



Dear Elder's Contact People and Elders,

In order to keep the long distance charges down I am going to forgo doing the planned follow-up calls concerning the raffle tickets — though a reminder fax will go out to all groups in June so that everyone's tickets can make it in time for the draw.

As you hopefully all know the **DRAW DATE** for the raffle is June 30th and all unsold tickets, stubs and monies will need to be sent in by the 3rd week in June. Cheques and money orders should be made out to BC Elders C.C. Society and mailed to 1420 C 16th Avenue, Campbell River, B.C. V9W 2E3.

The winners of the raffle will be telephoned immediately after the draw to be told the great news and the winner of the 'Group Draw' will also be drawn at the same time and notified right away.

To those groups who have already sent in their stubs and money **Thank You ALL Very Much For Your Help!!** and please call in to 1-877-738-7288 if you require any more tickets to be sent out to you.

And thank you once again to all of the Artist who contributed to the Raffle and to the Elders that helped secure the prizes. Everyone is invited to refer to page 15 of this issue for descriptions of the Prizes, to read how the profits from the draw will be divided, and everybody can view the prizes on the web-site at [www.bcelders.com](http://www.bcelders.com).

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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[www.bcelders.com](http://www.bcelders.com)

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## Easy Bakers Corner – Granny's Peanut Butter Cookies - 4 dozen

Melt 1 cup of butter or margarine and beat together with 3/4 cup of brown sugar, 3/4 cup of granulated sugar, 1 tsp. vanilla, 1 cup of peanut butter (creamy or chunky) and 2 eggs (beaten). In a separate bowl, combine 1 1/4 cup of all-purpose flour, 1 cup of bran, 3/4 cup of rolled oats and 2 tsp. of baking soda.

Stir mixture into butter mixture. Drop by teaspoons onto un-greased cookies sheet.

Bake at 350° F for 15 to 18 minutes. Remove to a rack to cool.

Creamy and crispy at the same time. And rolled oats and bran give these peanut butter cookies a nutritional boost.

\*Tips: Everyone has heard about the benefits of fiber. Oat and bran can significantly lower blood cholesterol in addition to adding fiber. Experiment with your own recipes.

### ***Handy Tips:***

If your burgers get dry when you BBQ them, try putting an ice cube in the center before cooking—then you can cook it to well done and it will still be moist.

It is suggested that it is good to hang [pine scented] car air fresheners in your garden to keep deer from your vegetables, etc.

To vacuum seal your guest pillows, blankets, sleeping bags, ski suits, etc. put them in a garbage-type bag and insert your vacuum hose in between the layers and remove all of the air. Stacks bulky season items really well.

## **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](http://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](http://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 censorship 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.

## Heart Attack: know the symptoms

The key to surviving a heart attack is getting medical help early - nearly half of all deaths due to heart attack occur within three to four hours of the beginning of symptoms.

Keep in mind that not everyone experiences the same heart attack symptoms to the same degree - some older people and women can experience less obvious symptoms. Some heart attacks come on suddenly, but the vast majority start slowly with mild pain and discomfort. Many people experiencing a heart attack are not sure they are having one and may think it's only heartburn or indigestion. This may result in not seeking medical attention promptly.

Therefore, it's critical to be familiar with and recognize heart attack symptoms, and to take them seriously.

### **The following are heart attack warning symptoms:**

- pain or discomfort in the chest, shoulder, arm, back, neck, or jaw that does not go away with rest (in women, pain may be more vague)
- pressure, heaviness, fullness, or squeezing in the chest
- shortness of breath
- nausea and/or vomiting
- sweating, or cool and clammy skin
- anxiety
- denial

If you experience these warning symptoms, the Heart and Stroke Foundation suggests doing the following things:

- Call 911.
- Stop all activity and rest (sit or lie down).
- If you are taking nitroglycerin, take your usual dose.
- If you have chest pain and are not allergic to ASA, chew and swallow one 325 mg ASA tablet or two 81 mg tablets.
- Rest and wait for Emergency Medical Services (EMS).

