Happy Valentine's Day!!

To have an application sent to you for the Residential School Settlement's Common Experience Payment please call Service Canada at 1-866-699-1742

32nd Annual BC Elders Gathering
July 7, 8, 9th 2008
(with early registration on July 6th, 2008)
Host: Kaien Island Elders
(from the Friendship House Association of Prince Rupert)

Mailing address is: P.O. Box 22092 Prince Rupert, BC V8J 4P8

Temporary Contact Phone: (250) 627-1505 Co-ordinator: Darlene Harris Wolfe Email address: northcoaster55@hotmail.com

Quotes

"The soul needs friendship, the heart needs love."

"Good humor makes all things tolerable."

Henry Ward Beecher A palace without affection is a poor hovel, and the meanest hut with love in it is a palace for the soul."

Ingersoll "Don't walk in front of me, I may not follow. Don't walk behind me, I may not lead. Walk beside me, And just be my friend."

Albert Camus "A friend thinks of you when all others are thinking of themselves."

"Happiness seems made to be shared."

Jean Racine

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Pg. 14: Caffeine and Pregnancy
Pg. 15: FNLC Convenes Indigenous
Child at the Centre Forum
Pg. 16: Symposium Announcement
Pgs. 17-18: Youth Intern Program
Pg. 19: Sexually Transmitted Infections
Pg. 20: Bad Breathing Habits
Pg. 21: Benefits of Quitting Smoking
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Corner BCECCS Contact Information/
Proverbs/Bible Quotes/Quotes/Zodiac

Pg. 13: Aboriginal Grant Deadlines

Easy Bakers Corner - Crumb Cake Makes a 9-inch cake

Dissolve 1 pkg. of yeast in 1/4 cup of warm water. In a saucepan, combine 1/2 cup of milk and 1/2 cup of butter or margarine, cut into pieces. Heat until just lukewarm.

In a mixing bowl, combine the yeast, milk mixture, 1 egg and 1 egg white, 1/2 tsp of salt, 1/2 cup of granulated sugar and 1/2 cup of flour. Beat 2 minutes.

Add remaining 1 cup of flour. Beat into a stiff batter for 2 minutes at high speed, if using a mixer.

Spread into a greased 9-by-9-inch baking pan.

Make the topping by creaming together 5 Tbsp. butter or margarine, 1/2 cup of granulated sugar. Then blend in 1 egg, 1 cup of all-purpose flour and 2 tsp. Cinnamon. The mixture will be crumbly.

Sprinkle topping over the dough. Cover.

Let rise in a warm place until almost doubled, about 1 hour.

Bake at 350°F for 35 to 40 minutes.

Cool on a rack. Cut into squares.

Handy Tips:

- 1. Store tomatoes with the stems pointed down and they will stay fresher longer.
- 2. Save the juice from canned tomatoes in ice cube trays and use for cooking.
- 3. To improve the flavour of inexpensive tomato juice, pour the can in a pitcher and add one chopped green onion and cut up a stalk of celery.

What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Submissions are best forwarded to me via email** by the 15th of the preceding month. If you are interested in providing articles, please do so, I look forward to hearing from anyone who wants to contribute to the content of your newsletter. Gilakasla, Donna Stirling

'PRESERVING THE PAST' New Elder's Website: www.bcelders.com

The *First Ever* Elder's Website "Preserving the Past" is now online (Sept. 2002). Registration forms, booth forms, maps of the host territory, accommodation information, etc. concerning the Annual Elders Gatherings are available each year on the BC Elders Communication Center Society's website www.bcelders.com as soon as they are made available from each new host community.

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

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

Disclaimer:

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

BC ELDERS COMMUNICATION CENTER SOCIETY

Address: 1415 Wewaikum Road, Campbell River, BC, V9W 5W9 Ph: 250-286-9977 Fax: 250-286-4809 Toll Free: 1-877-738-7288 Email: bcelders@telus.net Website: www.bcelders.com

8th Year GRATITUDE LIST

Groups who have thankfully paid their \$250 'Yearly Support Fee' so far for the Dec. 2007 – Nov. 2008 Year

- 1. Gingolx Elders
- 2. Seton Lake Elders
- 3. Assembly of First Nations (Ottawa)
- 4. Mamalilikulla Owe'Owa'Sot'Em Band
- 5. Nuu-chah-nulth Tribal Council
- 6. Hamatla Treaty Society
- 7. Hailika'as Heiltsuk Health Centre
- 8. Qualicum First Nation Council
- 9. Quatsino First Nation
- 10. Tobacco Plains Indian Band
- 11. Tansi Friendship Centre Society
- 12. Tsleil-Waututh Nation
- 13. Gitsegukla Band
- 14. Bridge River Indian Band
- 15. Vancouver Aboriginal Friendship Centre Society
- 16. Sumas First Nation
- 17. Tsawwassen First Nation
- 18. BC Assembly of First Nation
- 19. Osoyoos Indian Band
- 20. Carnegie Community Centre Association
- 21. Wuikinuxy Nation
- 22. Mowachaht/Muchalaht
- 23. Wewaikum First Nation
- 24. Da'naxda'xw First Nation
- 25. Tseycum First Nation
- 26. Gitanyow Human Service
- 27. Uchucklesaht Band Council
- 28. Chehalis Indian Band
- 29. In-SHUCK-ch Nation
- 30. Wet'suwet'en First Nation
- 31. Douglas First Nation
- 32. Xaxli'p Indian Band
- 33. BC Transmission Corporation
- 34. Squiala First Nation
- 35. Ts'kw'aylaxw Elders Society
- 36. McLeod Lake Tse'khene Elders Society
- 37. Kitamaat Village Council
- 38. Tsawataineuk Band
- 39. Cook's Ferry Indian Band
- 40. Ki-Low-Na Friendship Centre

- 41. BCAAFC
- 42. Kwikwetlem First Nation
- 43. Musquem Indian Band
- 44. Adams Lake Indian Band
- 45. Kamloops Indian Band
- 46. We Wai Kai Nation
- 47. Tla-o-qui-aht First Nation
- 48. Ka:'Yu:'k't'h'/Che:k'tles7et'h' Nation
- 49. Lower Kootenay Band

Dear Elders Contact Person,
*If your office has paid the support fee,
thank you very much for your assistance!

*If your office/group has VOIDED the Invoice for this year and faxed it back in to this office, then thank you all very much, as it saves office time on this end having received a reply from you.

*If you are in the process of paying the fee with the new fiscal year upon us, then thank you very much for your continued efforts!

*Staff changes often occur, so please call into the office if you require the Invoice to be resent to a new Contact Person.

Thank you for your continued support!

