, and 6 concerning the yearly IN-VOICES. Anyone reading this that could help is please asked to do so for the good of this Provincial Elders Office.

Annual Elders Raffle:

A huge thank you goes out today to everyone who donated to the draw, sold tickets and procured prizes. To all Artists, it couldn't happen each year if not for all of you, so thank you all very, very much.

Please refer to page 3 to see the list of winners names and to see who won 1/2 of the raffle profits this year (and don't forget the winning group just had to donate and/or sell tickets to win 1/2 the money, which was \$1300.00 this year). **Gila Kasla, Donna Stirling, BCECCS Coordinator**

A message to Band managers, Chiefs, and others who are elected to govern the affairs of the people in their areas.

The Elders Voice Newsletter is an important source of information for elders in very remote or isolated communities and villages as well as those in more populated areas. In some cases the newsletter is perhaps the elders only link or contact to others throughout BC and Canada for that matter. The elders are able to read about current events that are important to us - it has information on topics such as the latest medicinal remedies, health issues, even recipes that we enjoy, and it has press releases that we would otherwise not see.

When the invoice arrives from the BC Elders Communication Center Society, CR, please do not disregard it or throw it in the trash bin... please remember that this office works for all elders in BC and we want to keep it that way. It provides your elders with something very worth while.

In Friendship and with respect, Jeanette McMaster, BC Elders Council

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Easy Bakers Corner – Spiced Applesauce Cake

Cream 1/3 cup butter or margarine and 1 cup of brown sugar until smooth. Add 1 egg and beat well. Stir in 1 cup of thick applesauce. Mix 1 1/2 cups of cake flour, 1 tsp. baking powder, 1 tsp. baking soda, 1 tsp. ground cinnamon, 1/2 tsp. ground allspice, 1/2 tsp. ground nutmeg and a dash of salt. Add 1/2 cup raisins and 3/4 cup chopped nuts. Stir to blend. Turn batter into greased and lightly floured bundt cake pan. Bake at 375°F until cake is done and pick inserted in center comes out clean, about 45 minutes. Let cake rest in pan for a few minutes. Then turn out onto rack. Pour glaze over cake while it is still warm. Let glaze drizzle down sides of cake. Garnish with fresh apple slices when serving, if desired.

Glaze: Mix 1 cup powdered sugar with 2 tablespoons apple juice and blend until smooth.

Handy Tips:

Kills fleas instantly. Dawn Dish Washing Liquid does the trick. Add a few drops to your dog's bath and shampoo the animal thoroughly. Rinse well to avoid skin irritations. Good-bye fleas.

Rainy day cure for dog odor. Next time your dog comes in from the rain, simply wipe down the animal with Bounce or any dryer sheet, instantly making your dog smell springtime fresh.

Eliminate ear mites... All it takes is a few drops of Wesson Corn Oil in your cat's ear. Massage it in, and then clean with a cotton ball. Repeat daily for 3 days. The oil soothes the cat's skin, smothers the mites.

What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Articles/Submissions are best forwarded to me via email** where possible so they can be posted on the website as is. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content. D. Stirling

'PRESERVING THE PAST'

New Elder's Website: www.bcelders.com

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

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

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

Disclaimer:

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

50 PRIZES! BC Elder's Prize Draw Date: Sept. 15th 2005 TICKETS: \$5 EACH

- 1st 18K Gold Raven Pendant by Bussey MaQuire **Winner - Bonnie Kellogg, Fremont**
2nd Raven Print by Terry Williams **Winner - Bonnie Leighton, Courtenay**
3rd Fringed Native Cape by Shawna Moore **Winner - UCWALMICW Centre Society, Lillooet**
4th Moccasins from the BC Elders Communication Center Society **Winner - Zepheria Isadore, PG**
5th Kwakiutl Print by Victor Moon **Winner - Horale Michell, Lytton**
6th–10th (5) *different* Print by Fred Anderson Jr. **Winners - Edith Peters, PG; Grace Charest, CR; Linda Brind Amour, CR; Keith Wilson, Cape Mudge; Marilyn Dwornik, CR**
11th–16th (6) *different* Prints by Ross Hunt **Winners - Terry Adolph, Lillooet; Lilly Wattinger, Alert Bay; Casimel Jack, Burns Lake; Bonnie Kellogg, Fremont; Debbie Saville, CR; Darlene Raphael, Lytton**
17th Union of BC Indian Chiefs Logo Golf Shirt **Winner - Yetta Lincoln, Kincolith**
18th Union of BC Indian Chiefs Logo Vest **Winner - Gilbert Isaac, Lytton**
19th Baby Jacket & Bonnet by Elaine Brookes (Scotland) **Winner - Debbie Saville, CR**
20th Photo of Eagle (Cochise) by Terry Bailey plus Tartan Throw (Scotland) **Winner - D Wigle, Cranbrook**
21st Knitted Shawl by Diane Bailey plus Headband & Belt by Joanne Bailey **Winner - Bonnie Kellogg, Fre.**
22nd Juxtaposition #1 Print by Darcy Brown-Desjarlais **Winner - Heather Richardson, Courtenay**
23rd (5) Small Native Crafts by Artists with the Fraser Canyon **Winner - Gil Cure, Lytton**
24th Spirit Whale Print by John Sharkey **Winner - Edna Graves, Courtenay**
25th Frog Print by V. Morris **Winner - Alanna Smith, Lytton**
26th to 32nd (7) “Kwagulth Frog” Prints by Tom Hunt **Winners - Sylvia Bedford, Nanaimo; Marilyn Dwornik (X2), CR, Mary Lou Tallio, Bella Coola; Grace Charest, CR; Ted Palys, Van; Hank Adams, 150 Mile**
33rd Beaded Corsage by Gloria Adams **Winner - Pauline Weaver, Bowser**
34th Simpcw Logo Fleece Throw **Winner - Lyle Wolfe, Campbell River**
35th (2) “Spirit Of Life” Books by Jaye Lowe/Sm. Carving by D. Alfred **Winner - Victoria Boffa, 100 Mile**
36th Framed Raven Print by Joe Wilson **Winner - Karen Geisbret, Campbell River**
37th Framed Eagle Print by Michael Antoine **Winner - Bonnie Kellogg, Fremont**
38th Kahtou News Membership plus \$25 Gift Cert. London Drugs **Winner - Patricia Grey, CR**
39th Embossed Print by Sonny Assu **Winner - Nita Walkem, Spences Bridge**
40th Intaglio Print by Sonny Assu **Winner - Walter Piatocka, Campbell River**
41st (2) T-Shirts from Kyuquot FN plus (3) Crocheted Pieces **Winner - Erin Coghlan, Lytton**
42nd Cedar Hat by Louise Reid **Winner - Lloyd McMaster, Merritt**
43rd Hand Dyed Silk Scarf by Sharon Recalma *Humming Bird Silks* **Winner - Mario Lalande, 10 Mile**
44th Painting by Teresa Planes **Winner - Marilyn Dawson, Alert Bay**
45th Crooked Paddle by Johnathan Rice **Winner - Max Desjarlais, Moberly Lake**
46th Painting by Herbie Woods **Winner - Debbie Zoutendyk, Bellingham**
47th 2 Cedar Feathers by Randy Frank **Winner - Bonnie Kellogg, Fremont**
48th 3 Cedar Feathers by Randy Frank **Winner - Ken Turnbull, Spence's Bridge**
49th Prize donated by Willard Charlie **Winner - Geraldine Wilson, Cape Mudge**
50th Pine Needle Basket by Many Hands Ktunaxa Artisans Cooperative and Set of 20 Pen and Ink Greeting Cards by Charles Bullshields **Winner - Courtney Fidler, Vancouver**

Profits from this Annual Provincial Elders Art Raffle will be divided equally 2 - ways

1. An ‘Elder’s Group Draw’ - with one winning group (who has helped with this raffle) receiving 1/2 of the profits to help send their group to the Gathering (when this raffle is more successful there will be more than one draw). **Winner Tse’khene Elders (McLeod Lake) and with a small top up from my office, this winning group’s cheque was for \$1300 to help their group get to the Elders Gathering.** The other 1/2 of the Draw's profits will be used for this office. Draw was held at the Campbell River Band Office and witnessed.