**Acting promptly may save your life!**

Info found at MSN on [National Heart Month](#)

## Food Safety for Large Groups

Summer will soon be here. The days are getting warmer. The birds have returned and the salmon will soon be running back up the rivers. This is also the time of year when people get together to celebrate events. Weddings, family reunions and tribal gatherings are some of the many events that we celebrate at this time of year. An enjoyable part of any event is the food. Nothing beats sharing a meal with family and friends while catching up on old times.

However, while the day of the event is a busy and hectic time, it is the days prior to the event when most of the work and planning is done. Who will prepare what foods? Extra groceries have to be purchased. How will the meals be served? A lot of planning goes into making an event a happy memory.

A very important item to plan for is ensuring the food you serve is safe. Preparing food for large groups often means doing things differently than you normally do in your own kitchen – larger amounts of food are prepared, food is prepared well in advance of the event, or the food might be prepared at peoples' homes and then brought to the event. These different ways of doing things all increase the food safety risk. However, with some planning, you can be sure the food you serve is not only good, but safe as well.

### **Cooking Safely:**

For potentially hazardous foods to be safe, they must be cooked to the safe, minimum temperature. This includes all meats, poultry, fish and eggs. Different foods need different minimum temperatures to kill the pathogens (the germs that cause food poisoning). Some examples include:

- poultry, wild game: at least 74°C (165°F)
- pork, ground fish or meat, dishes that contain eggs: at least 68°C (155°F)
- steaks, fish fillets: at least 63°C (145°F)

Relying on just the oven or stove temperature and the cooking time OR just “looking” at the food to see if it is “done” is no guarantee the food is properly cooked. This is especially true if you are cooking larger amounts of food than you are normally used to. To be really sure you've reached the safe, minimum cooking temperature, use a clean meat thermometer to measure the temperature of the cooking food. Stick the thermometer into the thickest part of the food (without touching any bones). Continue cooking at least until the safe minimum cooking temperature has been reached. Remember to plan ahead- the cooking times for larger amounts or volumes of food will be longer than what you may be normally used to.

### **Preparing Food in Advance:**

Because events usually involve serving many guests, people often prepare dishes before the day of the event. The dishes are prepared, cooked, and then refrigerated. On the “big day”, the dishes are brought to the event. Just prior to serving, the dishes may or may not be reheated depending on the food. While this can take a lot of pressure off the “big day”, there are three important food safety issues to plan for:

- Improper cooling of cooked foods (prepared in advance of serving) is one of the main causes of food poisoning. For food to be safe, it must be cooled from 60°C (140°F) to 20°C (70°F) in 2 hours or less, AND then from 20°C (70°F) down to 4°C (40°F) in 4 hours or less, for a total cooling time of not more than 6 hours.
- When transporting the dishes, be sure to keep cold foods cold. Putting them in cooler boxes works well. Never let them warm up inside a hot car or in the trunk. If foods are being transported hot, make sure you can keep them hot until you get to the event. Cooler boxes also work well to keep hot foods hot.
- The reheating step must also be done properly for the food to be safe. Proper reheating means bringing the food to 74°C (165°F) or hotter in 2 hours or less. Use your clean meat thermometer to make sure your reheated dishes have reached the safe reheating temperature.

### **Serving the Guests: For Cold Foods:**

- Keep cold foods properly chilled in the refrigerator until just before the guests are to begin eating.
- Use crushed ice under food containers while serving to keep them cold.
- If you don't have ice or any other way of keeping cold foods cold while serving, then be sure that unrefrigerated cold foods are eaten within 2 hours.

### **For Hot Foods:**

- Keep hot foods hot (above 60°C (140°F)) until just prior to when the guests begin eating.
- Ideally, keep the foods hot while serving. Steam tables or pot heaters work well to keep hot foods above 60°C (140°F).
- If you don't have any way of keeping hot foods hot, then follow the same 2 hour rule as for cold foods. When hot foods are removed from the stove or oven, make sure they are eaten within 2 hours. After 2 hours, the foods should be refrigerated right away.