Donna Stirling, BCECCS Coordinator

VOLUME 8 ISSUE 2 Page 3

CANADIANS FOR RECONCILIATION

Dear friends of CFR:

Like many other indigenous people, the Chinese fix our New Year based on the movement of the moon. This year we will be celebrating it on February 10 in Chinatown. Again you are invited to join the 13th annual Dances with Dragons, which was started twelve years ago by students from Mount Currie (see background below). For us, this is to celebrate another year of journey with the First People and our 13th small step towards reconciliation (note we do not believe true reconciliation to be a series of hastily put together events for the 2010 Olympics visitors but a process involving a paradigm shift between the colonizer and the colonized). To that end, please share the following invitation with your friends/members:

Event: 13th annual "Dances with Dragons" (set inside the Chinese New Year Parade)

Organizers: Chinese Christians In Action, Canadians For Reconciliation

Date: 10 February 2008 (Sunday) Time: 10:20 am to 1 pm (with lunch to follow)

Meeting Place: 375 East Pender Street (Chinese Mennonite Church) in the Coast Salish territory of

Vancouver (departing at 10:50am)

Background:

Since 1990, members of CCIA through visiting and listening discovered the true history between British Columbia and the indigenous people. To foster understanding and respect, CCIA has conducted numerous bus tours up to Mount Currie Reserve, has organized different forums and gave birth to Canadians for Reconciliation in 2001. Thousands of Canadians and media personnel have journeyed with us on this road towards reconciliation.

Twelve years ago through their teachers, the Mt. Currie students initiated their first visit to Vancouver's Chinese New Year parade. We gladly did the local organizing & reception of some 50 young students. Amidst the sights and sounds of the colorful celebration, they seemed to be most fascinated with the dragon dance. After their second trip, they built a fourteen feet long dragon out of paper mache and sent us the memories of their encounter with the dragons in a picture book (Thus the name of the event).

Canada's relationship with the First Nations is going through a critical period. In BC, after roused to seek certainty and finality to their self-interests, very few British Columbians are asking for certainty of a restored relationship between the two peoples. "Dances with Dragons", the first March for Reconciliation in 2001, and the historic banquet in 2004 are people's efforts to reconciliation. By inviting native friends and their children to join the Chinese New Year Parade, we try to affirm the respect and dignity that they all deserve, and the friendship their forefathers and our forefathers once shared in Chinatown and in BC. By encouraging others to walk along side and listen, we may finally live out what life was intended to be. If our minds be like those children again, we too can have something to look forward to; we too may believe in dragons.....

We will be honored if you and your First Nation friends of all ages can join the colorful annual parade. Wherever possible invite all participants to bring their drums and to wear traditional regalia (changing room available at the church). Since we are also planning a complimentary lunch afterwards, please also email me how many in your group will be coming. If you cannot come but would like to support those who can, you can also consider a small donation towards our cost.

Through walking together, I believe we can portrait a different reality to the rest of the country. I look forward to seeing you there.

with best New Year wishes, Bill Chu Canadians For Reconciliation

Commission for Public Complaints Against the Royal Canadian Mounted Police



Commission des plaintes du public contre la Gendarmerie royale du Canada

7337 137 Street, Suite 102 Surrey, British Columbia V3W 1A4 Tel.: (604) 501-4080 / Fax: (604) 501-4095 Toll-Free: 1-800-665-6878 7337 rue 137, pièce 102 Surrey, Colombie-Britannique V3W 1A4 Tél.: (604) 501-4080 / Télécopieur : (604) 501-4095 Sans Frais : 1-800-665-6878

January 17, 2008

BC Elders Communication Center Society 1415 Wewaikum Road Campbell River BC V9W 5W9

REGARDING: Submissions for Elders Voice

Dear Elders and First Nations Communities;

Our Commission would like to provide information to First Nations Communities that explains the process of filing a complaint against an RCMP officer.

For those who have a question or concern about the actions of an RCMP officer a staff member at our office would be pleased to assist you.

We may be contacted by: telephone 1-800-665-6878, fax 604-501-4095, email: complaints@cpc-cpp.gc.ca, or in writing at Suite 102 7337 137 Street, Surrey B.C. V3W 1A4. Further information is available on the Web: www.cpc-cpp.gc.ca.

If anyone wishes to provide us with information on how to distribute information to your community, we would appreciate hearing your views.

Please find enclosed a copy of one of our brochures.

Yours truly,

Lorraine J. Blommaert

Manager, National Outreach and Complaints Office Commission For Public Complaints Against the RCMP

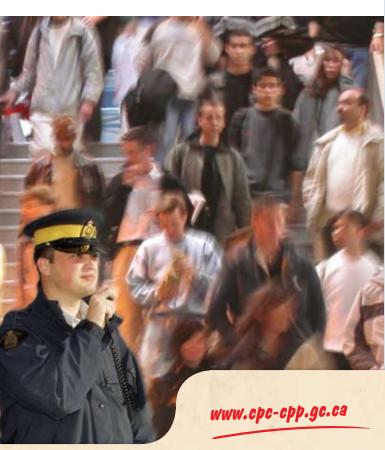




WHO WE ARE AND WHAT WE DO



Commission for Public Complaints Against the RCMP



Ensuring Public Trust in Policing through Accountability

The Commission for Public Complaints Against the RCMP (CPC) is an independent federal agency, established to receive and review complaints about the conduct of RCMP members in the performance of their duties. Our mission is to ensure public trust in policing through accountability. Our organization is not part of the RCMP.

The CPC acts as a third party, not as an advocate for either the complainant (you) or the RCMP, to ensure, on a timely basis, that complaints are examined fairly and impartially, and that unbiased findings and recommendations are made, aimed at identifying, correcting and preventing problems in policing.

A complaint is an issue or concern regarding the RCMP brought to the CPC by a member of the public.

- Anyone who has a concern about the conduct of an RCMP member may either make a complaint, or request informal resolution, in which case a CPC analyst would facilitate a resolution between the complainant and the RCMP.
- Complaints are generally directed by the CPC to the RCMP for investigation. The RCMP reports the results of its investigation into the complaint to you, to the police member(s) involved and to the CPC.

If you are not satisfied with the RCMP report, you may ask the CPC to undertake an independent civilian **review** of your complaint:

- The CPC would review the RCMP's investigation of the complaint, and possibly investigate further.
- After the review, if the CPC is satisfied with the RCMP's handling of the complaint, a final report is issued.

If the CPC is not satisfied:

- an interim report, outlining its concerns, is sent to the Commissioner of the RCMP and the Minister of Public Safety;
- the RCMP Commissioner considers the interim report and informs the Chair of the CPC and the Minister of any action to be taken in response to the findings and recommendations of the CPC, or the reason not to take any further action; and
- the CPC prepares a final report including the RCMP Commissioner's response as well as the final recommendations of the CPC.
- Copies of the final report are sent to you, the Minister, the RCMP Commissioner, and the RCMP member(s) involved.

Complaints can be made, or informal resolution of the complaint can be requested, by:

FILLING OUT THE ATTACHED FORM AND MAILING IT TO:

Commission for Public Complaints Against the RCMP

7337, 137th street, suite 102 Surrey, BC V3W 1A4

CLICKING ON THE

OR FAXING IT TO: 1-604-501-4095

E-MAILING TO: complaints@cpc-cpp.gc.ca

"Make a Complaint" button on our website: www.cpc-cpp.gc.ca

TELEPHONE FROM ANYWHERE IN CANADA FROM 8:00 A.M. TO 4:00 P.M. (PACIFIC TIME):

1-800-665-6878

TTY: 1-866-432-5837

For additional information about the CPC, how to make a complaint or how to request a review of the investigation of your complaint, please visit our website:

www.cpc-cpp.gc.ca



Attach additional pages if required. Your information will be retained in personal information bank CPC PPU 005, used to investigate and review your complaint and shared with the RCMP.

