

Volume 4 Issue 10

September 2004

B.C. ELDER'S COMMUNICATION CENTER SOCIETY



ELDER'S VOICE

Dear Elders and Elder's Support People,

Please be advised that there is currently no update on the 29th Annual Elders Gathering in 2005, the elders are having a meeting at the end of August/beginning of September, and there will be word from them right after that to pass on to all of you. So just a little patience on everybody's part will be appreciated and have no fear, there will be announcements placed in the Elder's Voice to reach everyone as soon as possible. Thank you, Donna Stirling

National Aboriginal Veterans Day Nov 8 - anyone who has an activity planned to honour our VETERANS is invited to send in your information by email, mail or fax to be announced here free of charge. Gilakasla

Little Treasures by Glenn Ridless

"It is often what is not said that causes an argument."
"I cannot give you my love. I can only share it."
"The one with the most accusations is often the guilty party."
"People I like support me. People I don't like build me."
"My body is a shell, But my mind has no boundaries."
**"You can't judge a book by its cover,
But you can tell a lot from the first page."**
"Once you stop acting like something You become something."
**"Those who talk the loudest are invisible.
You can see right through them."**
"There are a lot of opinions out there, But very few really mean anything."
**"It's easy to jump off the merry-go-round.
It's harder to stay on and not get dizzy."**
Communication should be mankind's ultimate goal.

Inside this issue

Easy Bakers Corner/Tips	2
What can you share?	2
www.bcelders.com	2
Anger and Stroke in Men	3
Food Protection Series	4
Aboriginal Womens Health	5 & 6

BC Elders Council Submissions

Pg. 7: Amanda Zettergreen, Mary Prince and Zepheria Isadore
Pg. 8: Irene Wydenes/Hazel Alexis
Pg. 9: Press Release - Fish Farms
Pg. 10: *** Notice to All Elders
Pg. 11: Press Release - APFA
Pg. 12-13: Polymyalgia Rheumatica
Pg. 14: Native Kids Off-Reserve
Pg. 15: LOGO CONTEST
*Back Page: Bible Quotes/Proverbs
AND BC Elders Gathering Info Comer*

Easy Bakers Corner – Melon Bubble Dessert

Dissolve orange jelly powder (1 package - 4 serving size) (JELL-O Light) in 3/4 cup of boiling water. Combine 1/2 cup of orange juice and ice cubes to make 1-1/4 cups (300 ml).

Add to jelly and stir until slightly thickened; remove any melted ice. Measure 1-1/3 cups (325 ml); add 1 cup of melon balls or diced melon and pour into individual dishes. Beat remaining jelly at high speed of electric mixer until fluffy and thick and about double the volume; spoon carefully over fruited layer in dishes. Chill until set, about 2 hours.

Makes 7 (1/2) cup (125 ml) Servings. 30 calories per serving, 6 g carbohydrate, 1 g protein.

Melon balls or diced melon make the perfect partner for citrus flavour jelly. Use any melon or a combination, if you have several, for a pretty effect.

Recipe can be adjusted to feed as many as required.

Recipe submitted by Janice Quatell

Handy Tips: For tub & shower mildew - try baking soda and chlorine bleach. Leave it on to soak then rinse well. Lots of bird droppings on your car? Use baking soda and water to remove. Cover a padlock keyhole with a piece of masking tape and it won't freeze over.

To remove grass stains from clothing, rub your favorite laundry detergent into the stained area, and rinsing under a forceful stream of the HOTTEST WATER the fabric will stand. If the stain is stubborn, try rubbing with rubbing alcohol. Don't use alkalis such as ammonia, degreasers or alkaline detergents on grass stains. They interact with the stain and it becomes permanent.

What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content.

Donna Stirling

'PRESERVING THE PAST'

New Elder's Website: www.bcelders.com

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

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

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

Disclaimer: Opinions contained in this publication are not those of Donna Stirling unless her name appears below the material. Elders are free to forward in whatever they feel they need to communicate to their peers without fear of censorships because this is the Elder's Voice. Also, the health articles are not meant to replace your doctor's advice, while they may help you have a list of questions at your disposal when you do see him or her, you should contact your family physician or health care worker for all health care matters.

Anger, hostility linked to higher stroke risk in men, but not women

Written by: RENEE C. LEE

Hotheaded men who explode with anger seem to be at greater risk of having a stroke or dying, new research shows. Their risk is even greater than men who are simply stressed-out Type A personalities. Angry women, on the other hand, don't run as high a risk of having a stroke or heart problems, according to a study released Monday in the American Heart Association journal *Circulation*. The study showed that men who express their anger have a 10 per cent greater risk than non-hostile men of developing an atrial fibrillation - a heart flutter that two million Americans have. It is non-threatening for many, but it can also increase the risk of stroke.