Lynn Wilcott is a Food Safety Specialist, BC Center for Disease Control

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PRESS RELEASE April 14th, 2004

For more info: Contact Chief Gary John at Seton Lake Indian Band (250) 259-8227 or (604) 868-8560

(Tsalalh/ St'at'imc Territory, April 14th, 2004) "The BC Rail Benefits trust fund holds very little opportunity for the Tsalalhmeec and does absolutely nothing to address the years of impacts faced by our community. It is nothing more than a bit of hush money," stated Garry John, Chief of the Seton Lake Indian Band (Tsalalh)

Chief John was referring to the 15 million dollars being offered to the 25 Indian Bands affected by the BC Rail mainline. The money being offered will be part of the proceeds of the proposed lease agreement between CN Rail and the Province of BC. This agreement is currently under review by the Federal Competition Bureau. The Province plans to introduce this legislation once they receive approval from the Competition Bureau."

The Province has insisted that no "strings" are attached to these dollars. "It amounts to asking for blind trust since the BCR/CNR Transaction Agreement and Partnership Agreement have not been made available for review and it is very likely that these agreements could curtail opportunities to protect our Aboriginal title and rights" Chief John stated.

Chief John questioned, "Why should we settle for a one time offer of 1/25th of 15 million dollars when Cities, Towns and Municipalities along the railway have already been told they will be in line for hundreds of thousands of dollars on an annual basis?"

In a formal notice to government written on May 10, 1911, the Chiefs of the St'at'imc (Lillooet Tribe) declared, "that we are the rightful owners of our tribal territory and everything pertaining thereto." This historic document also addresses the trespasses of the railway through the territory. It stated, "We also wish to protest the seizing of our lands for the building of railway depots and sidings".

Chief Garry John adds, "We have been trying for 93 years to settle long outstanding issues with the Province and BC Rail. These issues have developed since our lands were taken for the very rail bed that is now being proposed for lease to CN Rail for a sixty-year period.

"We have informed the Province of British Columbia and CN Rail that there is much unfinished business that should be dealt with before any other operator attempts to set up shop and run trains and freight through our Tribe's Territory. We hope that other Bands and tribes will join us in rejecting this insulting offer to buy our silence!" stated Chief Garry John.

By DEREK RASMUSSEN Globe and Mail

Wednesday, April 21, 2004 - Page A23

Asked at Monday's aboriginal summit if he supported the abolition of the Department of Indian and Northern Affairs, Paul Martin said "The ultimate goal . . . is to see that happen." This was not the first time the idea of eliminating DINA has been raised. Yet the department has not only clung to life, it has expanded over the past three decades. Like a horror movie about the nanny who moves in and begins to control a family, DINA has inserted itself between Canada's Parliament and first nations, taking over all aspects of first nations life and ensnaring communities in layers of red tape.

Many ministers have tried to shake up the department, but the bureaucracy has resisted. Can we not imagine a different way of relating to different cultures? Is there not a way to run government relations between Canada and first nations that takes into account the local languages and cultural sensitivities of aboriginals?

In fact, there is a government department that already works effectively in intercultural settings. This department has its own institute to train 3,000 people a year in local languages so they can interact more effectively with the people with whom they work. It also trains staff "to have an ability to empathize with (not just understand intellectually) how locals see the world."

That department is Foreign Affairs and International Trade (DFAIT). With its Centre for Intercultural Learning, it has taken the approach internationally that DINA should have taken with Canada's first nations. Foreign Affairs is charged with building bridges with other nations; Indian Affairs seems committed to building walls.

So here's a modest proposal: Why doesn't DFAIT assume responsibility for relations with Canada's aboriginal peoples? If Foreign Affairs was in charge, the emphasis might shift to cultural appreciation and economic co-operation, and away from hostility and red tape.

Does Indian Affairs do anything that Foreign Affairs couldn't do with greater respect and efficiency? Foreign Affairs currently carries out relations and negotiations with 90 nations; the Department of Indian Affairs with approximately 80 first nations (in 630 communities), Inuit and Métis.