COMPLAINT FORM

Your Information

UNIT / APARTMENT #: ___

RCMP DETACHMENT OR MEMBER (IF KNOWN):

DESCRIBE YOUR COMPLAINT:

DATE OF INCIDENT: (DD/MM/YYYY): _____/___

POSTAL CODE:

NAME:

ADDRESS:

PROVINCE:

TELEPHONE #1:

TELEPHONE #2:

E-MAIL:

We provide services in English and French. This brochure, our complaint form and interpretation services are available in other languages.

FORMULAIRE DE PLAINTE

Vos coordonnées	
NOM :	
ADRESSE :	_
APP. : VILLE :	
PROVINCE : CODE POSTAL :	
TÉLÉPHONE 1 :	
TÉLÉPHONE 2 :	_
COURRIEL :	
MEMBRE OU DÉTACHEMENT DE LA GRC (si vous connaissez l'information) :	
DATE DE L'INCIDENT : (JJ/MM/AAAA) ://	
DESCRIPTION DE VOTRE PLAINTE :	
- <u> </u>	

Vous pouvez ajouter des pages au besoin. Les renseignements que vous fournissez

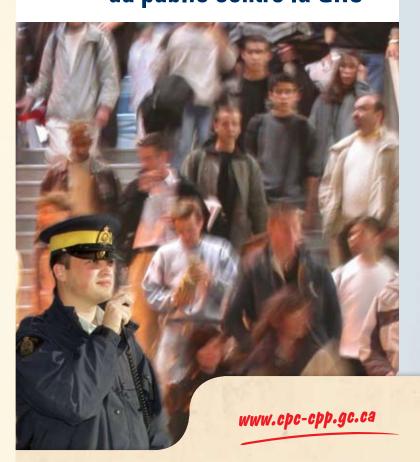
seront conservés dans un fichier de renseignements personnels (CPC PPU 005). Ils serviront à l'enquête et à l'examen de votre plainte et seront communiqués à la GRC.

Commission des plaintes du public contre la Gendarmerie royale du Canada



Commission for Public Complaints Against the Royal Canadian Mounted Police

Commission des plaintes du public contre la GRC



Assurer la confiance du public envers les services policiers grâce aux obligation de rendre compte

Canada

CE QUE NOUS SOMMES ET CE QUE NOUS ACCOMPLISSONS

La Commission des plaintes du public (CPP) contre la GRC est un organisme fédéral indépendant, qui reçoit et examine les plaintes déposées au sujet de la conduite des membres de la GRC dans l'exercice de leurs fonctions. Notre mission est de nous assurer, par des mesures de responsabilisation, que le public demeure confiant à l'égard des services de police. Notre organisation ne fait pas partie de la GRC.

La CPP agit comme tiers, et non comme défenseur du plaignant (vous) ou de la GRC. Elle s'assure, en temps opportun, d'examiner les plaintes de façon équitable et impartiale, d'énoncer des conclusions et de formuler des recommandations objectives, ce qui permet de cerner les problèmes liés aux services de police, de les corriger et de prévenir leur répétition.

Une plainte est une question ou une préoccupation par rapport à la GRC présentée à la CPP par un membre du public.

- Toute personne préoccupée par la conduite d'un membre de la GRC peut déposer une plainte ou demander un règlement à l'amiable. Dans pareille situation, un analyste de la CPP sert de médiateur entre le plaignant et la GRC.
- Règle générale, la CPP dirige les plaintes à la GRC pour que cette dernière fasse **enquête**. La GRC communique ensuite ses résultats à vous, au(x) policier(s) concerné(s) et à la CPP.

Si vous n'êtes pas satisfait du rapport de la GRC, vous pouvez demander à la CPP d'effectuer un **examen** civil indépendant de votre plainte :

- La CPP examinera l'enquête menée par la GRC concernant la plainte, et enquêtera peut-être de manière plus approfondie.
- Après examen, si la CPP est satisfaite de la façon dont la GRC a traité la plainte, un rapport final est produit.

Si la CPP n'est pas satisfaite :

- un rapport intérimaire soulignant ses préoccupations est envoyé au commissaire de la GRC et au ministre de la Sécurité publique;
- le commissaire de la GRC examine le rapport intérimaire et informe le président de la CPP et le Ministre des mesures à prendre en réponse aux conclusions et aux recommandations de la CPP, ou des motifs de son inaction;
- la CPP rédige un rapport final comprenant la réponse du commissaire de la GRC et les recommandations définitives de la CPP.
- Des copies du rapport final sont envoyées à vous, au Ministre, au commissaire de la GRC et au(x) membre(s) de la GRC concerné(s).

Vous pouvez déposer une plainte ou demander un règlement à l'amiable en procédant comme suit :

EN REMPLISSANT LE FORMULAIRE CI-JOINT ET EN LE POSTANT À L'ADRESSE CI-DESSOUS :

Commission des plaintes du public contre la GRC

7337, 137° rue, bureau 102 Surrey (C.-B.) V3W 1A4

OU EN LE TÉLÉCOPIANT AU NUMÉRO : 1-604

EN ENVOYANT UN COURRIEL À :

EN CLIQUANT SUR L'OPTION

1-604-501-4095

complaints@cpc-cpp.gc.ca « Déposer une plainte »

qui figure à la page d'accueil de notre site www.cpc-cpp.gc.ca EN COMPOSANT, DE PARTOUT AU CANADA, DE 8 H À 16 H (HEURE DU PACIFIQUE) UN DES NUMÉROS SUIVANTS :

1-800-665-6878

ATS: 1-866-432-5837

Pour de plus amples informations sur la CPP, ou sur la façon de déposer une plainte ou de demander un examen de l'enquête concernant votre plainte, visitez notre site Web:

www.cpc-cpp.gc.ca

Nous offrons des services en anglais et en français. Le présent dépliant, le formulaire de plainte et nos services d'interprétation sont offerts dans d'autres langues.

Acupuncture may be solution for chronic pain when other treatments fail

Jan. 14, 2008

Provided by: The Canadian Press

Written by: Sheryl Ubelacker, Health Reporter, THE CANADIAN PRESS

TORONTO - For 10 years, Janet Sawyer tried just about everything to find relief for chronic severe pain in her head, neck and shoulders after she suffered a whiplash injury in a car accident.

Prescription narcotic painkillers, physiotherapy, even going under general anesthetic to have more than 50 needles injected into the area to freeze the nerves had little or no lasting effect.

It wasn't until she tried acupuncture two years ago under the skilled hands of an expert in the ancient medical art that she finally found an answer for the debilitating pain.

"It was amazing, just amazing," says Sawyer, 52, a former nurse and mother of four grown children from Courtice, Ont., near Oshawa just east of Toronto.

