



ELDER'S VOICE

Dear Elders,

I recently had a very interesting phone conversation with the Assembly of First Nations (BC) Regional Chief Shawn A-In-Chut Atleo, and I must say I felt very uplifted after talking with him concerning my efforts here with the Elder's Voice, the Elder's Website, and the B.C. Elder's Council, as well as **everyone's** efforts to help the Annual Elder's Gathering.

Regional Chief Atleo is incredibly supportive of his (provincial) Elders and has pledged to support these on-going efforts in any way that he can, he said he was raised with the teaching of his Elders and holds all Elders in the highest possible regard.

The Regional Chief did express his commitment to seeing that the tradition of the Annual Elders Gatherings continue as he believes them to be very important for everyone and that he also hopes to be able to attend the next Gathering in Kamloops if his schedule will allow it.

I invited the Regional Chief to contribute content to the Elder's Voice whenever he had the time (he is in the process of moving his office right now), and I am pleased to say that a letter came in just as this issue was going to print.

Thank you once again to all of the Artist who contributes to the Raffle and to the Elders that helped secure the prizes for the draw. Everyone is invited to refer to page 15 of this issue for descriptions of the Prizes and to the view them on the website www.bcelders.com.

Have a great April, goodbye for now, Donna Stirling

P.S. Please keep selling your raffle tickets as help is still really needed.

A list of Accommodations for the 28th Annual B.C. Elder's Gathering is on the back page of this issue. RV and Camping available.

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Easy Bakers Corner – Peach Pandowdy – Quick and Easy

In a 1 1/2-quart casserole dish, combine 4 cups peeled, sliced peaches, 1/2 tsp. of cinnamon, 2 1/2 tsp. of cornstarch and 1/3 cup of brown sugar. Toss gently.

In a bowl, beat together 1/4 cup of butter or margarine and 1/3 cup of granulated sugar until creamy. Beat in 1 egg.

In a small bowl, combine 3/4 cup of all-purpose flour, 1/4 tsp. of salt, 1 tsp. of baking powder. Stir into butter mixture alternately with the 1/3 cup of milk to make a batter. Add 1 tsp. of vanilla. Pour batter over peaches. Sprinkle with 1 Tbsp. granulated sugar mixed with 1/8 tsp. of cinnamon.

Bake at 375°F for 30 minutes. Serve warm, rather than hot, with vanilla ice cream or whipped cream if desired. Makes 4 - 6 servings.

Handy Tips: To clean up hard water spots and scum off showers, use undiluted, heated white vinegar. Put it in a spray bottle, spray on and let soak for 15 minutes. Using a nylon covered sponge, apply dry BORAX and scrub.

Going on a road trip? Spray non-stick cooking spray on the front of your car grill where the bugs hit it and when you get where you are going, just hose the bugs off.

Lots of bird-droppings on your car? Use baking soda and water to remove.

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.

Quitting Smoking: Myths

Why bother - I've smoked so long it wouldn't help my health

Although some of the damage done by smoked tobacco is permanent, much is reversible. As early as the second day of abstinence, risk due to heart attack decreases. Within days, risk of stroke and infections begins to decrease. Over months after stopping the linings of the mouth, throat and bronchial tubes repair themselves, the cilia or little hairs in the bronchial tree start to work and the lungs begin to clear themselves. Emotional improvement begins to happen in weeks. Ten years after quitting, even heavy smokers of twenty years have cut their risks of dying from complications of smoking more than in half.

I've tried several times before and proved I can't quit

It takes most smokers several (4-7) attempts before they are successful. With each attempt you learn a little more about what works and what doesn't. The trick is to incorporate this new learning into your next attempt at quitting and make this time successful. It is sometimes helpful to go over your relapse with a health professional to determine what triggered the relapse, what you might have neglected, how you might better prepare for the next time: it's called "turning stumbling blocks into stepping stones".

Quitting is just a matter of will power. Those who can't quit just lack the will power.