Almost 60 per cent of the 8,000 people working round the world for Foreign Affairs are locally engaged staff: They know the language, culture and economy where they work. Indian Affairs' 3,900 staffers have never been more than one-third aboriginal, and the number who actually speak an aboriginal language is unknown.

Foreign Affairs spends about \$1.9-billion a year, Indian Affairs spends about \$5.6-billion. Most of that is supposed to flow through to aboriginal governments -- but only after they've filled out the 160 pieces of paper-work for each and every economic agreement they have with the department (the number is the Auditor-General's estimate).

Prime Minister Martin has announced an ambitious aboriginal agenda, but no progress is likely to happen if a dysfunctional bureaucracy remains in charge of implementing these grand plans. Consider Auditor-General Sheila Fraser's scathing remarks about how poorly DINA has followed through on the terms of its \$1-billion deal over the Nunavut land claim. Ms. Fraser and her staff testified last month

that Indian Affairs was not living up to its side of the biggest land claim agreement in Canadian history. Ms. Fraser said that none of the five attributes of good public reporting was present in the government's annual reporting on implementing the Nunavut claim. Indian Affairs only tracked its "activities and processes" and not its "results produced and costs incurred." Imagine if the sports page reported that the Leafs had played the Senators last night, but no one kept track of the score.

The A-G found that the Indian Affairs bureaucracy kept track of the number of "meetings, events, and activities held, as opposed to results achieved." Civil servants are banking lots of air miles flying back and forth to Nunavut, but Inuit and other Canadian taxpayers have no proof of concrete results.

Since the department refuses to measure "performance," it "cannot meet a key accountability requirement," says the A-G. In contrast with the first chapter of the Auditor-General's report, which covered the sponsorship scandal, chapter 8, on Indian Affairs has gone largely unnoticed. This has allowed DINA civil servants to say they "completely disagree" with the A-G's findings, and to continue on as usual. Indeed, demands from the Public Accounts Committee (and the Auditor-General) in 1998 and 2001 for an accounting of the costs of implementing land claims has twice been ignored by Indian Affairs, with no censure or penalty.

This may not seem like a big deal. But bear in mind that the 1993 Nunavut Agreement, a claim settled after 20 years of negotiations, is in fact a form of payment for one-fifth of Canada. Inuit ceded the Nunavut settlement area to Canada in exchange for the guarantees and processes outlined in the claim; if our representatives aren't living up to our side of the deal, then all Canadians should be concerned.

The Department of Indian Affairs disagrees with the Auditor-General; it won't soon be implementing the objectives of land claims. So let's close it down. Hand over the work to the Department of Foreign Affairs -- and end the cold war Indian Affairs has waged for generations against the founding peoples of this land.

From 1991

Pamela Paul, President  
National Aboriginal Women's Association  
260-300 St. Patrick Street  
Ottawa, Ontario, K1N 5K5  
613-244-7232  
613-371-7798 (cell)  
613-244-3757 fax  
1-866-467-2522 toll free

**Quotes:**

**"We must strengthen, defend, preserve and comfort each other. We must love one another."**

**John Winthrop**

**"It is in adversity that the good show their friendship most clearly; prosperity always finds friends."**

**Euripides**

**"Some people make the world more special just by being in it."**

**Unknown**

**"The ultimate lesson all of us have to learn is unconditional love, which includes not only others but ourselves as well."**

**Elisabeth Kubler-Ross**

**"A friend is the one who comes in when the whole world has gone out."**

**Unknown**

To keep your diabetes in control you need to monitor your blood sugar levels, which can easily be done at home. Blood glucose tests are the main tool for checking your diabetes control. While a urine test can show the presence of glucose, it is not a good way to monitor treatment or adjust therapy.

**Checking your blood sugar level** - IT IS VERY IMPORTANT TO RECORD YOUR BLOOD SUGAR LEVELS AND REPORT THEM TO YOUR DOCTOR OR NURSE TO ENSURE THAT YOU ARE GETTING THE CORRECT DOSE OF INSULIN OR ORAL HYPOGLYCEMIC DRUG.