"I was in agony. I couldn't do a thing before I started ... and that was even with getting the freezing injections at the hospital."

Acupuncture is one of the oldest medical therapies in the world, developed thousands of years ago by the Chinese. Traditional acupuncture uses super-fine needles inserted into specific points on the body in a bid to restore the flow of energy, called qi, or chi.

The theory is that manipulating these acupoints frees up blocks in energy along pathways called meridian throughout the body.

While researchers have known for decades that acupuncture causes the release of natural painkilling endorphins from the brain, it's still not fully understood how the therapy works.

But for many people, it clearly does, says Toronto pain specialist Dr. Linda Rapson, chair of complementary medicine for the Ontario Medical Association, who has been practising acupuncture since 1975.

"In terms of the energy issues, what's going on in terms of the model the Chinese developed, where the meridian are named after the organs and so on, that stuff is harder to measure," Rapson says.

"What is being measured now is brain activity as you do acupuncture."

She says research using functional MRIs shows which areas of the brain are engaged when an acupuncture needle is placed in a particular point on the body.

So, for instance, a needle put in a spot on the foot that is related to pain in the eye will clearly show activity in the visual cortex, "the same as if you'd flashed a light in front of the eye," she says.

But Rapson doesn't rely only on traditional Chinese meridian. She also bases her choice of needle position on anatomy.

For shoulder pain, in which a patient can't raise the arm, Rapson might determine that the deltoid muscle is involved and she will stimulate the nerve related to that muscle.

"So we choose that point. And that will help your shoulder to go up."

To the uninitiated, needle placement may seem to have no relation whatsoever to the area of pain.

"It depends on where it is," Rapson says. "If a person comes in ... and they have an acute back problem, they're twisted like a pretzel and they can't sit down, the place we usually put the first needle is between their upper lip and their nose. And that is the best point for an acute back that you can do."

In traditional Chinese medicine terms, she explains, that spot between the nose and upper lip is near the end of the "governing vessel meridian that starts at the tail bone and goes up the middle of the back and over the head and ends on the upper lip."

"But in anatomical terms, it has huge input into the autonomic nervous system to the sympathetic side of the nervous system."

Many patients with acute back pain will feel immediate relief; others will have an actual herniated disc that takes much longer to resolve, she says. "But in terms of the acute situation right at that moment, you get them out of that and they don't go back there."

"Other people just get better."

Dr. Kien Trinh, a Hamilton sports medicine specialist, uses acupuncture as one treatment option for patients who come to him seeking relief from various types of musculoskeletal pain.

"A lot of the athletes that come, especially the swimmers or baseball players, because they use their shoulders repetitively, they usually have a rotator cuff type of tendonitis," says Trinh, elective co-ordinator for acupuncture in sports medicine for medical students at McMaster University.

"We give them therapy, medication, and also we can use acupuncture to improve their range of motion and also decrease their pain."

Trinh says western medical doctors are far more accepting of acupuncture than they once were because they have seen clinical research reviews showing its benefits are scientifically sound.

"I would say we have very few patients who just look up in the Yellow Pages and call us to say 'I want to give acupuncture a try.' It's usually the ones who are sent to us have been having problems for quite a long time and tried conventional treatments," and their doctors refer them for acupuncture.

But Trinh advises people to take care in choosing an acupuncturist by making sure the practitioner has been fully trained and certified. As well, note should be taken about the types of conditions a practitioner says acupuncture can successfully treat.

"We know that good evidence (exists) to support it in terms of musculoskeletal problems," he says. "But a lot of people make claims about treating heart disease, blood pressure and so on, so they have to be careful of people making these claims."

"If someone tells you they have a treatment that works for every single problem, you better think twice."

Rapson, who bolsters her patients' acupuncture treatments with nutritional supplements, says the needling treatment does not carry the side-effects of painkilling drugs (which she says "don't work very well"), so it's safer for patients.

"In medicine, we always have to look at the risk and the benefit. If the risk is high and the benefit is low, we can't justify doing it. But with acupuncture, because the risk is so low, even if the potential benefit doesn't seem to be all that high, it's not putting your patient at risk to take a try at it."

Sawyer, who was having acupuncture several times a week when she first started seeing Rapson two years ago, now needs treatment only about once a month to keep her pain at bay.

"When I first went, I can vividly remember ... I couldn't even drive myself from Oshawa to Toronto to go there. I was in so much pain I couldn't concentrate to even do that."

"Now I have no trouble doing that at all ... It's like totally night and day."

Some facts about acupuncture: Needling away discomfort, pain

Here are some facts about acupuncture, a therapy originally developed in China thousands of years ago:

How it's done: Traditional acupuncture uses extremely fine, sterile needles, which are inserted through the skin to different depths at targeted points on the body.

How it works: In Chinese medicine, acupuncture is believed to free up areas of blocked energy (qi or chi) along pathways throughout the body known as meridians, thereby rebalancing the flow of energy and restoring health.

In western medicine, acupuncture points are viewed as anatomical points for stimulating nerves and musculoskeletal tissues. Acupuncture appears to increase the body's natural painkilling endorphins and increase blood flow.

Needles can be inserted and twirled briefly before removal or left in place for up to 30 minutes.

What it's used for: Conditions include back and shoulder pain, headaches and migraines, osteoarthritis in joints, nausea and vomiting linked to chemotherapy or surgery, motion sickness and digestive disorders.

Other types of acupuncture:

- -Electroacupuncture: Mild electrical stimulation applied to acupoints with or without needles.
- -Sonopuncture: An ultrasound device or tuning forks transmit sound waves through specific points.
- -Acupressure: The practitioner applies pressure directly on acupoints using the fingers. Patients can be taught to do the technique as well.
- -Moxibustion: A cone or cylinder of dried herbs (moxa) is burned on or near the skin at acupuncture points to deliver heat. The cone is removed before skin is burned.

Article from SeniorsHealth@Medbroadcast.com



For Immediate Release

January 24, 2008

First Nations Develop Province-Wide Action Plans

Westbank, BC – Seventy chiefs, lawyers and advisors representing over forty First Nations emerged from two days of intense strategic planning on implementing aboriginal rights and title at the Sensisyusten Community Centre at Westbank First Nation. This meeting is a prelude to a larger gathering that will be co-hosted by Westbank First Nation and the Tsilhqot'in National Government on March12-13, 2008. The First Nations confirmed their support for the historic Tsilhqot'in court decision which determined that the Tsilhqot'in Nation have aboriginal title to 2,000 square kilometers and made a finding of aboriginal rights over all the territory identified by the Tsilhqot'in. The area where aboriginal title was proved represented over 50% of territory identified by the Tsilhqot'in. This is in marked contrast to government offers of settlement of aboriginal title which generally represents 5% of territory claimed by a First Nation. The Westbank meeting focused on action plans including litigation and direct action to force government to participate in honourable negotiations based on recognition and implementation of rights and title for all First Nations in BC.