Dear Elders and Elders Contact People,

Re: \$250 Yearly Office Support Fee

Please find on this page and on the following two pages the names of the Bands/ Health Centres/First Nations Groups who have helped keep this office going for the past 5 years.

All offices had a INVOICE included in the envelope with this (Oct.) issue of the Elders Voice. The Invoices are sent c/o the Elders Contact for each office, but the fee is waived for any group it might present a problem for...as it has always been more important that all Elders are included regardless of finances.

However, this time I am asking that people read the following lists and see if you think that your band/centre/group should be added to it (if you aren't on it already)? And if you think your office should be on it, can you do anything to help see that it happens? i.e. contacting your Chief & Council, Treaty or Tribal offices or Board of Directors?

A provincial office for the Elders should not be something that continually just scrapes by, it should be a *given* (where possible) that the \$250 yearly support fee is in each office's budgets to cover this cost for the elders as there is no core funding for this work.

It is important that yearly fees being paid INCREASE so that this office can grow for the thousands of elders it serves in BC.

Almost 400 FN Offices/Centres, etc. receive the monthly newsletter (to be forwarded to all their local elders) only about 50 help out financially each year.

Sometimes when groups feel that they have been pulling more than their weight they stop paying for awhile, which keeps everything about this uncertain. If everyone just helped a bit it would not be a heavy load.

GRATITUDE

To those of you who have supported this endeavor financially in the past from your communities, or helped with the Annual Elders Raffle, I thank you all from the bottom of my heart.

To the BC Elders Council, thank you for serving on this important Council, and for having faith in this office, your support is what sustains it.

To the workers who make copies of the Elders Voice each month and help get their Elders to the Annual Gathering each year, thank you! there wouldn't be an Elder's Network without you, so I congratulate you all.

Lastly to the Artist who donated to the Annual Raffle over the years, I hope you are repaid tenfold for all of the worthy causes that you donate to year round. On behalf of everyone involved with this Elder's office I thank you.

All my relations, Donna Stirling

Groups/Offices who paid the 1st yearly support fee of \$250 for this office (November 2000)

1. Adams Lake Indian Band
2. Campbell River First Nation
3. Canoe Creek Band
4. Hesquiaht First Nation
5. Ktunaxa/Kinbasket Tribal Council
6. Lake Babine First Nation
7. Mamalilkulla-Qwe'Qwa'Sot'Em Band
8. McLeod Lake Band
9. Metlakatla First Nation
10. Nuxalk Band
11. Okanagan Nation
12. Prince George Friendship Centre
13. Quatsino First Nation
14. Samahquam First Nation
15. Seabird Island Band
16. Skeetchestn First Nation
17. Squamish Nation
18. Tsawwassen First Nation
19. Tseshaht First Nation
20. Tsleil-Waututh First Nation
21. Uchucklesaht Tribe
22. Wet'suwet'en First Nation

Groups/Offices who paid the 2nd yearly support fee of \$250 for this office (November 2001)

1. Assembly of First Nations (BC Region)
2. Bridge River Indian Band
3. Campbell River First Nation
4. Cape Mudge Band Council
5. Chemainus First Nation
6. Cowichan Tribes
7. Downtown Eastside Women's Centre
8. Gwa'sala-'Nakwaxda'xw Nation
9. Hailika'as/Heiltsuk Health Centre
10. Hesquiaht First Nation
11. Hupacasath First Nation
12. Kamloops First Nation
13. Klahoose First Nation
14. Ktunaxa/Kinbasket Tribal Council
15. Lake Babine Nation
16. Mt. Currie Band Council
17. Nadleh Whut'en Band
18. Nuchatlaht First Nation
19. Okanagan Indian Band
20. Osoyoos Indian Band
21. Oweekeno Nation
22. Prince George Friendship Centre
23. Quatsino Nation
24. Seabird Island Band
25. Sechelt First Nation
26. Scowlitz First Nation
27. Tla-o-qui-aht Nation
28. Tsawataineuk Nation
29. Tseshah First Nation
30. Tsleil-Waututh Nation
31. Uchucklesaht Tribe
32. Wet'suwet'en First Nation
33. Xaxli'p Band

Groups/Offices who paid the 3rd yearly support fee of \$250 for this office (November 2002)

1. Assembly of First Nations (BC Region)
2. Bridge River Indian Band
3. Canoe Creek Indian Band
4. Carnegie Community Centre
5. Carrier Sekani Family Services
6. Chawathil first Nation

3rd year fees (continued)

7. Chemainus First Nation
8. Columbia Lake Band
9. Cowichan Tribe Elders
10. Eniyud Health Services
11. Gwa'sala-'Nakwaxda'xw Nation
12. Gitwangak Education Society
13. Hailika'as Heiltsuk Health Services
14. Helping Spirit Lodge Society
15. Hesquiaht First Nation
16. Kitkatla Band Council
17. Kamloops Indian Band
18. Ka:'yu: k't'h/Che: k: tles7et'h' First Nation
19. Komox First Nation
20. Ktunaxa/Kinbasket Tribal Council
21. Lheidli T'enneh Band
22. Lower Kootenay Health Services
23. Mamalilkulla-Qwe'Qwa'Sot'Em Band
24. McLeod Lake Indian Band
25. Moricetown Band Administration
26. Mt. Currie Indian Band
27. National Aboriginal Women's Association
28. Nadleh Whut'en Indian Band
29. Nak'azdli Elders Society
30. Nuchatlaht Tribe
31. Okanagan First Nation
32. Osoyoos Indian Band
33. Oweekeno Nation
34. Prince George Friendship Centre
35. Quatsino Band
36. Soda Creek First Nation
37. Squamish Nation
38. Telte-Yet Camp
39. Tobacco Plains Indian Band
40. Ts'kw'aylaxw First Nation
41. Tsawataineuk Band
42. Tsawout First Nation
43. Tla-o-qui-aht First Nation
44. Ts'ikt Elders (Nuxalk)
45. Tseshah First Nation
46. Uchucklesaht Tribe
47. Ucluelet First Nation
48. Union of BC Indian Chiefs
49. Wei Wai Kai First Nation
50. Wei Wai Kum First Nation
51. Wet'suwet'en First Nation
52. Xaxli'p Indian Band

Groups/Offices who paid the 4th yearly support fee of \$250 for this office (November 2003)