There are two ways to test your blood at home. In both cases you prick your finger with a special needle called a lancet to get a drop of blood. Here's how it's done:

- using the lancet's tiny needle, quickly pierce the skin
- place the drop of blood on a reagent strip (a piece of paper or plastic with a chemically treated pad)
- wait for the strip to change color enough so that you can match the color of the strip with the color chart on the test strip bottle

A better and more accurate system is to use a machine that automatically reads the changes in the test strip and reports the results on a digital display. The machines are small and easy to carry.

Glycosylated hemoglobin is a test doctors use to monitor how blood sugar levels have been controlled over the past few weeks. When blood sugar level is high, changes occur in hemoglobin, the chemical that carries oxygen to the blood. The normal level for glycosylated hemoglobin is less than 7 percent. While this level is rare for diabetics, tight controls aim to come close to it. Levels above 9 percent indicate poor control, and levels above 12 percent show very poor control. Most doctors recommend this test every 3 to 6 months.

**Complications associated with diabetes** - There are a several complications associated with diabetes. You can delay or even prevent these complications with early diagnosis and careful management of the disease.

**Hypoglycemia** or low blood sugar, is sometimes called an insulin reaction. This happens when your blood sugar drops too low.

**Hyperglycemia** or high blood sugar, happens when the body doesn't have enough insulin or can't use insulin properly. It can be a sign that diabetes is not well controlled.

**Ketoacidosis** or diabetic coma, is very serious complication with type I diabetes. Ketoacidosis means you have a dangerously high level of ketones (acids that build up in the blood). Ketones appear in your urine when the body doesn't have enough insulin and can poison the body. It is a warning sign that your diabetes is out of control or that you're getting sick.

**Blindness** - diabetes can lead to blood vessel damage in the eye causing limited vision or blindness.

**Kidney disease** - 10 to 21 percent of all diabetics develop kidney disease.

**Heart disease and stroke** - people with diabetes are 2 to 4 times more likely to suffer from heart disease and stroke.

**Nerve disease and amputations** - about 60-70% of people with diabetes have mild to severe forms of nerve damage, which in drastic cases, leads to lower limb amputations.

**Impotence** - affects about 13% of men who have type I diabetes and 8% of men who have type II diabetes.

## Study suggests hormone supplements might raise the risk of asthma

**Provided by: Canadian Press**  
**Written by: LINDSEY TANNER**

**Feb. 24, 2004**  
**From Medbroadcast.com**

Chicago (AP) - Hormone supplements may be linked to yet another health problem in women: asthma.

A study found that women who use hormones during menopause run double the risk of developing the respiratory ailment. The study was not as rigorous as landmark research halted in 2002 after more hormone users developed heart problems and breast cancer than women given dummy pills. And the overall risk of developing asthma late in life is slim.

Still, the findings might be something women will want to consider when debating whether to take hormones for hot flashes and other menopause symptoms, said lead researcher Dr. Graham Barr of Columbia Presbyterian Medical Center.

The findings appear in Monday's Archives of Internal Medicine.

"For women who have severe asthma that develops later in life, they may want to consider a trial of stopping hormone replacement therapy to see if this alleviates their condition," Barr said.

The study was part of the Nurses' Health Study by Harvard's Brigham and Women's Hospital and involved more than 70,000 women in their 40s and older. They were questioned about hormone use and any diagnosis of asthma. They were followed for about 10 years, until 1998.

During that time, 342 women developed asthma. Current users of either estrogen alone or estrogen plus progestin supplements were about twice as likely to develop asthma than nonusers.

The increased risk was found mainly among current users, not past users, suggesting that stopping hormone treatment can even the odds, Barr said.

The study follows the government's landmark Women's Health Initiative study, which reported the link with heart problems and breast cancer and led many doctors to recommend limiting hormone treatment to low-dose, short-term use for menopause symptoms.

WHI researcher Jennifer Hays of Baylor University questioned whether hormones cause asthma and said there are other possible explanations for the link. It might be that something about the lifestyles of hormone users puts them at increased risk for asthma, Hays said.