Robert Morales, Chair of the First Nation Chief Negotiators stated: "Citizens and industry in the public must be aware that the governments are not negotiating Treaties in good faith. Canada and British Columbia come to the table with bureaucratic small-minded, take-it-or-leave-it negotiation mandates that ignore leading court rulings on aboriginal rights and title. Everyone needs to understand that the government is playing Russian roulette with the economy and future of the Province."

After two years of efforts, First Nations in B.C. have finally secured a commitment from Canada and British Columbia to meet at a common province-wide table. First Nations expect that key areas that have blocked conclusion of honourable treaties will now be looked at from a recognition of rights perspective consistent with court rulings.

Westbank Chief Robert Louie, who hosted the strategic planning session stated: "The governments must respect the rule of law. We will no longer accept repeatedly proving our rights and title in court only to have the governments ignore them in negotiations."

Men strike back!

How many men does it take to open a beer? None. It should be open when she brings it.

Why is a Laundromat a really bad place to pick up a woman? Because a woman who can't even afford a washing machine will probably never be able to support you.

Why do women have smaller feet than men? It's one of those "evolutionary things" that allows them to stand closer to the kitchen sink.

How do you know when a woman is about to say something smart? When she starts a sentence with "A man once told me..."

How do you fix a woman's watch? You don't ,there is a clock on the oven.

Why do men pass gas more than women? Because women can't shut up long enough to build up the required pressure.

If your dog is barking at the back door and your wife is yelling at the front door, who do you let in first? The dog, of course. He'll shut up once you let him in.

What's worse than a Male Chauvinist Pig? " A woman who won't do what she's told!

I married a Miss Right. I just didn't know her first name was Always.

Scientists have discovered a food that diminishes a woman's sex drive by 90%. It's called a Wedding Cake!

Why do men die before their wives? They want to.

Women will never be equal to men Until they can walk down the street with a bald head and a Beer gut, and still think they are sexy.

In the beginning, God created the earth and rested. Then God created Man and rested. Then God created Woman.

Since then, neither God nor Man has rested.

Emailed in to pass on in the EV Subject: Upcoming Grant Deadlines

Hi everyone: Here are some upcoming 'Aboriginal-specific' grant deadlines to add to your calendar (<u>note</u> – there are many other Canada Council grants that can be accessed by everyone, so be sure to check those out too!).

All application forms and detailed information available at www.canadacouncil.ca

Please contact Canada Council for the Arts directly if you have any specific questions about any of their grant programs.

Assistance to Aboriginal Curators for Residencies in Visual Arts **Deadline February 1, 2008**

Aboriginal Peoples' Music Program **Deadline March 1, 2008**

Aboriginal Media Arts Program **Deadline April 1, 2008**

Multidisciplinary Festivals Project Grants (not Aboriginal-specific, but worth checking into!)

Deadline May 1, 2008

Aboriginal Peoples Collaborative Exchange **Deadlines May 15, 2008 and November 15, 2008**

Elder/Youth Legacy Program: Support for Aboriginal Artistic Practice **Deadline May 15, 2008**

Grants to Aboriginal Writers, Storytellers and Publishers **Deadline June 1, 2008**

Lou-ann Neel
Arts Program Associate
First Peoples' Council
1A Boat Ramp Rd.
Brentwood Bay, BC V8M 1N9
Phone (250) 652-5952
Fax (250) 652-5953
Cell (250) 893-1786
Email lou-ann@fphlcc.ca
Website www.fphlcc.ca

Millions of young have tried cough and cold medicine to get high, agency says Jan. 09, 2008

Provided by: The Canadian Press Written by: THE ASSOCI ATED PRESS

WASHINGTON - About 3.1 million people between the ages of 12 and 25 have used cough and cold medicine to get high, the U.S. government reported Wednesday.

The number of young people who abused over-the-counter cold medicines is comparable to use of LSD and much greater than that for methamphetamine among the age group, according to the federal Substance Abuse and Mental Health Services Administration.

The agency's 2006 survey on drug abuse and health found that more than five per cent of teenagers and young adults had misused cough and cold medicines and indicated that these people also had experimented frequently with illicit drugs.

Nearly 82 per cent also had used marijuana. Slightly less than half also used inhalants or hallucinogens, such as LSD or Ecstasy, the agency said.

The cough suppressant DXM is found in more than 140 cough and cold medications available without a prescription. When taken in large amounts, DXM can cause disorientation, blurred vision, slurred speech and vomiting.

Among all persons aged 12 to 25, the rate of past year misuse among whites was 2.1 per cent, which was three times higher than the level for blacks, 0.6 per cent, and also significantly higher than the level for Hispanics, 1.4 per cent.

"While increasing attention has been paid to the public health risk of prescription drug abuse, we also need to be aware of the growing dangers of misuse of over-the-counter cough and cold medications, especially among young people," said Terry Cline, the agency's administrator.

Article from www.Medbroadcast.com

Too much coffee or other caffeine drinks doubles risk of miscarriage: study Jan. 21, 2008

Provided by: The Canadian Press Written by: THE CANADIAN PRESS

TORONTO - Pregnant women who consume at least two cups of coffee or other caffeine-laced beverages a day could be doubling their risk of miscarriage, a U.S. study suggests.

Researchers found that women who ingested 200 milligrams or more of caffeine daily in coffee, tea, caffeinated sodas or hot chocolate had twice the risk of miscarrying compared to pregnant women who consumed no caffeine

Two or more cups of regular coffee contain 200 milligrams of caffeine, as do five 355-millilitre cans of soft drinks made with the chemical.

The link between caffeine and miscarriage is not new, but the research team led by Dr. De-Kun Li for the Kaiser Permanente Division of Research said the study is the first to take other potential risk factors into account, including age, race, education, income, marital status, smoking status and alcohol consumption.

"The main message for pregnant women from these findings is that they probably should consider stopping caffeine consumption during pregnancy because this research provides clearer and stronger evidence that high doses of caffeine intake during pregnancy can increase the risk of miscarriage," Li said in a statement.

The study involved 1,063 pregnant women in San Francisco from 1996 to 1998, who did not alter their caffeine consumption pattern during pregnancy. The women were followed for up to 20 weeks of pregnancy.

Researchers found that 25.5 per cent of women who said they consumed more than 200 milligrams a day miscarried, compared with 12.5 per cent of women who reported no caffeine intake during pregnancy.

The study is published in the online issue of the American Journal of Obstetrics and Gynecology. Kaiser Permanente is a private health-care provider in California.

Article from WomensHealth@Medbroadcast.com

First Nations Leadership Council convenes Indigenous Child at the Centre Forum

Coast Salish Territory/Vancouver – The political Executives of the First Nations Summit, the Union of BC Indian Chiefs and the BC Assembly of First Nations (the First Nations Leadership Council) is pleased to be convening a First Nations Chiefs' Indigenous Child at the Centre Forum, on January 23rd - 25th, 2008, at the Vancouver Sheraton Wall Centre.

This Forum, the first of its kind in BC, will bring together First Nations Chiefs/leaders, along with key political and technical partners, to create open dialogue on issues related to Indigenous children and families, including inherent rights and jurisdiction of First Nations to care for their children. The intended outcome of the Chiefs' Forum is to develop an Indigenous Child at the Centre Action Plan. It is intended that this collectively developed Action Plan will assist First Nations to address issues relating to Indigenous children and families in BC.