1. Adams Lake Indian Band
2. Assembly of First Nation (BC Region)
3. Bonaparte Indian Band
4. Bridge River Band
5. Canoe Creek Indian Band
6. Carnegie Community Centre
7. Chawathil First Nation
8. Chemainus First Nation
9. Coldwater Indian Band
10. Columbia Lake First Nation
11. Cook's Ferry First Nation
12. Doig River First Nation
13. Gwa'sala-'Nakwaxda'xw Nation
14. Hailika'as Heiltsuk Health Centre
15. Helping Spirit Lodge Society
16. Houston Friendship Centre Society
18. Kamloops First NationKatzie First Nation
19. Kitkatla First Nation
20. Kitsumkalum Band
21. Lower Kootenay Band
22. Mamalilkulla-Qwe'Qwa'Sot'Em Band
23. Metlakatla Indian Band
24. Nak'azdli Elders Society
25. Nuu-Chah-Nulth Tribal Council
26. Nuxalk Nation
27. Osoyoos Indian Band
28. Penticton Indian Band
29. Qualicum First Nation
30. Quatsino First Nation
31. Saik'uz First Nation
32. Sechelt Indian Band
33. Splitsin Childcare Society
34. Squamish Nation
35. Tobacco Plains Indian Band
36. Tsawataineuk Band
37. Tsawwassen First Nation
38. Tsekani First Nation
39. Tseshaht First Nation
40. Tseycum First Nation
41. Tsewultun Health Centre
42. Uchucklesaht Tribe
43. West Moberly First Nation
44. Wewaikai First Nation
45. Wewaikum First Nation
46. Wet'suwet'en First Nation
47. Williams Lake Indian Band
48. Wuikinuxw Nation
49. Xaxli'p Band
50. Yakwekwioosse First Nation

Groups/Offices who paid the 5th yearly support fee of \$250 for this office (November 2004)

1. Adams Lake Indian Band
2. Akisqnuq First Nation
3. Assembly of First Nations (BC Region)
4. Bridge River Indian Band
5. Canoe Creek Band
6. Comox Indian Band
7. Cook's Ferry Indian Band
8. Doig River First Nation
9. Gitwangak Elders Group
10. Gitwangak Education Society
11. Gwa'sala-'Nakwaxda'xw Nation
12. Hailika'as Heiltsuk Health Centre
13. Hesquiaht Indian Band
14. Kamloops Indian Band
15. Katzie First Nation
16. Ka:'Yu:'k't'h'/Che:k'tles7et'h Nation
17. Ktunaxa/Kinbasket Tribal Council
18. Kwikwetlem First Nation
19. Lake Babine Nation
20. Lheidli T'enneh Band
21. Lower Nicola Indian Band
22. Mamalilikulla-Qwe'Qwa'Sot'Em Band
23. McLeod Lake Indian Band
24. Nuu-chah-nulth Tribal Council
25. North Thompson First Nation
26. Osoyoos Indian Band
27. Penticton Indian Band
28. Port Alberni Friendship Centre
29. Qualicum First Nation Council
30. Quatsino Band
31. Seabird Island Indian Band
32. Snuneymuxw First Nation
33. Soowahlie Indian Band
34. Splitsin Child Care Society
35. Sumas First Nation
36. T'it'q'et Elders
37. Tobacco Plains Indian Band
38. Tla-o-qui-aht First Nation
39. Tseycum First Nation
40. Ts'kw'aylaxw First Nation
41. Tsewultun Heath Centre
42. Tsleil-Waututh Nation
43. Union of BC Indian Chiefs
44. West Moberly First Nations
45. Westbank Klux-Klux-Hu-Up Cultural Society
46. Wewaikai First Nation
47. Weiwaikum First Nation
48. Wet'suwet'en First Nation
49. Wuikinuxv Nation
50. Xaxli'p First Nation

The Facts about Osteoarthritis

By Dr. Paul Martiquet, Medical Health Officer, VCH

Osteoarthritis (OA) is the most common form of arthritis in Canada affecting about 1 in 10.

While OA can affect any age, it is most often seen among those over the age of 45, and a bit more often in women than men.

Our body's joints work because of a very smooth lining, or cartilage, where the bones of our joints meet. As we age, cartilage can break down and reduce the operation of a joint. The result is inflammation in the area, which leads to pain and difficulty of movement. This is osteoarthritis.

Although age is a major risk factor, research has shown that OA is not an inevitable part of getting older. The joints most likely to be affected are the hands and fingers, and weight-bearing joints like the knees, hips, feet and back. Obesity can mean problems with knee joints from the greater stress of added weight. People with work or sport-related joint injuries can also be more likely to develop osteoarthritis.

The goals of treatment for OA are to relieve the pain, and restore joint function. To achieve these goals, options include exercise, change of lifestyle, medication and surgery. For short-term pain relief, heat or cold therapy will also help.

Exercise pays off in treating OA because it helps to increase the range of motion, reduces fatigue and will help you to feel better overall. A physical therapist or family doctor can help by showing you range-of-motion and strengthening exercises.

Lifestyle change is about ensuring good posture when standing, sitting or lifting. It is also about weight reduction – less weight, less stress on joints, and less pain. Good idea!

Medication can help to relieve pain: the first choice is usually acetaminophen. Of course, it would be wise to discuss any drug therapy with your doctor first as there are cautions to consider. There are also herbal remedies. But, first discuss these with your doctor or pharmacist.

Prescription medications include anti-inflammatory drugs; these will reduce pain by reducing swelling and pressure on the joints. There are also non-prescription choices. Again, see your doctor or pharmacist.

Surgery is usually a last resort and is used when OA is so advanced that the pain and movement can no longer be improved. Surgery replaces a damaged joint with an artificial one. The key to success, however, is exercise post-surgery to renew muscles that have lost function while the joint was too painful to use. In other words, you got a new one, now use it!

Osteoarthritis can be painful and debilitating. Losing weight and getting regular exercise will both help to make sure you do not become a candidate.

From vch-news.ca (Sept 6th 2005 issue)

Smoking and Second Hand Smoke

Cigarettes Inside Out

When you smoke you are saying yes to:

Tar

Smokers teeth start to get yellowish brown stains and that is from tar that cigarettes have in them. Tar is black and sticky stuff that carries the many toxic chemicals to your lungs. Tar not only leaves stains on smokers teeth, fingers and lung tissue, it's also the main cause of throat and lung cancer.

Nicotine

Nicotine is the drug responsible for making cigarettes so addictive. It makes your body crave more cigarettes and that means inhaling all those gross chemicals. Studies have shown that the nicotine habit can be as hard to break as heroin or cocaine addiction.

Benzene

Benzene was once used in industry to manufacture inks, rubber, lacquers and paint remover and is highly toxic. As a chemical, benzene is confirmed to cause cancer/leukemia in humans and is therefore not suitable for industrial applications let alone your body!

Carbon Monoxide

Experts say there is No safe amount of carbon monoxide. That is why many new houses come equipped with carbon monoxide detectors. What does carbon monoxide do to you? This poisonous gas reduces the amount of oxygen taken up by your red blood cells. This means less oxygen for your organs, like your heart and lungs. Ever notice how smokers get winded going up a flight of stairs?

Hydrogen Cyanide

Hydrogen cyanide is the poison used in gas chambers—it's an efficient killer. In smaller doses like those found in cigarettes, it damages tiny hairs in your body that are part of your natural lung cleaning mechanism. As a result, toxic substances can build up in your lungs.

Formaldehyde

Formaldehyde is used in—get this—embalming fluid used to preserve dead bodies. If that doesn't turn you off from smoking, what will? Then there's the matter of health. Formaldehyde is a known carcinogen (cancer causing substance).

Link found between Tylenol, other painkillers, and high blood pressure in women

Provided by: Canadian Press and Written by: JAMIE STENGLE

DALLAS (AP) - Women taking daily amounts of non-aspirin painkillers - such as an extra-strength Tylenol - are more likely to develop high blood pressure than those who don't, a new study suggests.

While many popular over-the-counter painkillers have been linked before to high blood pressure, acetaminophen, sold as Tylenol, has generally been considered relatively free of such risk.