Men who unleashed their anger were also 20 per cent more likely to have died from any cause during the study. "There has been a perception that you can dissipate the negative health effects of anger by letting anger out instead of bottling it up," said Dr. Elaine Eaker, lead researcher and president of Eaker Epidemiology Ent. in Chili, Wis. "But that was not the case in this study."

It also found that men who are generally hostile and contemptuous of other people are 30 per cent more likely to develop the irregular heart rhythm than men with less hostility. Atrial fibrillation can lead to stroke because the heart's two upper chambers don't beat effectively enough to pump out all the blood, allowing it to pool, form clots and increase stroke risk.

Researchers have long known about the link between anger and hostility and heart disease, but this study offers a more definitive association, said Dr. John Osborne, a cardiologist at Baylor University Medical Centre in Grapevine, Tex., who was not involved in the study. "There's a lot of things we understand about atrial fibrillation ... but the question is what triggers it," Osborne said. "I think this may give us a better appreciation." The research also is significant because, unlike other studies, it was long-term and based on a large group of people, he said. The study analyzed more than 3,000 adult children of the original participants of a landmark study begun in 1948 in Framingham, Mass.

Eaker said that the findings mean scientists can say with more confidence that anger and hostility serve as an independent risk factor. The researchers also determined there is no increased risk in men who rate high in Type A behaviour - men who are often rushed, impatient and competitive.

More studies are needed to confirm the study, she said, because the Framingham study was not ethnically diverse and it's always helpful to have replication. "While we're confident its accurate, it's not appropriate to say it's definitive," she said.

The study followed 1,769 men and 1,913 women who had no signs of heart disease for 10 years. Even when other risk factors were accounted for, such as other heart problems, high blood pressure, cholesterol and age, certain men still developed an irregular heartbeat. "It was related to their attitude and temperament," said Eaker, who conducted the study with colleagues at Boston University and the Framingham study.

Researchers did not find a significant link between anger and hostility and the risk of developing atrial fibrillation in the women in the study. Men have more heart disease at a younger age than women, so researchers may need to follow the women longer, Eaker said.

Osborne said when he first heard about the study, he thought about the old phrase, "Don't get mad, get even." "I interpret it as one more indication that women are smarter than men," he said. "They don't go into rages."

DALLAS (AP)

From medbroadcast.com

Food Safety Tips

Keeping School Lunches Safe

It's that time of year again. The time of year when children hear those five dreaded words – *It's back to school time!!* With the beginning of school comes those hectic school mornings. Kids have to be woken early (often after a summer of sleeping in). Breakfast has to be made and served. And of course, someone has to put together the school lunches. If you are the one in your household making the school lunches, then you want to make sure those lunches are not only tasty and healthy but safe to eat as well. Like all foods, school lunches have to be made and handled properly to keep them safe. Here are a few tips to help you keep school lunches safe.

Keep Your Hands Clean: Before you prepare any food, always wash your hands well with hot soapy water. This is important after using the bathroom, touching the family pet, changing diapers, and especially important if you have been handling raw meat, fish, or poultry.

Don't Cross-Contaminate: Harmful bacteria can spread throughout the kitchen and get onto cutting boards, utensils, and counter tops and from there into your food. Always wash these areas with hot soapy water after preparing each food item and before you go on to prepare the next food item. This is especially important if these areas have touched raw meat, fish, or poultry. To be extra safe, use two different cutting boards – one for ready to eat or already cooked foods and a separate one for raw meat, fish, and poultry.

Wash Fresh Fruit and Vegetables: Fresh fruit and vegetables have caused several food poisoning outbreaks. They can become contaminated by irrigation waters, soil, and unsanitary processing methods. As such, it is important to wash fresh fruits and vegetables thoroughly. Pay special attention to those fruits and vegetables that do not have their peel removed before eating. Contamination on the outside of rind fruits (like watermelon, cantaloupe, and honeydew melon) can be transferred to the inside of the cut fruit by the cutting knife. Keeping melons cold after cutting is highly recommended.

Keep Cold Lunches Cold: Why keep food cold? Harmful bacteria can grow at temperatures above 4C (or 40F). If those harmful bacteria grow in food, there is a better chance that whoever eats that food will get food poisoning. To help keep lunches cold:

- Try making the lunches the night before and store the packed lunches in the refrigerator. Freezing sandwiches also helps them stay cold. However, for best quality, don't freeze sandwiches containing foods like lettuce, tomatoes and cheese. Add these items later.
- Insulated lunch boxes or bags are best for keeping food cold. Whatever type of lunch containers you use, pack a small frozen gel pack or a frozen juice box in with the lunch. This will also help keep the lunch cold until ready to eat.
- Some foods do not have to be kept cold to be safe. This includes foods like uncut fresh fruit and vegetables, canned foods, bread, crackers, peanut butter, jam, mustard, and pickles.

Keep Hot Lunches Hot: Harmful bacteria cannot grow at temperatures above 60°C. For foods like soup, chili, and stew, use an insulated container like a Thermos bottle to keep them hot. To keep them really hot, first fill the container with boiling water and let it stand for a few minutes. Empty it and then fill it with the hot food. Keep the container closed until lunch time and then dig in.