"When Aboriginal organizations first came together in 2002 in cooperation to sign the Tsawwassen Accord, it was for the benefit of our children. Given the changing landscape around children and families provincially, nationally and internationally, it is fitting that a forward looking "Indigenous Child at the Centre Action Plan" be developed that sets out a vision, principles, key topics and actions for assisting First Nations to address and advance issues related to children and families in their communities", said Grand Chief Edward John of the First Nations Summit.

"We must now accept the responsibility as leaders, parents, grandparents and as members of our community to develop and implement a clear action plan that ensures our children remain at the centre," stated BC Assembly of First Nations Regional Chief A-in-chut (Shawn Atleo), "By truly working together, every child can be raised in a healthy, safe, loving, and respectful environment where they are supported to achieve their fullest potential," he added.

Grand Chief Stewart Phillip, President of the Union of BC Indian Chiefs, stated "The Indigenous Child at the Centre Forum comes at a critical time in our history. We can ill-afford to stand by, accept the status-quo and do nothing when we know that child apprehensions, deaths of children in care, youth suicides and drug-related violence are on the increase in all of our communities. Our leadership, community representatives and front-line workers need to set aside their personal and political differences. We need to commit to work together in the interests of the present and future well-being of our children. Our children deserve nothing less!"

-30-

The First Nations Leadership Council is comprised of the political executives of the BC Assembly of First Nations, First Nations Summit, and the Union of BC Indian Chiefs. The Council works together to politically represent the interests of First Nations in British Columbia and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in British Columbia.

For more information:

Grand Chief Stewart Phillip, UBCIC, (250) 490-5314 Colin Braker, First Nations Summit, (604) 926-9903 Ryneld Starr, BC Assembly of First Nations, (604) 837-6908









FIRST NATIONS LEADERSHIP COUNCIL

Symposium Announcement

Implementing the United Nations Declaration on the Rights of Indigenous Peoples

The Assembly of First Nations and the BC First Nations Leadership Council will host a two-day Symposium on "Implementing the United Nations Declaration on the Rights of Indigenous Peoples" at the Chief Joe Mathias Centre in North Vancouver, British Columbia.

The Symposium will involve sessions on key provisions of the Declaration and on developing domestic and international strategies for using the Declaration to advance the causes of Indigenous Peoples. The Symposium will bring together Indigenous leaders and community members, international experts, legal counsel and technicians working with Indigenous organizations, and members of the academic community.

What: Symposium – Implementing the United Nations Declaration on the

Rights of Indigenous Peoples

When: February 19 – 20, 2008

Where: Chief Joe Mathias Centre

100 Capilano Road North Vancouver

Registration fee: \$100

Registration, and a Symposium website with further details, will be available from January 14, 2008.

For more information, please contact:

Regina Toulouse Assembly of First Nations Phone: 613 241 6789 rtoulouse@afn.ca www.afn.ca Jackie Hartley First Nations Summit Phone: 604 926 9903 jhartley@fns.bc.ca www.fns.bc.ca

We look forward to seeing you at this very important event.

Request for Expressions of Interest from BC Aboriginal Organizations to Host Aboriginal Youth Intern

Greetings from the BC Public Service Agency's Aboriginal Youth Internship Program.

The Aboriginal Youth Internship Program is seeking Expressions of Interest from BC Aboriginal Organizations that can provide supportive, educational and meaningful work placements for Aboriginal Youth Interns for a 3 month period (June 02, 2008 – August 29, 2008). The Intern's salary is paid by the provincial government during their work placement in the selected Aboriginal Organization.

Aboriginal Youth Interns have a wide variety of skills and abilities that will benefit Aboriginal Organizations, including: youth engagement practices, project management, research, environmental scans and database development, policy analysis and development, conference and event coordination, strategic planning, communications, website and manual development, community liaison, and other specific skill sets based on education and experience. In addition, Aboriginal Youth Interns bring valuable knowledge of provincial government programs and processes based on their 9 month placements in Ministries across government.

Aboriginal Youth Interns will be matched with selected Aboriginal Organizations based on their interests, qualifications, education, experience, skills, and location. The Aboriginal Youth Internship Program currently has 15 interns participating in the program.

Overview of 2007/2008 Program

As part of government's commitment to close the social and economic gaps that exist between Aboriginal people and other British Columbians and to build relationships between government and Aboriginal communities, the BC Public Service Agency and the Ministry of Aboriginal Relations and Reconciliation have developed a 12-month internship program.

This program, which consists of nine months of work experience in a provincial ministry followed by three months in a selected Aboriginal organization, will provide fifteen Aboriginal youth with public service work and learning experience on an annual basis.

Major Goals

- * Encourage Aboriginal youth to consider the B.C. Public Service or Aboriginal organizations as a place to pursue a rewarding career;
- * Support Aboriginal youth to develop their leadership skills;
- * Provide opportunities for Aboriginal youth to contribute and improve relationship building between Aboriginal communities/organizations and the provincial government;
- * Contribute to closing the social and economic gaps that exist between Aboriginal people and other British Columbians.

Expression of Interest Requirements

Interested BC Aboriginal Organizations need to complete the AYIP EOI Template attached to this email. Organizations that are selected and successfully matched with an Aboriginal Youth Intern will also be required to sign a secondment contract, available for review by contacting the Project Manager.

Aboriginal Youth Interns are looking for supportive, educational, and meaningful 3 month placements that will allow them to assist Aboriginal Organizations in their development and provide the Intern with professional experience and skill development. The placements in Aboriginal Organizations can be project or

professional role related, or a combination of both. Interns are seeking structured placements that offer interesting opportunities to assist, learn, and grow as emerging professionals and leaders.

Aboriginal Organizations will need to provide a support structure for the Intern that includes:

- * A direct on-site supervisor
- * An identified mentor
- * An office, cubicle, or assigned work space
- Computer and phone
- * A structured project or role as outlined in the AYIP EOI Template
- Travel and other employment-related costs other than salary and benefits.

Important Dates

<< Picture (Metafile)>>	Deadline for Expressions of Interest: February 28, 2008
<< Picture (Metafile)>>	Aboriginal Organizations informed of selections: March 28, 2008
<< Picture (Metafile)>>	Internship Placement begins in Aboriginal Organization: June 2, 2008
<< Picture (Metafile)>>	Internships Placement ends in Aboriginal Organization: August 29, 2008

Submitting form by Email

Please submit the completed AYIP EOI Template by EMAIL to SASHA HOBBS, Project Manager, Aboriginal Youth Internship Program.

EMAIL: Sasha.Hobbs@gov.bc.ca PLEASE CC: Katie.Clegg@gov.bc.ca

Contact Information

For more information on the Aboriginal Youth Internship Program please review the "Frequently Asked Questions http://www.bcpublicservice.ca/AboriginalYouthInternship/fag.htm " on our website at http://www.bcpublicservice.ca/AboriginalYouthInternship/, or contact Sasha Hobbs, Project Manager, Sasha.Hobbs@gov.bc.ca, tel. 604-765-8193.