It is the only one that is not a non-steroidal anti-inflammatory drug or NSAID, a class of medications the federal government just required to carry stricter warning labels because of the risk for heart-related problems. Those include ibuprofen (sold as Advil and Motrin) and naproxen (sold as Aleve). Many had turned to those painkillers in the wake of problems with prescription drugs, such as Vioxx.

However, the new study found that women taking Tylenol were about twice as likely to develop blood pressure problems. Risk also rose for women taking NSAIDS other than aspirin. "If you're taking these over-the-counter medications at high dosages on a regular basis, make sure that you report it to your doctor and you're checking your blood pressure," said Dr. Christie Ballantyne, a cardiologist who had no role in the study.

The research found that aspirin still remains the safest medicine for pain relief. It has long been known to reduce the risk of cardiovascular problems and was not included in the government's requirement for stricter labels for NSAIDS. The study involved 5,123 women participating in the Nurses Health Study at Harvard Medical School and Brigham and Women's Hospital in Boston. None had had high blood pressure when it began. Results were published online Monday in the American Heart Association journal Hypertension. "It certainly sets the basis for more studies," said Dr. Stephanie Lawhorn, a cardiologist. "Most of the time we think that things like acetaminophen are fairly safe drugs."

The study found that women ages 51-77 who took an average daily dose of more than 500 milligrams of acetaminophen - one extra-strength Tylenol - had about double the risk of developing high blood pressure within about three years. Women in that age range who take more than 400 mg a day of NSAIDS - equal to two ibuprofen - had a 78 per cent increased risk of developing high blood pressure over those who didn't take the drug.

Among women 34-53 who take an average of more than 500 mg of acetaminophen a day had a two-fold higher risk of developing high blood pressure. And those who took more than 400 mg of NSAIDS a day had a 60 per cent risk increase over those who didn't take the pills.

"We are by no means suggesting that women with chronic pain conditions not receive treatment for their pain," lead author Dr. John Phillip Forman, of Harvard Medical School and associate physician at Brigham and Women's Hospital in Boston, said in an e-mail. "By pointing out risks associated with these drugs, more informed choices can be made by women and their clinicians."

Previous research linking these drugs to blood pressure problems did not look at dosage. The results in this study held up even when researchers excluded women who were taking pills for headaches, something that could itself be a result of very high blood pressure, said Dr. Gary Curhan, another study author also of Harvard Medical School.

As for why aspirin didn't raise risk, it might be because "aspirin has a different effect on blood vessels than NSAIDS and acetaminophen have," said Dr. Daniel Jones, dean of the school of medicine at University of Mississippi Medical Center in Jackson.

Dear Elders, though this Dentist is based out of my home town his advise can benefit all of our First Nations families, a lot of medical info is out there, but since I so rarely see Dental information cross my desk I asked Kevin if he would consider doing articles for the Elders Voice. So much avoidable mouth pain occurs in children and in us grown-ups too that it is a crying shame. We need to all pay as much attention to our dental care as we do to other health matters, I hope these new articles are a benefit to people. Gila Kasla, D. Stirling

DENTAL NEWS – EVERYBODY’S FAVORITE TOPIC

Dr. Kevin Lathangue

#100 – 520 2nd Avenue Campbell River V9W-6G2 Phone: 250-287-9311

Dear First Nations Community Members;

Allow me to first introduce myself - my name is Dr. Kevin Lathangue (please call me Kevin) and I am a new dentist in the community of Campbell River. I currently live in Courtenay but am in the process of moving to Campbell River, as I much prefer this area. I have two young children, Kasey 4 and Travis 2 as well as one on the way who is due this October. My wife, Debra is also very excited about moving here as we feel Campbell River is an ideal place to raise our children and enjoy all that the community has to offer.

The reason I’m writing this letter today is both to introduce myself, as well as to broach a few topics that I feel are very important. It is my sincerest hope that the suggestions and topics that I cover will help a large number of First Nations people with their dental needs. Moreover, it is my wish that should any FN people and their family members have questions, concerns, or comments about dental related topics that they not hesitate to contact me at my office.

To begin with I have been practicing in CR area for almost one year now and have made a great connection with many First Nations patients and many of them have express a lot of fear and anxiety when coming to the dentist for a variety of reasons including, but not limited to, verbal abuse by former dentists, unnecessary roughness by their former dentists, and of course the needle, which seems to be a topic of great concern and all of these things play a role in patience’s missing their appointments.

The first two concerns are easy to address. **I do not support nor do I accept the mistreatment of any patients in my dental practice.** It pains me to know that so many people have had such horrible experiences with dentists over the years, as it makes it difficult to treat patients when they have little or no faith that a dentist can do the job relatively pain free.

The first part of my message to you is to say that both my partner, Dr. Bastiaan Verheyen, and myself will endeavor to treat all of our patients with the greatest of care and respect. If you feel that your needs are not being met than I would encourage you to please let me or one of my staff know, as your comfort and relief are my first priority.

Another concern that my office is currently experiencing is the large number of FN children suffering from rampant tooth decay. Now there are a number of ways to prevent this and avoid having tooth decay and toothaches...followed by multiple dental procedures being necessary down the road for child. Below please find some suggestions that I am sure will help families provide proper dental care at home.

1. The first dental appointment should be at 1 year of age, this appointment is to check the child to ensure that there are no cavities and to allow the child an introduction to a dental office, while hopefully educating the parents on the do’s and don’ts of home dental care, some of which follow.
2. Absolutely no bottle at bedtime unless the bottle is full of water, anything else has sugar in it, which will cause decay of the teeth. This includes NO milk, NO juice of any kind, and NO soda pop of any kind.

Now, this may be difficult if your child currently engages in behavior only remedied by a bottle but as parents, it is our responsibility to deny our child things, which will only hurt them. So, at bedtime give water or nothing.

3. Parents need to participate in the dental care by teaching their children both how to brush their teeth, and how often they need to brush their teeth. Children learn by example – my son brushes his teeth every morning because he sees me doing it and wants to do it as well. If parents brush their teeth with their child then they learn by example...if you are brushing twice a day, you must think it is important, and your kids will too.
4. As a rule, people want to brush teeth twice a day for a minimum of 2 minutes each time. Once in the morning after breakfast and once at night before bed. Why? Because if we don't brush away the plaque and food particles...bacteria will find their way to those spots and release acids onto the teeth in order to break down the food particles which in turn damages the teeth.

Brushing at night is very important because we produce less saliva at night. Saliva is responsible, in part, for helping us get rid of food particles as well as bacteria and the acids they release. If we produce less saliva at night then it stands to reason that we would also be less able to get rid of food particles stuck in our teeth and the bacterial acids which damage teeth. So, everyone please brush both in the morning and at night.

Also, I understand from speaking to FN patients that many other clinics in the CR area have elected to charge patience upfront for treatment, which can be costly. And, although I have been advised to do the same type of billing as a good business practice (because getting reimbursed for FN dental care is a very long process) I do not want to go that route (charging up front) because I think that it may keep my First Nations patients from getting the care that they need when they need it.

So, what I have chosen to do instead of having to charge up front, is to initiate a **\$75 Missed Appointment Charge** that will be billed and mailed out to each patient directly upon missing an appointment. Appointments must be kept and people need to be on time, as I am sure you will understand that at today's prices no one can afford to have blocks of time sit empty while paying for staff and overhead. If a Missed Appointment Charge is not paid then I will unfortunately not be able to see that patient again. I apologize if this fee seems a bit excessive, but it is far less than the true cost of a missed appointment.