The reason most people relapse to smoking is complex. Usually they don't realize at first the power nicotine addiction has over them. So they neglect to make the needed preparations in order to withstand both the craving and the compulsion to smoke. Craving is a powerful conscious drive, often triggered by environmental cues. There are effective techniques to deal with cravings until their intensity fades. Compulsion is an unconscious drive. Until a person realizes the profound unconscious drive of the drug to which they are addicted, they are less likely to remain adequately vigilant to defend against that first puff, or drink, or pill. Often we hear the relapsed smoker say, "I don't even know why I took that first puff, somebody offered me a cigarette and I just took it. I just wasn't thinking". Adequate preparation for quitting and a long-term relapse-prevention program are very helpful for successful recovery from nicotine addiction.

You just have to make up your mind and do it. Cold turkey is best.

The research shows the majority of smokers do quit on their own. However, we see the highest success rates by combining some education and behavioural changes with counselling support, as well as using medication, while the brain readjusts to life without nicotine.

Ray Baker MD, FCFP, FASAM, in association with medbroadcast.com

Aboriginal peoples

"Keep a few embers
from the fire
that used to burn in your village,
some day go back
so all can gather again
and rekindle a new flame,
for a new life in a changed world."

So writes Chief **Dan George** in his book entitled *My Heart Soars*. The bonds that Aboriginal peoples have with ancestors both recent and distant have long been an important part of Aboriginal spirituality and a key to their understanding of the present. Today, about 3% of all Canadians can claim Aboriginal roots.

In 1996, just under 800,000 people in Canada identified themselves with an Aboriginal group or reported themselves as a Registered or Treaty Indian or a member of an Indian Band or First Nation. Of this total, 69% were North American Indian, 26% were Métis and 5% were Inuit. Ontario was home to the largest number of Aboriginal people, with 141,520. British Columbia ranked second with 139,655, followed by Manitoba, Alberta and Saskatchewan. In 1996, Aboriginal people form a much higher proportion of The population in the North and much of the West: 62% in the Northwest Territories, 20% in the Yukon, 12% in Manitoba and 11% in Saskatchewan.

More North American Indians lived in Ontario in 1996 than any other province, followed closely by British Columbia. The largest number of Métis lived in Alberta and Manitoba. Most Inuit people lived in the Northwest Territories.

Close to 30% of Aboriginal people, primarily North American Indians, lived on rural reserves in 1996 and another 30% lived in large metropolitan areas. Just over 20% lived in smaller urban areas, with the balance living in off-reserve rural settlements—often in isolated northern communities.

Although the Aboriginal population may be small in comparison with other ethnic groups in Canadian society, their population has been growing at a rapid rate. In 1996, there were 491 Aboriginal children under age 5 for every 1,000 Aboriginal women of childbearing age—a ratio 70% higher than that for the total population. While Aboriginal people made up only 3% of the total Canadian population, their children accounted for 5% of all Canadian children. In Manitoba and Saskatchewan, 20% of all children were Aboriginal.

In 1996, fewer than half of Aboriginal children under age 15 in census families lived in a married-couple family. Close to one-third of Aboriginal children in this age group lived in a lone-parent family (twice as many as in the general population), while one-quarter lived in a common-law couple family (more than twice as many as in the general population).

The language their children use is an issue of particular concern for many Aboriginal people seeking to preserve their cultural heritage. In 1996, only about one-quarter of all Aboriginal people spoke an Aboriginal mother tongue, and only 15% usually spoke the language at home. Nevertheless, close to 29% of The population could carry on a conversation in an Aboriginal language. This indicates that a significant number have learned an Aboriginal language later in their lives.

The Inuit were most likely to speak their own language. Some 75% used their mother tongue, compared with 35% of North American Indian people and 9% of Métis. Aboriginal people living in the North and on reserves and settlements were most likely to have maintained their heritage language; those in urban areas were least likely.

From Statistics Canada

BULLETIN: Assembly of First Nations National Chief Responds to Auditor Generals' November Report: Federal Government's Use of Third Party Management Lacks Openness and Transparency Feb. 10, 2004

Reviewing the federal Auditor General's report for November 2003, Assembly of First Nations National Chief Phil Fontaine noted that, "Clearly, accountability and transparency are a two-way street." While media and the public are focused on the section dealing with the federal sponsorship programs, the Auditor General's November report included three sections dealing with First Nations and related issues.