<mailto:Webmanager.BCPSA@gov.bc.ca?subject=Aboriginal%20Youth%20Internship%20Program%20Que</p> stion>

<< Request for Expressions of Interest from BC AB ORGS.doc>> << AYIP EOI template.doc>>

Thank you for considering making an application to our program to host an Aboriginal Youth Intern this summer.

All My Relations, Sasha Hobbs

Sasha Hobbs, MA Project Manager Aboriginal Youth Internship Program BC Public Service Agency Tel. 604.765.3193

http://www.bcpublicservice.ca/AboriginalYouthInternship/

Sexually transmitted infections (STIs): the basics from HealthNewsletter@Medbroadcast.com

Sexually transmitted infections (STIs), which used to be known as sexually transmitted diseases (STDs), are a group of infections similar to one another only in that they can be "caught" through sexual contact. STIs are caused by different organisms, usually bacteria or viruses, and have a wide variety of symptoms. Some can be cured with antibiotics. Others cannot be cured - only controlled. The following are the STIs usually seen in North America.

- **Chlamydia** is a very common sexually transmitted infection in North America, affecting both men and women. Chlamydia is caused by a bacterium called *Chlamydia trachomatis*. It's easily treated with antibiotics, but it can sometimes lead to serious complications such as infertility, pelvic inflammatory disease (PID), and Reiter's syndrome (an arthritis-like condition) if it isn't caught early enough.
- Gonorrhea is another very common STI in North America. As with chlamydia, gonnorrhea can lead to serious complications in women, such as infertility and PID. Gonorrhea is caused by bacteria, and it can be treated with antibiotics. The disease can affect mucous linings in the vagina, cervix, penis, rectum, throat, and eyes. Gonorrhea is also known as "the clap."
- Syphilis used to be a leading cause of death and disability, but it's much less common today in our age of antibiotics. However, the rate of infection is on the rise, especially in men. In Canada, the most affected age group is 30 to 39 in men. It can be treated with antibiotics if caught early. If left untreated, it can come back later to cause damage to the heart, nerves, brain, bone, joints, liver, and blood vessels. Syphilis is also known as "syph" (and in some older literature it is known as "the pox").
- **HIV** is the viral infection that can cause AIDS. The virus attacks cells of the immune system, leaving a person defenceless against many other infections and their complications. There is no cure, but antiviral medications can be used to slow down the progression of the disease.
- **Hepatitis B** is caused by a virus that infects the liver. It can lead to chronic liver disease and liver cancer. Most people who are infected do not have any symptoms, but they can still pass the virus on. It cannot be cured, but a vaccine is available to help prevent it.
- **Genital herpes,** which produces cold-sore-type skin lesions in the genital area, is also caused by a virus. The condition comes and goes, with skin lesions "flaring up" from time to time. There is no cure, but antiviral medications are available to treat the outbreaks and reduce the frequency of flare-ups. These antiviral medications include acyclovir, famciclovir, and valacyclovir. Valacyclovir can also reduce the risk of transmission of the virus (in other words, it can reduce the risk of passing on genital herpes to a sex partner). It should be used in addition to practicing safe sex.
- **Chancroid,** a bacterial infection of the genitals that causes painful sores, was once rare in North America. But it has cropped up more frequently in recent years. It can be treated with antibiotics.
- **Crabs,** also known as pubic lice, are lice (tiny, wingless insects) that live in the genital area. They can be treated with medication.
- HPV, or human papillomavirus, is a virus that affects the skin in the genital area, causing wart-like growths. It can also affect a woman's cervix and increases her risk of cancer of the cervix. It is important for women to have regular Pap tests (usually at their yearly physical exam) to catch any precancerous changes (changes in the cells of the cervix that may lead to cancer) so that they can be treated before they develop into cancer. There is a vaccine available that helps your immune system prevent some types of HPV infection. It's currently available to girls and women who are 9 to 26 years of age.
- **Trichomoniasis** is caused by a parasite. It usually causes no symptoms in men, although many women have symptoms. It can be cured with antibiotics.

Many STIs can lead to health problems later on if they are not found and treated. Being infected with HPV can increase a woman's risk of cervical cancer. Chlamydia can lead to infertility and long-term pain in women by damaging the fallopian tubes, which are an important part of the reproductive system. HIV/AIDS eventually destroys the immune system, leading to an increased risk of infections, cancers, and death.

The bad breathing habits to blow off

Take a deep breath, because there's something you need to hear: You may be breathing wrong. Yep, that thing people do an average of 20,000 times per day - you could be going about it the wrong way! Test it out - are you holding your breath now?

Considering we've been breathing since we were born, you'd think we'd all be pros at it. And considering how important breathing is - filtering out germs and debris, cycling fresh oxygen to our organs and tissues, removing waste gases our body doesn't need - you'd think we'd all be a bit more mindful of it. But most people give it nary a thought.

Bad breathing habits can literally make you sick. They can deny your body of the oxygen it needs and leave you vulnerable to illness and stress.

Slower breathing, common in the practice of yoga, has been found to reduce shortness of breath, increase oxygen saturation in the blood, and improve exercise performance. Meditation, which centres on mindful breathing, has been linked to reduced stress, lowered risk of some cardiovascular conditions, and increased healing rates.

The breathing habit no-no's include mouth-breathing and breathing that is too rapid or too shallow.

Your nose knows

Ah, the neglected nose. It gets no respect, but it is crucial to healthy breathing. Your nose filters out germs and particles from the air, and it moistens and warms the air before it reaches your lungs. When you bypass the nose and breathe through your mouth instead, you're inviting all those germs and particles right into your system, increasing your risk of infection and slowing down your intake of oxygen. Whenever possible, breathe in and out through your nose. Consider it the trusted gateway between the world and your internal body. If you have sinus congestion that limits this, talk to your doctor about treatment options.

Belly breathing

Many breathers just don't take advantage of the wonderful diaphragm. The diaphragm is the potentially very strong muscle that sits beneath your lungs, just waiting to help you inhale and exhale. When you inhale, your diaphragm tightens and flattens so your lungs can expand and take in air. As you exhale, your diaphragm and rib muscles relax, pushing the air out of your lungs.

Some shallow breathers tend to sip breath into their upper chest, so the air never makes it down to the diaphragm. Or sometimes, they suck in their bellies as they breathe, pushing the diaphragm up trapping the air so the oxygen doesn't go as far as it should. If you let your belly expand rather than sucking it in, you're doing diaphragmatic breathing.

Trying to relearn something as instinctive as breathing takes discipline and concentration, sure, but the benefits can be worth the trouble. So, slow down, breathe more deeply, let your lungs fill with good old oxygen, and get the most you can out of every one of those 20,000 breaths you take each day!

Article from HealthNewsletter@Medbroadcast.com

Benefits of quitting Smoking - Breath Easy 2008 - from at Medbroadcast.com

Almost everyone knows that smoking is bad for you but do you know all the benefits of quitting? For the vast majority of smokers, quitting smoking is the best single thing they can do to improve the length and quality of their lives. Persons who quit smoking immediately begin to reduce their chances of developing heart disease, cancer, breathing problems, or infections.