***As a courtesy to patience, I have my receptionist call the day prior to the scheduled appointment to remind each patient about it and what time it is booked for the following day.**

****Exception to the regular billing practice**

Because DIA refuses to come close to the current accepted fee guide when it comes to extractions (removing teeth) I will be **equal billing** for those procedures only. This means that DIA will cover the bulk of the bill and that patience's will be responsible for paying the remainder.

Please watch for more *Dental News – Everybody's Favorite Topic* articles, I will endeavor to pass on whatever useful information I can on Dental care, both in local flyers and in the Elders Voice provincial newsletter because I think that a lot more information needs to be out there for people.

In the future, I would like to include additional information pertaining to children, preventative dentistry and why it is important, why we ask patience to follow certain guidelines after dental surgery, and the importance of teaching our kids how to take care of their teeth.

If you have any topics you would like to know more about please feel free to contact my office downstairs in the Quinsam Medical Building at 287-9311 and please mention the Dental News articles.

Port Alberni Friendship Centre Elders Publish Fundraising Cookbook of Favourite Recipes

Vi Wishart (production manager), Sharean Van Volsen (publicity manager), Dr. Elizabeth Tan (coordinator and public relations), John/Amy Barney (sales promoters) have been working very hard for several months to produce a cookbook of favourite recipes to raise funds for members to attend the Elders' Gathering at Prince George Civic Centre from October 4-6, 2005.

It was a slow start for a couple of months, but our committee was determined to "Go for It!" Therefore members were personally approached and encouraged to contribute their favourite recipes.

As a result of this, it has been interesting to learn of different ways of preparing traditional bannocks unique to the respective First Nation's background.

Included in the contents are all the outstanding taste-bud teasers from members of our community who have connections with PAFC, such as Mayor Ken McRae and Gillian Trumper (who was the MLA then). They have shared their favourite three-course meals with their personal touch.

To garnish the menu, Tom Weegar, the Port Alberni campus principal, North Island College has presented his scrumptious "Tom's Succulent Shrimp in Tomato, Feta & Wine Sauce.

Wrapping up in the cookbook are two prize winners with their recipes. Dolly Watts (former local resident), now owner of Liliget Feast House Vancouver, and winner of "B.C. Gold Iron Chef" award against four Japanese Chefs has given three traditional samplers of authentic, exotic seafood.

Elizabeth Tan's 1967 Amalgamation Recipe "Chicken and Cashew Nuts" which she served to welcome 14 New Canadian students from 9 countries around the world won first prize in the Heritage Recipe contest organized by the former administrator of Rollin Arts Centre, Meg Scoffield in 1994.

Priced at \$5 each, the first edition will be available from September, 2005 Please contact Sharean at 250-724-4441, John/Amy at 724-0139, Vi at 724-2379, Elizabeth at 724-5670 for your order/s. They will also be on sale at the Elders' Gathering at Prince George.

This new fundraising project is an addition to the LaHal tournaments, concession stands at special events, and raffle tickets draws.

The PAFC Elders would like to express our heartfelt thanks to everyone; especially to Cyndi Stevens, Executive Director and the staff for the support.

Chuu! Kleco!

September 20th, 2005

Dear Elders, Workers and First Nations Community Members,

We are creating a special presentation that showcases BC's Aboriginal people as part of the BC Experience, which opens at Victoria's Crystal Garden in May 2006. (bcexperience.info)

The focus of this show is to celebrate the beauty and majesty of BC's Aboriginal people using the following categories as a guideline:

Family (strong emphasis on Youth)

Elders (related to Family, of course, but deserve a section of their own)

The Land/environment

Art (painting, carving, sculpting, jewelry making, etc)

Music and Dance

The Spoken Word (includes clips using various languages which we will record)

This production will be presented in a quiet, nature inspired setting on 5 high definition monitors, stacked one atop the other. The show will run approximately 5 to 8 minutes and will feature different images on each monitor for most of that time. Obviously, we'll require a great deal of source imagery.

We are looking for the very best images we can find to help us tell this story to the world. The one word to best describe what we seek is... "beautiful."

If you have or know of footage or stills that may be appropriate for this production, please contact us. We are working out a fee structure for both still photos and video (or film) that will be competitive in today's market.

The BC Experience is a permanent exhibit that will occupy the Crystal Garden for the next 40 years. The audience is expected to number in the millions. We want to feature the best of the best of British Columbia aboriginal people, past, present and future.

Please email Vision Quest Production Services at:

visionquestproductions@shaw.ca if you have any questions or have footage or stills that can be showcased in this exhibit.

Danielle Assu
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Letter of Introduction

I am Danielle Assu of the Campbell River First Nations and I would like to give a brief description of the product that I have to offer for sale.

I have created a salve from the Devils Club shrub and have been selling my product locally for the past year and a half. My clientele have stated that the salve helps to alleviate the itchiness that is caused with symptoms such as eczema and psoriasis. Many of my clients have been using it on arthritic aches and pains and it could also be used to help heal cuts, scrapes, skin eruptions (boils) or lesions.

The salve is topically applied and could be used as often as needed. It is made with all natural ingredients and contains extra virgin olive oil and bee's wax.

My Devils Club Salve is available in three sizes and pricing is as follows:

10 ml plastic balm container	\$5.00
25 ml amber glass jar	\$12.50
50 ml amber glass jar	\$25.00

Order now any of the larger sizes 25ml or 50ml and receive a discount of 20% off the regular pricing. Great gift ideas for christmas!

I can ship to anywhere via express post - which usually cost approximately \$7.00. If you prefer I could send the parcel COD in which the postage and handling charges will of course be factored into this method and you pay the post office directly.

If you know of friends or family in the community who may want to try the product you can save on shipping costs by including multiple orders within each order.

I thank you in advance for your interest and look forward to arranging an order for you. Please do not hesitate to contact me for further information.

Gilakasla

Danielle Assu

B.C. becomes first province to cover cost of promising breast cancer drug

Provided by: Canadian Press Written by: CAMILLE BAINS

VANCOUVER (CP) - British Columbia became the first province on Monday to cover the cost of a promising drug therapy to fight an aggressive form of breast cancer in its early stages.

Health Minister George Abbott told a news conference that the government and the B.C. Cancer Agency will commit \$8 million in funding every year so that eligible patients can have immediate access to Herceptin, hailed as a wonder drug. "Herceptin offers new promise to these women with breast cancer and that's great news for every British Columbian," Abbott said.

In May, the American Society of Clinical Oncology reported in yet-to-be-published results from three studies that 52 per cent of women who took Herceptin remained cancer free after four years.

"Even more impressive, there was a 33 per cent improvement in overall survival for patients on Herceptin," Abbott said about the studies.

Wynne Powell, chairman of the Provincial Health Services Authority board of directors, called Monday's announcement incredible. "To bring a drug therapy from clinical trial results to wide implementation in the space of weeks is almost unheard of in Canada or anywhere in the world," Powell said.

For Moya Whelan, who received Herceptin during a clinical trial, the drug means a chance at survival. "I, like everybody, want to live and this just doubled my chances," Whelan told the news conference.

Lisa Priebe, who was also given the drug in the same trial, echoed Whelan's sentiments, "Today is especially great because we're winning, we're winning the battle," Priebe said, adding she is particularly grateful because she has two young daughters.

While Canada approved Herceptin in 1998, it's been up to the provinces to find ways to pay for the expensive drug, which is given intravenously once every three weeks. The average cost of treatment for one year can be about \$47,000, depending on the patient's weight. But the government is counting on substantial cost savings from reduced recurrence of breast cancer, whose treatment can reach as high as \$90,000 a year.

Oncologist Dr. Karen Gelmon, leader of the provincial breast tumour group, said Herceptin has some side effects, including the fact that it can cause damage to the heart in some women.