National Chief Fontaine stated: "Taken together, the Auditor General's findings and recommendations support what First Nations have been saying for a long time. We need to work in partnership with the federal government to streamline programs and policies and increase coordination across federal agencies in order to support First Nations economic development. The Auditor General found that First Nations see many federal policies as actually impeding development and governance when it is clearly in everyone's interests to improve the social and economic conditions amongst our people. We need to act on the Prime Minister's commitments to partnership and collaboration with First Nations as the best path forward."

The November report includes chapters on "Indian and Northern Affairs Canada – Transferring Federal Responsibilities to the North" (Chapter 8) and "Economic Development of First Nations Communities – Institutional Arrangements" (Chapter 9). Both chapters outline recommendations for a more coherent and coordinated approach to First Nations initiatives, and call for First Nations to be directly involved in this work.

The most troubling section of the report, according to the National Chief, is the section on third-party management in Chapter 10. Third-party management occurs when Indian and Northern Affairs Canada imposes a third party to take over the management of First Nations funding arrangements. It is the highest form of intervention and is intended to be used only in the most serious cases.

The Auditor General examined ten cases in four regions, and visited one of those regions specifically. The Auditor General found that:

- Selection of third party managers did not follow an open and transparent process
- Indian and Northern Affairs Canada did not adequately monitor and assess the performance of third-party managers, even though third-party managers in the region examined are responsible for up to \$50 million per year
- Third-party managers charge between \$195,000 to \$312,000 per year, which is paid from First Nations funds, but First Nations are excluded from the selection process
- Only 32 First Nations – less than 5% – were under third-party management at the time of the report

"The Auditor General's report shows that third-party management is not necessarily an indication of problems within First Nations, but instead points to the governments' lack of transparency and accountability," said the National Chief. "We endorse the recommendations that First Nations must be involved in designing policies and implementing new approaches, and that training and capacity-building are the best way to address this issue."

The National Chief stated that: "Once again, the Auditor General has demonstrated the benefits of working with First Nations to identify the real problems and real solutions. We hope other agencies realize the benefits of working together in a collaborative and cooperative manner. We are awaiting a full response from the federal government to the Auditor General's recommendations in this report and to the recommendations in earlier reports on financial reporting, housing and others. The Auditor General has provided some solid recommendations. What is important now is to move forward and work together to bring about real change."

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

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FOOD POISONING

Just What Is The Big Deal?

Introduction

Just what is all the fuss about food poisoning? Isn't it just stomach cramps, a bit of nausea, maybe vomiting, and in really bad cases, there might be diarrhea. After a bad night it's over and you can be up and about with your family the next day. It's really nothing more than a 24-hour flu. Right?

Unfortunately, this isn't what always happens. This might happen in most cases, but in some cases of food poisoning, severe complications can develop with consequences that are permanent, sometimes even fatal.

The Complications

Food poisoning can be caused by a number of different pathogens (disease causing micro-organisms). Which pathogens are found in a food will vary depending on the type of food and how the food was handled. As well, different pathogens cause different symptoms and possible complications. Pathogens are also more likely to make certain types of people sicker than others. People more susceptible to food poisoning include young children, elders, and people whose immune systems are compromised (HIV positive, organ transplant recipients, people with certain chronic diseases and people who abuse drugs or alcohol). Some pathogens that commonly cause food poisoning include:

Salmonella: is most likely to be found in raw poultry, raw meats and eggs. It causes a disease called Salmonellosis. The usual symptoms are nausea, vomiting, cramps, diarrhea, and fever. With most people, the symptoms last 1 to 2 days. While this may seem short, salmonellosis has been described as being extremely unpleasant.

However, in 2 – 3% of cases, more serious complications can develop. Some people develop Reiter's syndrome, which can lead to chronic (and sometimes permanent) arthritis. In other cases, serious, potentially fatal infections of the heart, brain, lungs, kidneys or gall bladder can develop.

Campylobacter: is most often found in raw poultry. An infection with Campylobacter commonly causes symptoms of cramps, fever, nausea, and diarrhea. This illness can last for 7 to 10 days with relapses sometimes occurring.

Again, in a small number of cases (2 – 10%), more severe complications can develop. Like Salmonella, Reiter's syndrome as well as infections of the heart and brain can occur. Another possible complication is Guillain-Barre syndrome. This can lead to paralysis that lasts several weeks and usually requires intensive care.