The Health of Aboriginal Women

Health Canada's role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. A number of services and programs are focussed to decrease health status disparities between Aboriginal people and other Canadians.

In 1996, the female Aboriginal population was 408,140, comprising roughly 51% of the total Aboriginal population in Canada. Aboriginal populations (First Nations, Inuit, Métis & Non-Status First Nations) have a noticeably different age structure than the non-Aboriginal population of Canada. While the general Canadian population has been aging at a progressive rate, the Aboriginal populations exhibit a youthful structure. Nearly 42% of the female Aboriginal population is between the ages of 0 to 19. The health of Aboriginal women has improved considerably over the past few decades, yet significant inequities remain in relation to the general population.

Current Situation

- Life expectancy for Aboriginal women is 76.2 years vs 81.0 for non-Aboriginal women.
- Aboriginal women experience higher rates of circulatory problems, respiratory problems, diabetes, hypertension and cancer of the cervix than the rest of the general female population.
- Current evidence shows that diabetes is three times as prevalent in Aboriginal communities as in the general population. Most Aboriginal diabetics are women (approximately 2 to 1).
- Aboriginal women represent a higher percentage of cases of HIV/AIDS than non-Aboriginal women (15.9% vs 7.0%). Within female Aboriginal AIDS cases, 50% are attributed to IV drug use, in comparison to 17% of all female cases.
- The birth rate for Aboriginal women is twice that of the overall Canadian female population. Aboriginal mothers are younger - about 55% are under 25 years of age (vs 28% for the non-Aboriginal population) and 9% are under 18 years of age (vs 1% for the non-Aboriginal population).
- Mortality rate due to violence for Aboriginal women is three times the rate experienced by all other Canadian women. For Aboriginal women in the 25 to 44 age cohort, the rate is five times that for all other Canadian women.
- Women are often the victims of family dysfunction which result from the alcohol or substance abuse. Hospital admissions for alcohol related accidents are three times higher among Aboriginal females than they are for the general Canadian population.
- Over 50% of Aboriginal people view alcohol abuse as a social problem in their communities. Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) have emerged as a health and social concern in some First Nations and Inuit communities.
- Suicide rates remain consistently higher for the Aboriginal population than the general Canadian population as a whole, in almost every age category. Over a five year span (1989 - 1993), Aboriginal women were more than three times as likely to commit suicide than were non-Aboriginal women.

Health Canada Initiatives

Health Canada assists Aboriginal communities and people in addressing health inequalities and disease threats and in attaining a level of health comparable to that of other Canadians. Health Canada ensures the availability of, or access to, health services for First Nations on-reserve and Inuit communities.

As part of a larger Canadian Diabetes Control and Prevention Strategy, the Aboriginal Diabetes Initiative is designed to provide a comprehensive, collaborative and integrated approach to decrease diabetes and its complications in First Nations and Inuit communities.

First Nations and Inuit home and community care program is being enhanced and aims to fill gaps in the continuum of care by improving care for the elderly, disabled, chronically ill and those requiring short-term acute care services.

The reach and number of community-based projects is being expanded under the Canadian Prenatal Nutrition Program (CPNP). The number of women served, including First Nations and Inuit women, will grow. The CPNP supports activities to improve the health of pregnant women and their infants up to a minimum of six months and in some cases 12 months of age. As part of the Canada Prenatal Nutrition Program, there will be increased efforts to prevent Fetal Alcohol Syndrome and Fetal Alcohol Effects through enhanced investments to support prevention, public education and coordination in cooperation with First Nations and Inuit communities, provincial and territorial governments, and other non-governmental organizations.

AIDS resources and funding is provided to First Nations and Inuit communities under the National AIDS Strategy. The focus of activities supported with these funds includes First Nations and Inuit women, and addresses the spectrum of health from education and prevention, to care, treatment and support. Health Canada currently provides funding to the National Indian and Inuit Community Health Representative Organization (NIICHO) and to Pauktuutit, the Inuit Women's Association, to develop culturally appropriate materials targeting First Nations and Inuit women.

The establishment of an Aboriginal Health Institute was a Red Book commitment of the government. A consultation process in conjunction with interested major national Aboriginal groups, including Native Women's Association of Canada is in its final stages regarding the structure and priorities of an Aboriginal Health Institute.

In 1995, Health Canada established the Aboriginal Head Start (AHS) program to help enhance child development and school readiness of Aboriginal children living in urban centres and large northern communities. The urban and northern section of the program now serves approximately 3,500 children and their families every year, in 98 sites located in eight provinces and all northern territories. Annual budget is \$22.5 million. Funding for the AHS On-reserve program was provided for in the 1998 Budget with \$100 million set aside over four years, beginning in 1998/99 and \$25 million per year on-going.

The National Native Alcohol and Drug Abuse Program (NNADAP) funds prevention programs and treatment services aimed at the community, including women, in a holistic manner.