So far, Alberta and Saskatchewan have paid the cost of the drug, but only for advanced stages of breast cancer. Herceptin can help women whose tumour cells have a genetic abnormality called HER-2, which signals the body to reproduce cancer cells. To be eligible for Herceptin, patients must test positive for HER-2, a protein that makes the breast cancer more difficult to treat

Women who are completing chemotherapy or who finished the treatment after April 1 will have access to the drug through the B.C. Cancer Agency. Patients who completed chemotherapy between July 1, 2004, and March 31, 2005, should contact their specialist to determine whether the drug would be beneficial.

Herceptin works by blocking the overproduction of the HER-2 protein and inhibiting cancer-cell growth without harming healthy cells or producing side effects like nausea or hair loss, as is the case with chemotherapy.

The drug was developed in the 1990s by a San Francisco biotechnology firm that was later bought by a Swiss company. Demand for Herceptin exploded in 1998 in the United States after the Food and Drug Administration rushed through approval.

Some men with breast cancer may not need radiation after mastectomy: study

Provided by: Canadian Press and Written by: SHERYL UBELACKER

TORONTO (CP) - Some men with breast cancer may be treated unnecessarily with radiation, in part because of a long-held belief among some physicians that men's risk of recurrence and death differs from that of women with the disease, researchers say.

A 10-year study by the B.C. Cancer Agency found men with breast cancer were almost six times more likely to get radiation after mastectomy than women with a similar stage of breast cancer. But the study of 60 male and more than 4,000 female breast cancer patients showed that a person's sex appears to have no bearing on recurrence, overcoming the disease or overall survival.

Much more critical in deciding the need for radiation are such risk factors as the size and grade of the tumour and whether it has spread to the lymph nodes, co-author Dr. Scott Tyldesley, a radiation oncologist at the agency, said Tuesday from Vancouver. "These things seemed to determine whether somebody was going to recur in their chest wall or their lymph node areas - not whether they were male or female," he said.

Men may be treated with radiation after mastectomy because their lack of breast tissue makes it difficult for surgeons to be sure they have removed all of the tumour. That lack of certainty may lead some physicians to err on the side of caution, in the belief that males automatically have a higher risk for recurrence because their breast tissue is closer to the chest wall and other structures than it is in most women.

As well, diagnosis in men occurs at a later stage than in women - often when the tumour has invaded the skin or chest wall - because there is far less awareness of male breast cancer and no routine screening like mammography, Tyldesley said. "So the dogma became that since men often have more locally advanced breast cancer, they should always get radiation after a mastectomy," he said.

Dr. Fei-Fei Liu, a radiation oncologist at Princess Margaret Hospital, said specialists at her Toronto hospital don't base their treatment decisions on whether a patient is male or female. "The bottom line is if you control for all the other variables which we know could affect outcome, such as lymph node status and the size of the primary tumour, the outcome is not affected by gender."

Dr. Graham Macdonald of the Aberdeen Royal Infirmary in Scotland, lead investigator of the study, said there's an ongoing debate as to whether the decision to treat men with radiation should be guided by the same principles used in women or given to all men with breast cancer. "What this means is that if we do have presumptions about prognosis purely on the basis of sex, we would do better to ditch them and apply the same guidelines for radiotherapy treatment to men as we do for women," Macdonald, a former fellow in radiation oncology in Vancouver, said in a release about the study.

However, both Macdonald and Tyldesley said because male breast cancer is rare - there is one case in a man for every 100 cases in women - their study and similar research cannot be considered definitive.

The study looked at 60 men and 4,181 women diagnosed in British Columbia from 1989 to 1998 who had undergone total mastectomy. The men were followed for about eight years on average, and the women for 10 years.

About the same proportion of men as women had survived breast cancer at five and 10 years, said the study, published this week in the *Annals of Oncology*. But men who didn't get radiation had poorer overall survival rates (when all causes of death are considered, not just breast cancer) compared with the women in the study who also didn't get radiation.

That gap in survival rates likely reflects one key difference between men and women, said Tyldesley.

Breast cancer usually strikes men when they're in their late 60s or early 70s - a decade later than in women, whose life-expectancy is greater to begin with - and it may not be detected for some time.

Doctors may forgo radiation for some men because they're considered too old and frail to withstand the treatment, said Tyldesley, noting that it is often another disease that ends their lives.

"It's not because they recurred more often, it's not because they died of breast cancer, it's because they died of other causes and just because they were older." About 150 Canadian men will be diagnosed with breast cancer this year; an estimated 45 will die.

"Breast cancer can occur in men, but it's very unusual," said Liu. "But if you do notice there is a discomfort or a lump that appears in the breasts, then you need to go and see your family physician."

From menshealth@medbroadcast.com

Caffeine may cause blood pressure boost for some

Provided by: MediResource and Written by: ALYSSA SCHWARTZ (July 20th 2005)

TORONTO (MRI) - That extra cup of joe in the morning may help you feel more alert, but depending on your tolerance to caffeine, it could also cause an extra spike in your blood pressure.

Led by Dr. Noha H. Farag, a team of researchers at the University of Oklahoma Health Sciences Center in Oklahoma City set out to determine the effect of extra caffeine on people with "high" and "low" tolerance to the stimulant. Tolerance was established based on blood pressure response to a boost in caffeine during a previous trial.

In the continuation study, 85 participants were given varying doses of caffeine and had their blood pressure monitored through the day for a period of four weeks. Each week, participants received either 300 mg or 600 mg of caffeine a day or a placebo, each in three doses. On the 6th day of each week, subjects received an extra boost of caffeine - a total of 750 mg, which is the equivalent of about 5.5 cups of regular brewed coffee or 8 cups of instant - or a placebo, and monitored for any extra boost in blood pressure.

Both the low- and high-tolerance groups showed a spike in blood pressure when they consumed caffeine on the 6th day after taking the caffeine placebo for 5 days. But after they consumed caffeine throughout the week, only the low-tolerance participants showed an increase in blood pressure when they consumed extra caffeine on the 6th day.

The authors concluded that these results suggest the "clinical significance" of the effect of caffeine on some coffee drinkers.

Farag's study, which was published in the *American Journal of Hypertension*, was conducted in a laboratory setting, and the author notes that in real life, determining one's tolerance to caffeine is not such an easy task. As a result, he advises that people with high blood pressure or who are at risk for high blood pressure limit their caffeine intake.

Risk factors for high blood pressure include age, family history, diabetes, obesity, stress and smoking. Having high blood pressure can significantly increase your risk of stroke and heart attack, though reducing blood pressure through diet, exercise and, if necessary, medication, can lower the risk.

Early PSA screening may reduce risk of prostate cancer death: study

Provided by: Canadian Press and Written by: SHERYL UBELACKER

TORONTO (CP) - Early screening for prostate cancer in men without symptoms could significantly reduce their risk of going on to develop an advanced and usually deadly form of the disease, a Canadian study suggests.

Researchers at the universities of Toronto and British Columbia found that early PSA testing may reduce the risk of metastatic prostate cancer - the kind that spreads beyond the walnut-sized gland - by more than a third.

The study compared the PSA testing histories of 236 men with advanced prostate cancer against those of a control group of men without metastatic cancer - 462 who either didn't have the disease at all or had a localized tumour.

"What we found was, in fact, that the risk of metastatic prostate cancer was about 35 per cent less in the men who had been screened," said study co-author Dr. Vivek Goel, a professor of health policy management and evaluation at the University of Toronto.

The screening tool is a simple blood test that detects levels of what's known as prostate specific antigen, or PSA. While small amounts in the blood are normal, higher levels could indicate cancer.