E.coli 0157:H7: has been the cause of food poisoning from unpasteurized fruit juices and cheese but is more commonly associated with under cooked ground beef (hamburger). Symptoms include severe cramping and diarrhea, which sometimes turns into bloody diarrhea. On average, the illness lasts for 8 days.

However, some victims – especially young children, may develop hemolytic uremic syndrome (HUS). HUS develops in 2 – 7% of infections. HUS may lead to permanent loss of kidney function. For those who do survive the disease, this means they will need kidney dialysis for the rest of their lives, or a kidney transplant.

Listeria monocytogenes: causes an illness called listeriosis and has been associated with many types of foods including soft mold ripened cheeses, and undercooked meats and poultry. Listeriosis symptoms commonly include nausea, vomiting, and diarrhea.

Listeriosis is especially dangerous for pregnant women. While the mother usually survives, the fatality (death) rate for the infected fetus or unborn baby can be as high as 80%. But even in healthy adults, the illness sometimes causes serious brain disorders, delirium, and coma.

Preventing Foodborne Illness

Health Canada estimates there are over 2 million cases of food poisoning in Canada each year. While most cases do not lead to permanent consequences, many do. Studies have shown that people have a greater chance of dying from food poisoning than by drowning and fires combined.

Fortunately, almost all cases of food poisoning are preventable. Most causes of food poisoning involve temperature abuse. Foods are either:

- improperly cooked,
- improperly handled after cooking,
- improperly refrigerated,
- improperly re-heated, especially leftovers, or
- a combination of these.

The other major cause of food poisoning is infected food handlers who accidentally contaminate the food.

Food poisoning is a big deal and not something to be ignored. It can be a lot more than just a 24-hour flu. Severe, sometimes permanent complications can occasionally develop in cases of food poisoning. The good news is that most cases of food poisoning can be prevented if food is properly handled in the home.

Lynn Wilcott is a Food Safety Specialist, Food Protection Services, BC Centre for Disease Control

LAW/kg/EldersVoiceMar04w

Quotations

**“Art thou lonely, O my brother? Share thy little with another!
Stretch a hand to one unfriended, And thy loneliness is ended.” John Oxenham**

**“A friend may be found and lost, but an old friend can never be found,
and nature has provided he cannot be easily lost.” Samuel Johnson**

“The better part of one’s life consists of his friendship.” Abraham Lincoln

“Who, being loved, is poor?” Oscar Wilde

“Kindness is the golden chain by which society is bound together.” Goethe

**“I shall pass this way but once; any good, therefore, that I can do
or any kindness that I can show to any human being, let me do it now.
Let me not defer nor neglect it, for I shall not pass this way again.”**

**“Oh, the comfort, the inexpressible comfort of feeling safe with a person,
having neither to weigh thoughts nor measure words,
but pouring them all right out, just as they are, chaff and grain together;
certain that a faithful hand will take and sift them, keep what is worth keeping,
and then with the breath of kindness blow the rest away.” Dinah Craik**

**“It is a good thing to be rich, and a good thing to be strong,
but it is a better thing to be beloved of many friends.” Euripides**

We've heard the same prescriptions for good health repeated for years by our mothers, friends, in magazine articles and, oh yes, by our doctors. Are they true, and are they supported by current research? On "Today's Woman," "Today" show medical contributor Dr. Judith Reichman tells us that in some instances this "it's good for you" advice ain't necessarily so.

Water, water everywhere! Should I drink it all?

There's a prevailing opinion that there's no such thing as too much water. Does the advice "drink eight glasses a day" really hold water? Many women believe that the more they drink, especially when it comes in designer bottles, the less they'll eat, the more they'll "flush" toxins from their bodies, and the moister and dewier their skin will be.

Countless magazine articles have recommended eight glasses a day (two quarts) as the gold standard of liquid health. None of these suppositions bear medical scrutiny. A diligent review, published in the American Journal of Physiology, could neither locate the origins of this edict, nor any evidence to support it.

The moisture in your skin will suffer only if you meet the medical standards for dehydration. There's no need to monitor the color of your urine or count your empty water bottles. We have a marvelous built-in hydration control. It's called thirst, which works through multiple hormones and sensors in our vascular system.