Brighter Futures - First Nations and Inuit component provides funds for community-based and managed mental health and child development initiatives with activities in such areas as parenting skills, healthy babies, and childhood injury prevention.

Building Healthy Communities was launched to enhance existing health programs and allocate resources to urgent needs of First Nations and Inuit communities. It addresses priority service gaps in the areas of mental health, solvent abuse, and home care nursing.

The Indian and Inuit Health Careers Program provides scholarships and bursaries to Aboriginal students pursuing post-secondary careers in health fields, many of whom are women.
from [Health Canada website](#)

Submitted by Amanda (Ksuu) Zettergreen, BC Elders Council

Hello,

I hope the Elders Gathering was a success for all who attended this year. My traditional name is Ksuu. My English name is Amanda. I am Gitksan and belong to the fireweed clan and my crest is an owl. I am a proud grandma of 13 grandchildren. My topic today is about elders.

At all the workshops and gatherings that I attend I always hear about how we treasure our elders and how we respect them. Yet at the last two elders gathering that I attended, some of the elders barely had any money to get any little extras or snacks. And it was more apparent last year when some of them practically starved. Every year I hear the same story that bands do not support their elders. I know some bands really do treasure their elders and my hat goes out to them. Our previous council didn't even use the adult care funds for our elders.

My point is that we all say that we respect and treasure our elders, but when it comes to the almighty dollar - forget it! Our elders did not go to the conference this year because we didn't get any funds from our band and what we raised just wasn't enough to bring them. I see this time and time again. One of our elders broke her hip and was hospitalized. When she was released she was to have a ramp built for her and it took a month before it got built. I am on council and I get so frustrated when things like this happen. These are a few little incidents, and I have heard of a lot worse things from other elders. Since I have been on council, things are changing slowly. Nationally our leaders don't put elders as a priority. Its just like education, our leaders are all concerned about it, but it gets put on the last day of the Summit Meeting in the afternoon when most of the leaders are gone.

If we say that we respect and treasure our elders lets put our money behind our words. We had a hard time selling the tickets for the elders that Donna sent us. I even made posters to put up at our band office and I think they only sold 2 tickets. Donna has a lot of dedication to work as hard as she does with so little funds. We appreciate all that you do for the elders. Thank you.

Submitted Mary Prince, BC Elders Council

Mary Prince, President of McLeod Lake Tse'khene Elders Society, states that her concerns are mainly that the Provincial Annual Elders' Conference should, if possible, be held more centrally in the province at some time; and, that Elders' issues vary greatly provincially due to the different environments from all corners of the province, which

Submitted by Zepheria Isadore, BC Elders Council, Alternate

Zepheria Isadore, Vice-President of McLeod Lake Tse'khene Elders Society, attended the Elders' Provincial meeting in Campbell River and had this to say; that it was a good meeting with Elders from all parts of the province to share and learn from one another; realizing that some Elders survive and manage on fundraising alone showing their commitment to their people; the Elders' concerns for passing on their knowledge and culture to the younger generation is paramount and our people must know this; the diabetes information is a must for all of our communities; and, making friends was great.

Submitted by Irene Wydenes, BC Elders Council

I attended the BC Elders Council Meeting in Campbell River May 28 - 31st 2004 and I strongly believe that we need this Elders Council for all of our elders. I would like to thank Junior Henderson and the Weiwaikum Cultural Society for their wonderful dancing, drumming and singing at the Campbell River Meeting. And, I would also like to commend Donna Stirling on the excellent job she's doing, she loves the elders and gives all she can give, so thank you very much for your years of service to the elders.

Elders need to be heard and this BC Elders Council is an effective way of doing it. I don't believe that we should have a president, vice-president, etc. for this Elders Council as it would give power to one or two people and we are a Council of equals. I do believe though that we need more than the current 39 members to fairly and completely represent all of the elders groups in British Columbia, which is why the invitation to have a representative from each Elder's Group/band join the BC Elders Council is being circulated in the next several issues of this newsletter.

I would like to see the Elders Gathering get the financial support that it deserves, I think that everybody should pull together to help whoever hosts each year, as it is an incredibly huge task to undertake and I really feel that it is too big a burden on one group of elders each year. If the event needs \$100,000 in sponsors/supporters each year, then I think that it is up to all of us, BC Elders Council Members included, to help get the annual funding from the federal and provincial government as well as from the our own First Nations Umbrella Organizations and all of the individual bands in BC. There is no reason why the 28 year tradition of the Annual Elders Gathering should suffer set-backs each year because everyone doesn't come forward to pledge their support for this most important elders event.

Please don't take my word for it, any Chiefs or Councilors that are reading this letter, please just go and speak to your elders, ask them if the event is suffering of late, ask them if they could afford to attend in recent years, ask them if there was enough food and water, or emergency aid, etc. available for them when they could afford to attend, ask them if they think the Annual Provincial Elders Gathering deserves the support of every band Chief and Councilor in BC, and I think they will all answer a resounding yes!