Former smokers also live longer than those who continue to smoke. For example, those who quit before age 50 have only half the chance of dying in the next 15 years compared with those who continue to smoke.

Women who stop smoking before pregnancy or early in their pregnancy reduce their chances of having a low birth weight baby. Quitting can also reduce the chances of stillbirth, early infant death, and improve the health of the woman.

Does every smoker benefit by quitting?

The health benefits of quitting occur for all types of smokers, men and women, young and old. Even those who have developed smoking-related problems like heart disease can benefit. For example, compared to continuing smokers, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 per cent. They also reduce their risk of dying prematurely by 50 per cent.

What are the other benefits of quitting?

Although reducing your chances of premature death and illness is important, they aren't the only benefits of quitting smoking.

- Think of the money you will save by not having to buy tobacco, lighters, ashtrays, matches and so on.
- Your costs for cleaning clothes, carpets, and furniture may go down.
- The re-sale value of your car and house may go up.
- Your clothes may last longer (no chance of accidentally burning a hole).
- Your life and house insurance premiums may go down.
- Your sense of taste and smell will be enhanced. You will enjoy your food more.
- You will look and feel younger. Smoking causes wrinkling and the appearance of premature aging.
- You will have more energy to do the things you love.
- No more yellow teeth or fingers.
- You'll feel proud of your ability to overcome something so challenging. Many smokers remember the exact day they guit because it is a source of great pride.
- Cigarettes will no longer control your life. You will be setting a great example for children and other smokers.
- No need to worry about which restaurant you go to or whether you can smoke in a particular place.
- No more looks of disapproval or feelings of guilt. No more nagging from people asking when you're going to quit.

The message is clear. It's never too late to quit smoking. The sooner you quit the better, but even quitting after smoking for many years will bring an array of important benefits.



NOMINATIONS

If you would like to nominate someone for this prestigious award, nomination forms are available at www.protocol.gov.bc.ca or please write or call:

Honours and Awards Secretariat

PO Box 9422, Stn Prov Govt 1st Floor, 548 Michigan St Victoria, British Columbia V8V 1S2

Phone: (250) 387-1616 Fax: (250) 356-2814

Nomination Deadline:
March 10th

ORDER OF BRITISH COLUMBIA

The Order of British Columbia was established by statute in 1989 to recognize those persons who have served with the greatest distinction and excelled in any field of endeavour benefiting the people of the Province or elsewhere

ELIGIBILITY

Any resident of British Columbia, or former long-term resident, who has demonstrated outstanding achievement, excellence or distinction in any field of endeavour benefiting the people of the Province or elsewhere.

Federal, provincial and municipal elected representatives are not eligible for appointment to the Order while they remain in office.

A person may not be appointed to the Order posthumously unless the Advisory Council recommends the appointment to the Lieutenant Governor in Council before the person's death.

ADVISORY COUNCIL

Nominations will be considered by an Advisory Council.

The Lieutenant Governor of British Columbia (Chancellor)

The Chief Justice of British Columbia (Chair)

The Speaker of the Legislative Assembly

The President, in turn, of British Columbia Public Universities, for a two year term

The President of the Union of British Columbia Municipalities

The Deputy Minister responsible for the Order of British Columbia

Two members of the Order from the previous year

Appointments to the Order will be made annually by the Lieutenant Governor in Council on the recommendation of the Advisory Council.

As well as receiving a medal and lapel pin, each recipient of the Order will also receive a certificate of appointment signed by the Lieutenant Governor and be granted the right to have O.B.C. placed after his/her name.

Talking Stick Festival 2008 Tuesday, February 12th to Sunday, February 17th

Call for Volunteers

The 7th annual Talking Stick Festival provides a stage for the best emerging and established Aboriginal artists and enriches Vancouver's vibrant artistic landscape. From February 12 - 17, 2008, audiences will have an opportunity to witness and feel the dynamic energy of today's Aboriginal cultural expression. Celebrating the diversity and talents of Aboriginal artists, Vancouver plays host to this exceptional festival showcasing 100 artists at seven venues.

We require volunteers to help out at all events.

Volunteers will work in the front of house and backstage area; as well as administrative support prior to the festival.

Volunteers are asked to commit a minimum of four hours to the festival and in return will receive a complimentary ticket to a performance of their choice; as well as an invitation to the Closing Celebration on the last day of the festival.

All volunteer will be required to attend an orientation on Monday, February 4th at 6:00pm. Location to be announced

Please visit our website for complete information and to fill in an application form or contact our Volunteer Coordinator to part of our volunteer team.

Valri Wright

Volunteer Coordinator Talking Stick Festival 2007

email volunteer@fullcircle.ca

voice 604.683.0497 fax 604.683.8953

website <u>www.fullcircle.ca</u> for a complete schedule of events

BC ELDERS COMMUNICATION CENTER SOCIETY

1415 Wewaikum Road Campbell River, B.C. V9W 5W9

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

'ELDERS VOICE' ISSUES ARE SENT OUT TO COMMUNITIES BY THE 1st of EACH MONTH.

bcelders@telus.net

If your area's copy is not received in a timely manner please call in to the office.

PROVERBS:

The beauty of a loan is repayment.

As you make your bed, so will you sleep in it.

Better a blow from a wise man than a kiss from a fool.

Boasting begins where wisdom stops.

Boldness is royal power without the crown.

A lazy boy and a warm bed are difficult to part.

A child, a drunkard and a fool tell the truth.

First deserve and then desire.

A fault-finder complains even that the bride is too pretty.

BIBLE QUOTES:

"Cast thy burden upon the Lord, and He shall sustain thee. He shall never suffer the righteous to be moved." Psalms 55:22 "Seek the Lord and His strength; Seek His face continually."

Psalms 105:4

"A merry heart makes a cheerful countenance, but by sorrow of the heart the spirit is broken." Proverbs 15:13 "A merry heart doth good like a medicine." Proverbs 17:22

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

Happy! Happy! Birthday To All Elders Born in February!!

Aquarius - air January 20 - February 18

Aquarius Waterbearers are fun-loving and gifted with a dash of genius. They are seekers of truth, unbiased and open-minded. Aquarians are terrific communicators, neither conceited nor vain. They respect others' views and need to be needed. Ruled by Uranus, they are idealists with big dreams and causes to pursue. Aquarians are lovers not fighters. Their word is their bond.

National Survivors Support Line

24 Hours a day - 7 days a week - 1-866-925-4419

The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada.

ANNUAL BC ELDERS GATHERING INFORMATION CORNER

32nd Annual BC Elders Gathering

July 7, 8, 9th 2008

(with early registration on July 6th, 2008)

Host: Kaien Island Elders

(from the Friendship House Association of Prince Rupert)
Mailing address is: P.O. Box 22092 Prince Rupert, BC V8J 4P8

Temporary Contact Phone: (250) 627-1505 Co-ordinator: Darlene Harris Wolfe Email address: northcoaster55@hotmail.com