Yet the test remains controversial because it is not foolproof and may cause undue distress. High PSA levels can exist when no cancer is present or a tumour may be a type that doesn't spread to other parts of the body, so men can live normal lives for many years to come.

But PSA testing may also flag the type of prostate cancer that will go on to spread if left untreated, said the researchers.

"Our study . . . adds to the body of evidence that shows that it does have potential for having a fairly significant effect in reducing the risk of advanced prostate cancer and, by extrapolation, the death from prostate cancer," Goel said.

That's because detecting prostate cancer before it has spread allows for early and effective treatment.

The study adds weight to the argument that PSA testing should be routine for men - as mammography and pap smears are for women - not just when a doctor suspects cancer because of symptoms, he said. "There may be greater benefit from an organized screening program."

But the test, when used strictly as a screening tool, is covered by only about half of Canada's provincial health plans.

An estimated 20,500 Canadian men will be diagnosed with prostate cancer this year, and about 4,300 will die. Prostate cancer is the second-highest cause of cancer death among North American men after lung cancer.

"Our study shows a fairly significant benefit for early screening using the prostate specific antigen test, so these results are important for men and their doctors," said Dr. Jacek Kopec, professor of health care and epidemiology at the University of British Columbia and lead author of the paper.

The head of the Canadian Cancer Society, which helped fund the study, called the findings welcome news for Canadian men.

"The results of this study are interesting and add to the body of evidence about the PSA test," said Dr. Barbara Whylie.

"We look forward to the results of two other large, ongoing trials to validate these findings," Whylie said in a statement. "In the meantime, we will continue to encourage men to discuss this test with their doctors until more definitive answers about the benefits of the PSA test are available."

The study, published in the August issue of the Journal of Urology, recruited men from the Greater Toronto Area in 1999-2002. They ranged in age from 45 to 84; the average age of prostate cancer diagnosis was 68.

Researchers obtained self-reported information about their lifestyles, health history and use of health services. They also received permission to review medical records and history of PSA screening.

From menshealth@medbroadcast.com

In April, Maya Angelou was interviewed by Oprah on her 70+ birthday.

Oprah asked her what she thought of growing older. And, there on television, she said it was "exciting."

Regarding body changes, she said there were many, occurring every day...like her breasts. They seem to be in a race to see which will reach her waist, first. The audience laughed so hard they cried. She is such a simple and honest woman, with so much wisdom in her words!

Maya Angelou said this:

"I've learned that no matter what happens, or how bad it seems today, life does go on, and it will be better tomorrow."

"I've learned that you can tell a lot about a person by the way he/she handles these three things: a rainy day, lost luggage, and tangled Christmas tree lights."

"I've learned that regardless of your relationship with your parents, you'll miss them when they're gone from your life."

"I've learned that making a "living" is not the same thing as "making a life"

"I've learned that life sometimes gives you a second chance."

"I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw some things back."

"I've learned that whenever I decide something with an open heart, I usually make the right decision."

"I've learned that even when I have pains, I don't have to be one."

"I've learned that every day you should reach out and touch someone. People love a warm hug, or just a friendly pat on the back."

"I've learned that I still have a lot to learn."

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Father's Talk: People always say how mean kids can be, never how nice they can be. This story will either make you cry, give you cold chills or just leave you cold, but it puts life into perspective!

At a fundraising dinner for a school that serves learning-disabled children, the father of one of the school's students delivered a speech that would never be forgotten by all that attended. After extolling the school and its dedicated staff, he offered a question. "Everything God does is done with perfection. Yet, my son Shay cannot learn things as other children do. He cannot understand things as other children do. Where is God's plan reflected in my son?" The audience was stilled by the query. The father continued. "I believe," the father answered, "that when God brings a child like Shay into the world, an opportunity to realize the Divine Plan presents itself and it comes in the way people treat that child."

Then, he told the following story:

Shay and his father had walked past a park where some boys Shay knew were playing baseball. Shay asked, "Do you think they will let me play?" Shay's father knew that the boys would not want him on their team. But the father understood that if his son were allowed to play it would give him much-needed sense of belonging.

Shay's father approached one of the boys on the field and asked if Shay could play. The boy looked around for guidance from his teammates. Getting none, he took matters into his own hands and said, "We are losing by six runs, and the game is in the eighth inning. I guess he can be on our team and we'll try to put him up to bat in the ninth inning."

In the bottom of the eighth inning, Shay's team scored a few runs but was still behind by three. At the top of the ninth inning, Shay put on a glove and played in the outfield. Although no hits came his way, he was obviously ecstatic just to be on the field, grinning from ear to ear as his father waved to him from the stands. In the bottom of the ninth inning, Shay's team scored again. Now, with two outs and the bases loaded, the potential winning run was on base. Shay was scheduled to be the next at-bat. Would the team actually let Shay bat at this juncture and give away their chance to win the game? Surprisingly, Shay was given the bat.

Everyone knew that a hit was all but impossible because Shay didn't even know how to hold the bat properly, much less connect with the ball. However, as Shay stepped up to the plate, the pitcher moved a few steps to lob the ball in softly so Shay could at least be able to make contact.

The first pitch came and Shay swung clumsily and missed. The pitcher again took a few steps forward to toss the ball softly toward Shay. As the pitch came in, Shay swung at the ball and hit a slow ground ball to the pitcher. The pitcher picked up the soft grounder and could easily have thrown the ball to the first baseman. Shay would have been out and that would have ended the game. Instead, the pitcher took the ball and threw it on a high arc to right field, far beyond reach of the first baseman.

Everyone started yelling, "Shay, run to first, run to first." Never in his life had Shay ever made it to first base. He scampered down the baseline, wide-eyed and startled. Everyone yelled, "run to second, run to second!" By the time Shay was rounding first base, the right fielder had the ball. He could have thrown the ball to the second baseman for a tag. But the right fielder understood what the pitcher's intentions had been, so he threw the ball high and far over the third baseman's head.

Shay ran towards second base as the runners ahead of him deliriously circled the bases towards home. As Shay reached second base, the opposing shortstop ran to him, turned him in the direction of third base, and shouted, "run to third!" As Shay rounded third, the boys from both teams were screaming, "Shay Run home!" Shay ran home, stepped on home plate and was cheered as the hero for hitting a "grand slam" and winning the game for his team.

"That day," said the father softly with tears now rolling down his face, "the boys from both teams helped bring a piece of the Divine Plan into this world."

New strategy set to inform Canadians about health and learning link

Provided by: Canadian Press and Written by: CAMILLE BAINS (August 31, 2005)

VANCOUVER (CP) - A new strategy set to inform Canadians about the link between health and learning means Canada could catch up with other countries that are miles ahead in dealing with issues like childhood obesity and adult illiteracy, says the head of the Canadian Council on Learning.

Paul Cappon said Wednesday that the non-profit corporation's goal is to pool information from 17 organizations across Canada on various health and education matters. Cappon made his comments after announcing that the University of Victoria had been selected by the council to lead a unique national centre of expertise on health and learning.

Canada needs to look to other countries who are doing better in providing their citizens with information that will lead to lifelong learning and good health, Cappon said. "How is it that an average Canadian worker, aged 40, who hasn't got post-secondary education, is already below the minimum level of literacy required to be productive? In Sweden they don't get to that level until they're 64, in terms of literacy."

Japan, Korea and France are among developed countries that have outpaced Canada in gathering research from various organizations and providing it to their populations, he said.