All My Relations,

Irene Wydenes

Submitted by Hazel Alexis, BC Elders Council

I attended the BC Elders Council meeting in Campbell River on behalf of my Elders of Sai'kuz First Nation. It was a good trip there and back, I got to know a lot of people from all over BC, we First Nation people all have the same condition in our communities. Our Elders housing, drugs and alcohol abuse, teen pregnancy, diabetes, loss of language and culture.

There are a few of us trying to teach language and culture on our reserve, we have very few Elders left, we try to learn as much as we can to pass it all on and I am happy that I finally got to meet Donna in Campbell River, too. I have spoken to her on the phone lots but it was nice to be able to meet. I look forward to our next BC Elders Council Meeting.

Mussi Hazel Alexis

MUSGAMAGW TSAWATAINEUK TRIBAL COUNCIL

P. O. BOX 90, ALERT BAY, B.C. V0N 1A0 TEL: (250) 974 - 5516 FAX: (250) 974 – 5466 www.mttc.ca

Fish farm escape causes more trouble in the Broughton Archipelago

An escape of 2587 Atlantic salmon from the Stolt Seafarms Sargeaunts Pass site this past weekend has the people of the Musgamagw Tsawataineuk Tribal Council in the Broughton Archipelago insisting again on the removal of the fish farms from their territory.

“ We have been given so many assurances that this sort of thing won’t happen, that there is this or that fancy new equipment that will prevent this sort of thing, but these farms are operated by humans and humans make mistakes,” said Chief Bill Cranmer. “Each ‘human error’ is treated like some extraordinary event but no one is looking at the cumulative effect of each incident. It is our territory that is paying the costs of these events and our people have lost all patience with them. We want these farms gone from our territory”, he said.

The United Nations has declared the introduction of exotic species the greatest threat to global biodiversity after habitat loss. Fish farm escapes causes both of these because escaped Atlantic salmon compete with wild salmon for food and habitat and have been found to have successfully reproduced in nearby rivers.

University of Alberta biologist and expert on the impacts of fish farms Dr John Volpe noted that “ All scientific evidence points to the expectation that a proportion of these escaped fish are likely be spawning in BC rivers before long. Further, conclusive scientific evidence demonstrates farm-escaped Atlantic salmon produce offspring capable of successfully competing against native salmon species. Nothing positive can come of this needless event.”

The Department of Fisheries and Oceans and the provincial Ministry of Agriculture, Fisheries and Food are jointly responsible for regulating fish farms. “This latest incident shows that government regulators and the fish farm industry are only giving lip service to the conservation of wild fish. Unless they convert to closed containment systems for fish farming, we want all farms out of the Broughton Archipelago”, Chief Cranmer said.

For further information contact: Chief Bill Cranmer 250-974-8460 Dr. John Volpe 250-812-1900

Established in 1969, the Union of British Columbia Indian Chiefs is a political organization protecting the Aboriginal Title and Rights of our member communities. We are based in Kamloops and have an office in Vancouver. For further details visit our website at <http://www.ubcic.bc.ca>

Media Review **Thursday, July 15, 2004** **DIAND Public Affairs / Emerging Issues** **DIAND ISSUES**

Listen to natives, not just their leaders [Len Kruzenga, National Post, A18, July 15,]

Now that the smoke from the election battle is beginning to clear and its potential political ramifications are being assessed, a question arises: Why did aboriginal issues play such a small part in the national political debate? With more than \$7-billion dollars in direct federal funding spent annually on aboriginal programs, the spectre of multi-billion dollar land claims and residential-school lawsuit settlements hovering over the nation, and a state of relations with native peoples that is overdue for an overhaul, aboriginal issues should have demanded significant discussion during the campaign....Using the broad brush of "racism" instead of attempting to refute Flanagan's arguments, the native groups demanded that Harper distance himself from the author's views, and urged native peoples to vote Liberal or NDP and prevent the ideas of Flanagan -- and, by irresponsible extension, the "hidden agenda" of the Conservative party -- from taking root in Parliament.

NOTICE: TO ALL BRITISH COLUMBIA ABORIGINAL ELDERS

Announcing the formation of Regional Elders Advisory Boards

The BC Elders Council is approaching every First Nation community in BC in this issue as they are looking to band Elders together into Regional Elders Advisory Boards - which will be made-up of **existing** and **new** BC Elders Council Members. Their goal is to make every effort to insure that each and every community feels that they are included and active in what is happening for the Elders in our province.

There will be 6 (perhaps 8) Regional Elders Advisory Boards and they will consist of BC Elders Council Members who represent their area's Band/Elder's Group/Society. There are currently 38 members on the BC Elders Council (please refer to the next page for names and Regions) and they would like to invite each group in BC to meet and then call into the Communications office (**toll-free 1-877-738-7288**) to see that the name of your chosen representative is entered on the BC Elders Council list so that further info can be sent out to your representative right away.