Also, much of what we consume contains liquid, even though it's not water, and despite what you've heard, coffee, caffeinated soft drinks and other fluids do count. Finally, there are good reasons not to overdo fluids. Many women complain of incontinence problems simply because their overfilled bladder contracts before they reach the toilet.

Just like most vitamins, a deficiency of water is bad, but excess is unhelpful and can even be dangerous. If you take in fluid faster than your kidneys can process it, you could even end up with "water intoxication," causing confusion, coma and even death.



ASSEMBLY OF FIRST NATIONS
OFFICE OF THE B.C. REGIONAL VICE-CHIEF
National Indian Brotherhood

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Donna Stirling
BCECCS Coordinator
BC Elders Council Secretary
1420 C.16th Avenue
Campbell River, BC
V9W 2E3

Friday, March 12, 2004

Dear Ms. Stirling:

This letter is in response to your request dated March 1, 2004 for a submission to the Elder's Voice:

As the newly elected Regional Chief of the Assembly of First Nations BC Region I would like you to know that I fully support the excellent work that you have undertaken at the BC Elders Council Society. It is my firm belief that the Elders are our most precious resource as they maintain the knowledge of our rich and diverse cultures. The Elders have the most important role in our communities to share this wealth of knowledge to ensure that our cultures and traditions are passed on. One of the key areas where I acknowledge more work must be done is in the preservation of our First Nations languages, our languages are the key to our identity as First Nations people. I know many of the Elders in BC are working tirelessly in our communities to preserve our languages and undertaking many other tasks.

I want to give a heart felt *thank you* to all of the Elders in BC for doing this integral work.

If you have any questions, comments or require any further information please do not hesitate to contact me.

Sincerely,

Shawn A-In-Chut Atleo
Regional Chief

The Health of Aboriginal Women from Health Canada's site– Just for You – Aboriginal People

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 de-cades, 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.

Testing blood pressure at home may help avoid unnecessary treatment: study

Provided by: Canadian Press

Feb. 24, 2004

Written by: Lindsey Tanner

CHICAGO (AP) - Letting patients measure their own blood pressure at home could help detect "white coat hypertension" - a high reading that occurs only in the doctor's office - and enable many people to get off medication, a study found.

The study, published in Wednesday's Journal of the American Medical Association, was conducted in Ireland and Belgium and involved 400 men and women with high blood pressure. They were randomly assigned to measure their own blood pressure at home several times a day or to have measurements taken routinely in a doctor's office for up to a year.

Doctors who were not told which patients had monitored themselves and which ones had been monitored in the office evaluated the readings and adjusted blood pressure medication accordingly.

About 25 per cent of the self-monitoring patients were allowed to stop taking hypertension drugs because their diastolic pressure - the bottom reading - was below 80, compared with about 11 per cent of the office group.

Normal blood pressure is below 120 over 80; high blood pressure is 140 over 90 or higher.

In the study, more office patients than self-monitors were advised to start taking more than one blood pressure drug, 45 per cent versus about 39 per cent.

At the study's end, the self-monitoring group had higher average blood pressure than the office group: Their systolic reading - the top number - was about seven points higher, their diastolic reading three points higher. The self-monitors thus might be more likely to develop a stroke or heart disease, the researchers said.

Because of that, the study's lead author, Dr. Jan Staessen of the University of Leuven in Leuven, Belgium, said doctors should probably set a lower blood-pressure cutoff point for self-monitoring patients when deciding whether to reduce or eliminate their medication.

The pharmaceutical company AstraZeneca funded the study and supplied some of the blood-pressure medication.