The researchers acknowledged that women who take prescription hormones might be more likely to be diagnosed with asthma simply because they might have more doctors' visits than nonusers. But they also found an increased asthma risk among hormone users who had few doctors' visits.

Asthma involves inflammation that constricts muscles in the airways, causing attacks of wheezing and shortness of breath.

Barr said the exact relationship between hormones and asthma needs further study.

But estrogen tends to make cells retain more fluid, which might narrow lung airways, he said. Also, some data have shown that hormone supplements can increase levels of certain inflammatory markers in the blood, which might also affect asthma risk, he said.

E-mail: [dianne@tillynaught.org.uk](mailto:dianne@tillynaught.org.uk)

Mrs. Dianne Deirdre Bailey  
Tillynaught Station House  
By-Portsoy  
Banff  
AB45 2YR  
Scotland  
01261-843662

15<sup>th</sup> January 2004

Dear Sir/Madam,

I write to you for help and advice. Because of my location in Scotland it is not possible to visit your office. I am the only Daughter of Ann Brown, as she was called then. Her name changed from Brown due to her re-marriage in England many years later.

I write regarding the possibility of obtaining information on the birth of a child, possibly born in the B.C. area between the years of 1952 -1955.

My Mother immigrated to Canada in 1951 with her then husband and returned to England in November 1955. She left her husband whilst in Canada in 1953 (an approximate date).

Through information from family relatives it was known she was pregnant whilst living in Canada. Would it at all be possible to search birth records for the above mentioned years to see if a child was born to my mother? As the sibling is of first nation decent could you please advise to which agencies I need to contact regarding a search of birth records.

Her name was Ann Jackson Brown or just Ann Brown, her husband Ernest Brown and both are English. She was also known to have spent time on several reserves and there is a great possibility a child born could be Native Canadian decent.

I do realize the information is minimal but at present this is all I have and I really do not know were to look or whom to contact. I would be extremely grateful for any help or advice you can give me regarding this matter.

Further information is as follows:

Mother may have used the following names;  
Ann Brown, Ann Jackson Brown, Ann Jackson, Ann Moody or Ann Jackson Moody.

The Sibling's Grandfather, Mr. Ernest Fraser Moody sent a monthly money order to Canada to support the child, once the Mother returned to England. Unfortunately this is all the information I have and would be grateful for any advice or information, as we have been searching for over five years.

Yours truly

Dianne Deirdre Bailey

**4<sup>th</sup> Year Membership Fees in Support of this Communication Center  
Covering from Dec. 01 2003 to Nov. 01 2004**

Annual membership fees are \$250 and all Aboriginal offices/groups/bands and centres are asked to pay the fee each year, *however the fee is waived* for any Elders group it presents a problem for - as it is more important that all Elders are included regardless of finances - but this also makes paying the operating expenses each month very difficult.

**Gratitude is extended today to the following First Nation's offices for their financial support of this Communication Center for Aboriginal Elders in B.C., your contributions are truly appreciated as without your support we truly could not have accomplished anything, so thank you all very, very much.**

Kitsumkalum First Nation	Houston Friendship Centre Society
Adams Lake Indian Band	Saik'uz First Nation
Coldwater Indian Band	Chemainus First Nation
Gwa'Sala-'Nakwaxda'xw Nation	Carnegie Community Centre
We Wai Kum First Nation	Qualicum First Nation
Mamalilikulla Qwe'Qwa'Sot'em Band	Penticton Indian Band
Katzie First Nation	Chawathil First Nation
Wet'Suwet'en First Nation	Lower Kootenay Band
Quatsino Band	Tsewultun Health Centre
Wuikinuxv Nation	Helping Spirit Lodge Society
Kamloops Indian Band	Tseshah First Nation
Columbia Lake Band	We Wai Kai First Nation
Cook's Ferry Indian Band	Nuxalk Nation
Tsawwassen First Nation	Sechelt Indian Band
Assembly of First Nation (B.C.)	Xaxli'p Band
Kitkatla First Nation	West Moberly First Nation
Williams Lake First Nation	McLeod Lake First Nation
Metlakatla First Nation	Tobacco Plains Indian Band
Bridge River Indian Band	Squamish Nation
Canoe Creek Band	Hailika'as Heiltsuk Health Centre
Splatsin Childcare Grandmothers	Yakwekwioosse First Nation