The BC Elders Council travelled and met in Campbell River, May 28—31, these meetings were the first **full** meetings the Council has been able to have since formation in 2002. It has been difficult to meet because this **first ever** Aboriginal Elders Council had no financial help until quite recently, up until now Council communication has been through email, mail, fax, and phone calls.

The BC Elders Council is extremely grateful to the Provincial Health Services Authority who made these meetings in May possible. The PHSA thankfully agreed that it was important to fund the BC Elders Council, so that they could all meet to share and gathering information, particularly on the chronic disease DIABETES plaguing our communities and take that information back home with them, because they knew that the Elders are an important key to communicating within all of their communities.

During the course of the meeting, future provincial meetings were discussed and the difficulties faced in trying to find reliable funding quarterly, or even yearly, to allow for large scale meetings (though funding for future provincial meetings will continue to be sought out), consequently the idea of having Regional Elders Advisory Boards made up of BC Elders Council Members was born.

These Regional Elders Advisory Boards could meet much more frequently and then send in their 'Regional Reports' on your discussions, progress, solutions, goals, stumbling blocks, questions, etc., to be printed in the monthly Elder's Voice Newsletters so that you can all communicate on a provincial level with one another. (The Elder's Voice is mailed out to every community and posted on the Elder's Website www.bcelders.com for people to access who have computers).

Your Regional Elders Advisory Boards will be in a position to discuss problems, solutions, financial issues, funding concerns for the Annual Gathering, and for your Elders in general, health concerns, language concerns, now and future homecare/housing needs, etc., with all of these issues being examined from your Elder's point of view.

These Boards promise to become the driving force for changes and improvements for our Aboriginal Elders in BC. Please call the above toll free number for further information on the BC Elders Council and the Regional Elders Advisory Boards.

Gilakasla

PRESS RELEASE

June 10, 2004

Williams Lake – Ministry of Children and Family Development (MCFD) Minister Christy Clark got a preview of an upcoming landmark meeting, on June 24-25 in Vancouver entitled the *Aboriginal Provincial Forum*, regarding frustration aboriginal leadership is having with the provincial government. Min. Clark visited the Cariboo Friendship Society today, on the second anniversary of the signing of the historic *Tsawwassen Accord*, and fielded genuine concern about a dramatic 66 percent funding cut to the regionalization of aboriginal child welfare.

Speaking on behalf of the **Aboriginal Peoples Family Accord** (APFA), Union of B.C Indian Chiefs President Stewart Phillip stresses the fact Aboriginal People have an inherent right for jurisdiction over their children and holds up the *Memorandum of Understanding for Aboriginal Children* (MOU) as the government's commitment to resource this process.

"We will continue to press this issue to bring our children home. There is (no other issue) as volatile or emotional with us. We're reaching a critical point with this ministry and you'll see for yourself on the twenty-fourth and twenty-fifth how high that frustration is," Stewart promised Clark.

Min. Clark says her ministry is still committed to their pledge of transferring control of child welfare to aboriginal communities. "Budget issues are very tough ones from all different perspectives within the Ministry," said Clark who points to a \$70 million reduction in MCFD funding.

"The work-plan though, once completed, will be adequately funded," she added.

However, chiefs from across the Interior, the APFA board of directors and APFA political committee confirm APFA staff have developed a three-year work-plan to governance and encourage the Government to restore funding to allow the work to continue. The status quo is unacceptable as the current level of funding reduces the APFA board to a token advisory committee. Aboriginal leadership warn, without the appropriate funding the momentum gained in communities will be lost - along with many aboriginal children to the system.

Min. Clark was asked, from a field of 12 questions, why her ministry makes unilateral decisions, in contrast to the agreement within the MOU.

"I personally feel your answers fall short...Our children from our Nations are being herded by a shepherd other than ourselves," APFA Political Chairperson Chief Bob Pasco told Clark.

After the meeting with the Minister wrapped up, Chief Phillip believes the message is starting to get through. "She is concerned with what's going on here and realizes the Interior is different from the other (four) regions. She seems concerned with June 24th and 25th.

"If this isn't addressed, we'll turn up the heat before the next provincial election," vows Phillip who believes the Province is more committed to the 2010 Winter Olympics than improving aboriginal child welfare.

For additional quotes please contact **APFA** spokespeople:

Chief Bob Pasco
Political Chairperson
(250) **455-2711**

Eliza Terbasket
Transition Coordinator
(250) **707-0095 ext. 117**

Debbie Abbott
Board Chairperson
(250) **455-2711**

Polymyalgia Rheumatica

About Polymyalgia Rheumatica

What is it? Polymyalgia rheumatica (PMR) is a disorder that causes stiffness and aching that begins in the neck, shoulder, and hip areas. It is not known whether it is a disease of the joints, muscles, or arteries. However, it is thought that inflammation in these areas leads to pain and stiffness.