Info @ Medbroadcast.com



KI-LOW-NA FRIENDSHIP SOCIETY
 RESTORING THE BALANCE: LIVING WELL PROJECT
 Presents:

RESIDENTIAL SCHOOL CONFERENCE

MAY 14TH, 15TH & 16TH, 2004

AT

PARKINSON RECREATION CENTRE
 1800 PARKINSON WAY, KELOWNA BC

KEYNOTE SPEAKERS:

Dr. Mary Lou Louie
 Willie Blackwater

CONFERENCE TOPICS:

HIGHLIGHTS & ACTIVITIES:

Traditional Pow Wow • Feast • Fashion Show • Traditional Arts & Crafts

Healthy Lifestyle Choices • Sexual & Physical Abuse Issues • Options
 Available to Survivors: Alternative Dispute Resolution • Native Spirituality
 Healing Trauma • Positive Residential School Stories • Healing Circles
 Traditional Parenting

REGISTRATION FORM

CONFERENCE FEE: \$100.00 INCLUDES: SUPPER AND FASHION SHOW ON THE 14TH
 LUNCH, NUTRITION BREAK AND SUPPER ON THE 15TH
 FEAST & POW WOW ON THE 16TH

- Conference Fee or P.O. Number must accompany
 Registration Form

Participants are responsible for their own transportation and accommodations

If you would like some rate information for local accommodations - please contact Rachelle at:

PHONE NUMBER: 250-763-4905 OR EMAIL: ADMINISTRATION@KFS.BC.CA

DELEGATE INFORMATION

LAST NAME:

FIRST NAME:

ORGANIZATION:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

PURCHASE ORDER NUMBER:

Will you be attending the 14th , 15th , and 16th (please check all that apply)

Will you be attending the dinner on the 14th , 15th , and the Feast on the 16th (please check all that apply)



TRADITIONAL ARTS AND CRAFTS - TABLE RENTALS
 PLEASE CONTACT THE KI-LOW-NA FRIENDSHIP SOCIETY FOR MORE INFORMATION @ 250-763-4905



Artwork graciously donated for a second year
DAPHNE ODJIG: ARTIST
"SENTINEL OF KNOWLEDGE"

CULTURAL BACKGROUND AND STATISTICS

Status Non-Aboriginal Non-status Youth Metis Adult Inuit Male Female

Did you attend Residential School? Yes No

Did a family member attend Residential School? Yes No

If yes to either of the above, please provide a support contact name and phone number below:

Name:

Phone Number:

MAIL REGISTRATION TO:

KI-LOW-NA FRIENDSHIP SOCIETY
442 LEON AVENUE
KELOWNA, BC V1Y 6J3

FAX No.: 250-861-5514

ATTENTION: RICHARD JACKSON JR. OR RACHELLE BORGIA HAAS

INQUIRIES CAN BE DIRECTED TO: RICHARD JACKSON JR or
250-763-4905 RACHELLE BORGIA HAAS

EMAILS CAN BE DIRECTED TO: ADMINISTRATION@KFS.BC.CA

PAYMENT

PAYMENT CAN BE MADE IN THE FORM OF A CHEQUE OR BY PROVIDING A PURCHASE ORDER NUMBER
\$100.00 PAYMENT MUST ACCOMPANY YOUR REGISTRATION
Registration fee can be waived in special situations, please contact Richard or Rachelle

PLEASE MAKE CHEQUES PAYABLE TO: KI-LOW-NA FRIENDSHIP SOCIETY

Please check if you would like to set up a display booth of your traditional arts and crafts. The cost is \$100.00 for the three days. Please enclose cheque with registration

REGISTRATION DEADLINE MONDAY, MAY 10TH



TRADITIONAL ARTS AND CRAFTS - TABLE RENTALS
PLEASE CONTACT THE KI-LOW-NA FRIENDSHIP SOCIETY FOR MORE INFORMATION @ 250-763-4905



Annual B.C. Elders Raffle - March 01, 2004 - June 30, 2004

Thank you very much to all Artist who contribute to this Elder's Draw -
without your support this draw would not have been possible.

**PLEASE CALL YOUR ELDER'S CONTACT PERSON OR CALL 1-877-738-7288 for TICKETS
(Everyone's help is needed to sell tickets if this is to be successful!)**