**These 42 fees are a good start, but much more is needed to cover expenses until this fall when new invoices go out, almost every first nations office gets an operating budget, but this effort for the Elders does not. Please ask your Councils and Chiefs if they can stretch their budgets to include \$250 a year to keep this operating and growing for the provincial Elders in B.C.**

The skin acts as a barrier to the outside world, protecting the body's organs and tissues from damage and infection. It also prevents loss of water and other body fluids, and helps keep body temperature in control.

Normally, healthy skin contains about 10 to 20% water. If the skin's water content is less than 10%, it will become dehydrated. Dehydrated skin may be more likely to become chapped or cracked. Dehydration happens when the skin is no longer able to keep up its water content. This may be due to a number of factors, including problems with the keratinocytes or damage to the outer layers of the skin (both of which allow more water to escape), extreme temperatures, high winds, dry air, exposure to chemicals, using too much soap, or certain medications (including vitamin A, retinoids, and certain medications used to treat high cholesterol). Seniors may be more prone to skin dehydration.

Why is skin dehydration a problem? Skin dehydration can make it a less effective barrier to irritants and infection. Because water is needed for vital processes within the skin, dehydrated skin may not be able to repair itself as easily as well-hydrated skin. General physical dehydration can also lead to dry skin.

Dry skin is a term applied to skin that is tight, rough, scaly, and cracked. Three factors are involved in causing dry skin: dehydration (described above), delipidization (the loss of fat [lipids] in the skin, which increases water loss), and problems with the keratinocytes (leading to changes in skin structure and water balance). Normally, the skin maintains its own water balance. The epidermis prevents water loss to the outside. However, if the epidermis is damaged or unhealthy, water loss increases and the water balance is lost.

How can you stop your skin from dehydrating? Remember these simple tips:

- Low humidity can cause skin dehydration. Use a humidifier in your bedroom and at work, if possible.
- Sweating can also cause dehydration. Keep the room temperature cool so that you will be less likely to perspire.
- Protect your skin by covering up on cold windy days.
- Avoid contact with harsh chemicals and soaps. If you need to work with chemicals (such as household cleaners), wear rubber gloves.
- Use warm, not hot, water to wash your hands.
- Apply an emollient product (a cream or ointment containing ingredients that help keep water in the skin, such as urea or paraffin) to your skin.

*For info on skincare, please contact your dermatologist, physician, or pharmacist.*

*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.*

### **What about other beverages? Should we decaffeinate?**

There's no question that caffeine is a powerful psychoactive drug. We use it as a mental stimulant (and today the act of drinking coffee in coffee shops has become a social stimulant for conversation, business meetings, and logging onto the Web). Caffeine prevents sleepiness and sharpens thinking by blocking the action of certain neurotransmitters and lift moods by affecting dopamine. It "revs you up" by promoting release of adrenaline, starting at doses lower than fifty mg, which is about the amount in a serving of black tea or cola.

It has been shown to improve muscle coordination and strength if consumed just prior to exercise or an athletic event. It also increases energy expenditure, and to a very small extent helps us burn calories. Because it helps relax the airways of the lungs, caffeine is associated with fewer asthma attacks in asthmatics. And here's an effect we've all noticed: it can act as a laxative. In fact, many women rely on their morning coffee to keep them on schedule from both a gastrointestinal and daily activity perspective.