Incidence and risk factors

Polymyalgia rheumatica typically affects people in their 60s and 70s. It is rare before age 50. It affects people of Northern European ancestry particularly those from Scandinavia. It is rare among people of African ancestry. PMR does not have strong hereditary tendencies.

Prognosis

Polymyalgia rheumatica typically last two to three years and then goes away for reasons unknown. Some people do have it longer and a few have it less than a year. After it goes away, it may return in about 10% of people. **Prednisone treats the inflammation but does not "cure" the illness.**

Lethality

Polymyalgia rheumatica is not a fatal condition.

Symptoms

Polymyalgia rheumatica (PMR) typically starts very suddenly. People with PMR may be perfectly well one day and then feel the full effects of this disease the next day. PMR causes stiffness and aching of the muscles about the neck, shoulders, and hips. Most people with PMR have symptoms in at least two of these three areas. The shoulder region includes the muscles of the upper arm. The hip region includes the muscles of the lower back and thighs.

Stiffness is a major feature of PMR. It is worst first thing in the morning and when it is severe, people complain that they have to roll themselves out of bed. Pain typically wakes people at night, and turning over in bed may be difficult. The stiffness may be worse during periods of inactivity, such as after a long car ride. PMR may cause other symptoms. These include fatigue, weight loss, and a slight fever. Joints in other areas of the body may ache as well. Sometimes joints in the hands swell. Numbness and tingling in the fingers (carpal tunnel syndrome) also may occur with PMR.

Most persons with this disease have been in good health before their first symptoms. People often do not understand why they feel so terrible when the disease begins. These symptoms usually make them feel very different than before and can be quite overwhelming because of their effect on everyday life.

PMR usually is not associated with any other disease. However, a person with PMR also may develop other forms of arthritis. Some people with PMR also have a condition called giant cell arteritis, which is described later.

Polymyalgia Rheumatica Management and Treatment

Treatment includes medications to help reduce inflammation as well as proper exercise and rest for some

people in order to maintain joint flexibility, muscle strength, and function. The goal in treating PMR is to help relieve pain, stiffness, and achiness.

Medications

Corticosteroid drugs, strong medications that help reduce inflammation, are the usual medications used to treat PMR. They also help relieve stiffness and achiness. They act quickly in PMR. Most people feel better within a few days or sometimes even the next day. There are many forms of corticosteroids. For example, prednisone is a medication often used in PMR.

If your doctor places you on a corticosteroid, you should follow instructions carefully. Your doctor may have you take the entire dose in the morning or have you divide the dose throughout the day. You probably will feel better very soon after starting this medicine. It is important to keep taking the medicine even though you are feeling better. PMR can return if you stop this medicine too quickly. The usual dose of prednisone is between 10 and 20 mg per day.

You may need to take corticosteroids as briefly as six months or as long as one or two years. Some people may need to be treated even longer. As you improve while on this medicine, it is likely that the dose will slowly be decreased. Follow your doctor's instructions on how often to take your medication. Do not try to cut back the dose on your own or suddenly stop taking your medication, since your symptoms can worsen.

Potential side effects of corticosteroids

Over a long period, corticosteroids may cause such side effects as:

- weight gain
- thinning of the bones (osteoporosis)
- depression and mood swings
- increased risk of infection
- cataracts
- glaucoma
- worsening of diabetes or new diabetes in someone who has never had it
- thinning of the skin and easy bruising
- rounding of the face
- difficulty sleeping
- high blood pressure (hypertension)

These medications affect everyone differently. You may have some of these side effects or none at all. If they do occur, most of these side effects will go away when the medication is stopped or decreased. Your doctor can give you some helpful tips about diet and exercise to help with some of the side effects. If you are placed on this medication, it is because your doctor feels that your symptoms are serious enough to need this medication. Let your doctor know about any side effects that you may be experiencing.

Disclaimer

This resource has been provided by the University of Washington Department of Orthopaedics and Sports Medicine as general information only. This information may not apply to a specific patient. Additional information may be found at <http://www.orthop.washington.edu> or by calling the UW Department of Orthopaedics and Sports Medicine at (206) 598-4288 or (800) 440-3280.

Edited by Frederick A. Matsen III, M.D. and Gregory C. Gardner, M.D.

This information is from the University of Washington Orthopaedics & Sports Medicine

Native kids off reserves healthy, active: report Children involved in sports, extra-curricular activities

Sat Jul 10 2004

By Carol Sanders

A new Statistics Canada report is painting a picture of healthy, active aboriginal kids living off reserves. The 2001 census enumerated close to 227,000 aboriginal children 14 years of age and younger who lived in non-reserve areas. That comprises almost 70 per cent of all aboriginal kids in Canada. Children in this age group represented 32 per cent of the non-reserve aboriginal population.

In Winnipeg, 20,000 aboriginal children were enumerated, and 96 per cent of them were described by their parents or caregivers as being in good or excellent health.