The lack of a federal education ministry in Canada means the country has no national strategies for issues like bullying and healthy schools, Cappon said. "We don't pool our resources in Canada, we don't pool our knowledge because we've never had a structure to do it in terms of health and learning."

"What we have is so many provincial and territorial governments that have health departments and education departments and they don't have any structure to share the information or to use it in any specific way." While there are programs to deal with childhood and adult obesity throughout Canada, there's no evidence-based research that says what works most effectively, he said. "Similarly, we know that early childhood learning is important for health but nobody tells people what to do."

While Canada is looking to other countries for ways to better inform its citizens about health and learning, countries such as the United Kingdom, France, the United States and Australia are eyeing Canada's new strategy, Cappon said. "They're interested in the fact that what we're trying to do is produce evidence that is actually going to make a difference in the decisions that people make."

The Canadian Council on Learning will present its findings through various avenues, including its website, with publications called Lessons Learned. The information will also be provided to governments, unions and employers, Cappon said.

David Sloan, director of learning with the Yukon party's Education Ministry, said it's important for one national body to disseminate information on national trends like HIV and obesity. That's because research on such issues isn't readily available in the Yukon, where people historically led nomadic lifestyles that didn't expose them to modern health woes, Sloan said. Kids in the territory who are now taking a bus to school just six blocks away need to understand the link between health and education, he said.

Budd Hall, dean of the faculty of education at the University of Victoria, said the knowledge centre at the university presents a new chapter in Canada's educational health for people from all walks of life.

Four other centres across the country will be opened by the council in the coming months on adult learning, work and learning, early childhood learning and aboriginal learning. About \$85 million for five years is being provided by the federal government for all five centres.

'Dusting' is the new killer high for teens

**Canned air is the new cheap inhalant, but it can cause severe damage and even death
NBC News correspondent Peter Alexander reports**

Inhalant abuse has been on the rise nationwide, and more teens are experiencing the tragic effects of this cheap high. NBC News correspondent Peter Alexander reports on how a common household product, a computer cleaner, can result in a deadly high.

There's a new way to get high, and you could have it right next to your desk at home. They're designed to clean your computer but, if inhaled, these popular products have the potential to kill.

It's called "dusting" — the term comes from the cleaning brand "Dust Off" — and it has become a teenager's new cheap and easily accessible high, despite a warning on the side of each canister.

This form of inhalant abuse, "huffing," has been around for years, but dusting is the more specific term associated with the use of cans of any common aerosolized computer keyboard cleaner that contains compressed gas.

One teen, 18-year-old Jessie Stotz, is now in rehab at the Pathway Family Center in Indianapolis because of dusting.

"There wasn't the hassle of finding somebody to buy it for you and stuff, you could walk into a store, being 13 years old, and buy it yourself," says Stotz.

But one hit can be crippling, as 15-year-old Ben Goudberg experienced in California.

"I couldn't move for three to four minutes, and I was staring at a door thinking I wanted to get up and go and touch it and I couldn't do it," says Goudberg. "It's one of the scariest feelings in the world."

The high from the gas paralyzes the user for several minutes and gives a feeling of euphoria. Both dusting and huffing can result in damage to the brain, lungs, heart, kidneys and liver, and can cause death. In computer cleaning products, a freon type of gas, or fluorinated hydrocarbon, is the dangerous ingredient.

The dangerous practice was dramatized in the film "Thirteen." In the opening scene, the two actresses are sitting on a bed, "dusting," and then slapping each other out of their trancelike states.

"Sudden sniffing death" describes the process of inhaled hydrocarbons provoking irregular heart rhythms in the victim, which leads to sudden fatal cardiac arrest in even very young and healthy hearts.

"Just that fast a kid could experience intoxication," says John Daily, a drug counselor at New Directions — and just that fast they could die. The compressed air in the cleaners fills a person's lungs, keeping oxygen out and potentially stopping the heart.

Some retailers, like Staples and Wal-Mart, now restrict the sales of computer cleaners to buyers over 18 years of age, and many have placed warning labels on the top of cans.

But Jeff Williams, a Cleveland police officer whose son Kyle tragically died in March while trying dusting, thinks more needs to be done. Williams says there is already one keyboard cleaning product on the market that adds a bitter smell and taste to the chemicals, making them unpalatable, and he says all manufacturers should do the same. Williams also thinks that retailers need to do a better job of policing who they sell to.

Dusting is part of a larger problem involving inhalants, with huffing on the rise. In 2002, more than a million people abused them for the first time — the vast majority in their teens.

The National Survey on Drug Use and Health found that inhalant experimentation is initiated earlier than any other illicit substance, with young females starting before young males. Also, a higher percentage of 12 and 13 year olds had used inhalants than marijuana.

Inhalant abuse is often more dangerous and difficult to detect than other drug abuse. Inhalants such as glue, lighter fluid and spray paint are completely legal and found in every home — which often leads kids to think they are harmless — and abusers need to conceal only the act of inhaling, not the product.

But inhalants are addictive physically and psychologically, almost as much as alcohol.

"Not only was it the inhalant that was addictive, it was the lifestyle, the friends and the attention that I would receive when I did it," says Jessie Stotz.

But in the deadly new world of dusting, someone's first time seeking the high may also be their last.

In the United Kingdom, where deaths associated with these substances are tracked, 39 percent of the deaths occurred during the victim's first time.

Wolfe says the most important way to combat this drug abuse is to educate parents about it and to inform kids that the inhalants can kill them on the first try.

Other prevention methods include reading product labels regarding safety issues, and choosing to minimize aerosols in households by using pump sprays instead.

The warning signs of dusting are not easily detected, but these signs may indicate abuse:

- Disappearance of the product at a rapid rate
- Empty cans or containers of chemicals in trash cans
- Large stashes of a chemical product in the child's room
- Strange smells on or around a child
- Residue of the product on a child's clothing or face
- Complaints of numbness of the tongue, vocal chords or throat
- Dazed looks or bloodshot eyes

Wolfe suggests that if parents suspect inhalant abuse, they should take their child for a drug and alcohol assessment before it is too late.

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

PROVERBS:

If you wish to know what a man is, place him in authority.
When you seek it, you cannot find it.
Accomplishment of purpose is better than making a profit.
Sharp acids corrode their own containers.
Adversity and loss make a man wise.
Ale in, wit out.
To be prepared is to have no anxiety.

BIBLE QUOTES:

"And God, who supplies seed for the sower and bread to eat, will also supply you with all the seed you need and will make it grow and produce a rich harvest from your generosity. He will always make you rich enough to be generous at all times, so that many will thank God for your gifts which they receive from us." 2 Corinthians 9:10-11
"When you give a feast, invite the poor, maimed, the lame, the blind, and you will be blessed, because they cannot repay you. You will be repaid at the resurrection of the just." Luke 14:13-14
"He that despiseth his neighbor sinneth; but he that hath mercy on the poor; happy is he." Proverbs 14:21

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

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

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

Quotes

"Only a very exceptionally gifted mind could cope singly with all the problems which present themselves in the perfecting of a home." Arnold Bennett
"Difficult times have helped me to understand better than before how infinitely rich and beautiful life is in every way and that so many things that one goes worrying about are of no importance whatsoever." I. Dines
"Life itself is the proper binge." Julia Child

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

Please look to this corner for info each month with regards to the Elders Gathering. As soon as anything is available from the new host it will be run in the newsletter and posted on our website www.bcelders.com. It usually takes the host a couple of months until they know the place and dates for the event, so please be patient and watch for information right here. Any space each new host community needs in each issue of this newsletter has always been made available (free of charge) and this will continue to be the practice as I believe that it is the best method for keeping the elders and support people informed on the event. D. Stirling