Prizes

- 1st - A framed 30" x 23" print 'Sisiutl & Canoe' No. 78/100 by Artist Junior Henderson, donated by Junior Henderson
- 2nd - 16" x 24" (winter scene) painting by Cree Artist and Entertainer Ed Peekeekoot, donated through Amy Eustergerling, B.C. Elders Council
- 3rd - 3/4" hand carved Silver Bracelet by Artist Delmar Johnnie of Seletze' Fine Arts, donated by Sarah Modeste, B.C. Elders Council
- 4th - 26" x 22" 'Wasted Tears' print No. 58/150 by Artist Willy Belcourt, donated by Terry Spahan, B.C. Elders Council
- 5th - 20" x 15" 'Sisiutl & Moon' print No. 70/125 by Artist Victor Moon, donated by Victor Moon
- 6th - Deer Skin Drum donated by Betty Nicolaye, B.C. Elders Council
- 7th - Buckskin Moccasins - men's size medium, by Celestine Thomas, donated by Jeanette McMaster, B.C. Elder's Council
- 8th - Buckskin Moccasins, donated by Jeanette McMaster, B.C. Elders Council
- 9th - Cowichan Vest (adult size), donated by Sarah Modeste, B.C. Elders Council
- 10th - Elige eau de Parfum, Indulgent Shower Gel, & Indulgent Body Crème pkg. donated by Chief Maureen Luggi
- 11th - 22" x 15" 'Kwakiutl Spirit Whale' print No. 6/100 by John Sharkey, donated by Marilyn Ferry
- 12th - 11" x 15" 'Owl' print No. 8/145 by Pam Holloway, donated by Elder Rose Hanson
- 13th - Coast Salish Carved/Painted Pottery by Artist Stewart Jacobs, through Andrea Jacobs, B.C. Elders Council

Profits for this Annual Provincial Elder's Art Raffle will be divided equally 4-ways:

1. To assist individual Elders with travel and accommodations to attend their Annual Elder's Gathering.
2. To provide a donation to each new Host community to assist with the food costs associated with hosting between 3000 and 7000 Aboriginal Elders and their Support People.
3. An '**Elder's Group Draw**' - with one or two winning groups sharing a 1/4 of the raffle profits to help send their group to the Gathering.
4. One share will be used for office expenses for this communication center operating for the Elders in this province.

B.C. ELDER'S COMMUNICATION CENTER SOCIETY

1420 C. 16th Avenue, Campbell River, B.C. V9W 2E3 - Contact: Donna Stirling, Coordinator
Toll-free at 1-877-738-7288

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:

A fool gives full vent to his anger, but a wise man keeps himself under control. Misc.

God gives the nuts but he does not crack them. German

The greater love is a mother's; then comes a dog's; then a sweetheart's. Polish

Don't open a shop unless you know how to smile. Jewish

Drink nothing without seeing it, sign nothing without reading it.

BIBLE QUOTES

"This is my command: Love each other." John 15:17

"Pleasant words are like a honeycomb, sweetness to the soul and health to the body." Proverbs 16:24

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

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

COMMUNITY EVENTS

The 28th Annual Elder's Gathering will be held at the KXA Auditorium in Kamloops (in the same facility it was held at in 1999) and is being hosted by the Shuswap Nations and the Interior Bands. It will take place July 27, 28, 29 2004 - for more information call: Doris Bamford, Coordinator (after 3 pm) at 1-250-314-9820, fax 250-828-9802 or call Laura Coles at 1-250-679-8584 OR watch for updates here in the Elder's Voice.

Accommodations: More information can be found in the BC Approved Accommodation book available from the Chamber of Commerce or Tourist Information or call: 1-604-435-5622 to request the book.

Comfort Inn & Suites - Toll free: 1-888-556-3111 or email comfort@kamloops.com

Best Western (Kamloops) - Toll-free: 1-800-665-6674 or email bestwestern@kamloops.com

Days Inn (Kamloops) - Toll free: 1-800-561-5002 or email daysinn@kamloops.net

Hampton Inn - Toll free: 1-800-426-7866 or email hampton@kamloops.com

Super 8 Motel (Kamloops) - Toll free: 1-800-800-8000

Sagebrush Motel - Toll free: 1-888-218-6116

Scott's Inn - Toll free: 1-800-665-3343 or email scottsinn@kamloops.com

Ramada Inn (Kamloops) - Toll free: 1-800-663-2832 or email ramada.kam@shawbiz.ca

Travel Lodge (Kamloops) - Toll free: 1-800-372-8202 or email sleepy@kamloops.com

Travel Lodge (Mountain View) - Toll free: 1-800-667-8868