Two to three cups a day may lower the incidence of Parkinson's disease (according to Nurses' Health Study data) and seems to decrease gallstone formation, at least in men. However – **and there's always a however** – there can be some negative effects, although some of which we're warned about may be exaggerated. The following have been associated with caffeine and may give us pause in taking that second or third cup of coffee:

- **Miscarriage** There may be as much as a 30 percent increase in early miscarriage of normal pregnancies for women who drink one to two cups of coffee a day. One study has shown this goes up to 40 percent with four cups. There's also concern about caffeine consumption while trying to conceive. Some studies have shown infertility rates double for women who drink more than two and a half cups of coffee a day.
- **Cancer, coffee and smoking** No cancer correlation to caffeine has been found; except that women who smoke often do so at the same time that they drink their coffee. There is no increase in breast cancer from caffeine, although some women find breast tenderness is worsened with increased caffeine consumption.
- **Osteoporosis** There is no conclusive link between caffeine and osteoporosis, but if caffeinated beverages (without milk) preclude milk or calcium-containing fluid consumption, the lack of calcium intake will correlate with osteoporosis risk.

- **Hypertension** Caffeine can raise blood pressure for a few minutes, and in some cases hours. However coffee consumption does not seem to cause ongoing hypertensive disorder. If you already have hypertension, however, a cup of coffee may temporarily raise your blood pressure and this could ultimately increase your more immediate risk of stroke.
- **Heart disease** Caffeine can cause palpitations, irregular or fast heartbeat, and if you have an existing abnormal heart rate or heart disease, this could be a problem. One study found an increased risk of cardiac arrest in nonsmokers who consumed six or more cups of coffee a day. But in general we can't blame heart disease or heart attacks on reasonable caffeine consumption.
- **Headaches** Caffeine can increase the effectiveness of headache medications (and many of the over-the-counter headache medications in fact combine caffeine with either aspirin or a Tylenol-like component). But these combined products can actually cause rebound headaches. To avoid this "take a pill feel better, then worse" cycle, over-the-counter medications with caffeine shouldn't be used for more than two days at a time.
- **PMS** Caffeine acts as a diuretic and should decrease discomfort and bloat. But it can also cause a fall in blood sugar, which increases symptoms of PMS. There can be a three-fold increase in PMS if we drink more than three to four cups of coffee a day.
- **Bladder conditions** Caffeine speeds the kidneys' processing of fluid, so we have to go more frequently. It can also irritate the bladder, leading to certain forms of incontinence.
- **Caffeine and sleep** Caffeine stimulates the brain and also affects levels of melatonin, which promotes sleep. It takes four to seven hours to metabolize caffeine. The older we are, the longer it takes. And if you are on birth control pills or estrogen, the half-life of caffeine may be doubled. So an afternoon cup of coffee can cause late night insomnia.
- **Caffeine and anxiety** High doses increase the level of brain chemicals associated with anxiety.
- **Caffeine and heartburn** Even decaffeinated coffee can increase stomach acid production and affect the closing of the valve between the stomach and esophagus, leading to reflux and heartburn. If you do have this problem, you not only need to decaffeinate, but you need to de-decaffeinate, i.e. no types of coffee at all.

**The bottom line** In summary, caffeine does make us feel better, more alert; we sometimes exercise better, even think better. But we should not be consuming it, especially more than one to two cups per day, if we have:

- Irregular heartbeats or palpitations
- Severe PMS
- Sleep problems
- Bladder problems
- Anxiety and/or panic attacks

## 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](http://www.bcelders.com)  
Email:  
[bcelderscommcenter@telus.net](mailto: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 journey of a thousand miles begins with a single step. Chinese  
Friendship is love with understanding. Ancient

He who is not impatient is not in love. Italian

If you chase two rabbits, you will not catch either one. Russian

Learning is a treasure that will follow its owner everywhere. Chinese

It is not a fish until it is on the bank. Irish

***BIBLE QUOTES***

"Do not think you are on the right road just because it is a well-beaten path. ...small is the gate and narrow the road that leads to life, and only a few find it."  
Matthew 7:14

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

**Happy! Happy! Birthday To All Elders Born In May!!**

**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, Contact Person (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](mailto:comfort@kamloops.com)

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

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

Hampton Inn - Toll free: 1-800-426-7866 or email [hampton@kamloops.com](mailto: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](mailto:scottsinn@kamloops.com)

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

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

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