The survey also found that 57 per cent of aboriginal kids in Winnipeg participated in sports at least once a week.

And Canada-wide, 71 per cent of off-reserve aboriginal children take part in extracurricular activities.

In Winnipeg, several aboriginal organizations are helping to get kids healthy and active.

"It's a pretty big effort," said Michelle Boivin, communications director for Ma Mawi Wi Chi Itata Centre. It has a government-funded youth strategy with programs at three sites for kids throughout the year, including sports, camping, movies, scouts, powwow clubs and traditional ceremonies. "I think what it does for our children is it gives them the opportunity to discover new talents that maybe they weren't aware of," said Boivin. "They learn new skills and channel their energy and creativity into positive activities that build and enhance self-esteem," she said.

When they have positive outlets for channelling their energy, the kids and the community both benefit, she said.

A previous Statistics Canada study on Canadian children in general found that those who participated in organized extra-curricular activities such as sports, arts, music and clubs were more likely to have greater self-esteem, better social interactions with their friends and relatively higher marks in school.

"And it connects kids to their community," said Boivin. "It fosters a sense of belonging and reduces isolation for families."

The StatsCan report released yesterday examined data from the 2001 Aboriginal Peoples Survey (APS) that covered children and young people aged 14 and younger identified as aboriginal by a parent and who lived in non-reserve areas. The survey was conducted by Statistics Canada with national aboriginal organizations following the 2001 census.

Across Canada, parents of aboriginal children rated their kids' health slightly lower than did parents in the general population, StatsCan said. The report released yesterday doesn't tell the whole story of aboriginal kids' health and activity levels because it doesn't include on-reserve children, said Chris Henderson, grand chief of the Southern Chiefs Organization.

"It's incumbent upon government to go out of its way and do these reports to paint a true picture," he said. Poverty is a major indicator of health and a way of life for many on reserves, said Henderson. "In urban centres where there's a thriving economy and jobs available, people can provide for their children."

carol.sanders@freepress.mb.ca

LOGO CONTEST

TO: ALL FIRST NATIONS ARTISTS

**The BC Elders Communication Center Society
And the BC Elders Council are looking for a new LOGO
for the office to share.**

**This LOGO will be used for the Elder's Voice Newsletter,
on the Elders Website www.bcelders.com, on letterhead & business
cards, etc. and eventually on merchandise for the Society
and the new BC Elders Council.**

**The LOGO Contest will run from August 01, 2004 to October 31, 2004
to allow for word to get out to Artists in every community.**

PRIZE: \$350

Artists are asked to submit their entry to:

**BC Elders Communication Center Society
Donna Stirling, Coordinator
1420 C 16th Avenue,
Campbell River, B.C., V9W 2E3**

**For more information please call:
Phone: 250-286-9977 or call Toll-free to 1-877-738-7288**

**Or email any inquiries to:
bcelderscommcenter@telus.net**

**B.C. ELDER'S
COMMUNICATION
CENTER SOCIETY**

1420 C 16th Avenue
Campbell River, B.C. V9W 2E3

Toll-Free: 1-877-738-7288
Phone: 1-250-286-9977
Fax: 1-250-286-4809
Coordinator: Donna Stirling
Website: www.bcelders.com
Email:
bcelderscommcenter@telus.net

'ELDER'S VOICE' ISSUES
ARE SENT OUT TO
COMMUNITIES BY THE
1st OF EACH MONTH, IF
YOUR COPY IS NOT
RECEIVED IN A TIMELY
FASHION PLEASE
CALL IN.

TRADITIONAL HEALING CORNER

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

LOGO—Our thanks and appreciation go out to Shuswap First Nation's Artist Ivan Christopher for donating our Center's Logo.

PROVERBS:

Happiness is like a sunbeam, which the least shadow intercepts, while adversity is often as the rain of spring. Chinese

He who says what he likes will hear what he does not like. English

When love is not madness, it is not love. Spanish

The deeper the sorrow the less tongue it hath. The Talmud

Experience is the comb that nature gives us when we are bald. Belgian

BIBLE QUOTES

"Lord, help me to realize how brief my time on earth will be. Help me to know that I am here but for a moment more." Psalms 39:4

"God had said: Never will I leave you; never will I forsake you" Hebrews 13:5

"Thou shalt not bear false witness against thy neighbor." Exodus 20:16

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

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

COMMUNITY EVENTS

Dear Elders and Elders Contact People:

You will find information on the Annual Elders Gathering in this spot each month as soon as the new info is available. As well, the Registration forms, etc. will also be available on the elders website www.bcelders.com when they are distributed by the host.

Thank you, Donna Stirling

24 - Hour 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

24 hours a day 7 days a week.

This information was found in the Weiwaikum Times Volume 2 - Issue 26

"Your house is your home only when you feel you have jurisdiction over the space." Joan Kron
"Become willing to see the hand of God and accept it as a friend's offer to help you with what you are doing." Julia Cameron