



Aionkwatakari:teke

(A-YOU-GWA-DA-GA-RI-DE-GEH) "For Us To Be Healthy"

Vol. 15, No. 6

Kahnawake's Only Health and Wellness Newsletter

Tsothóhrha / December 2010



INSIDE THIS ISSUE

Getting Along During the Holidays	3	The Price of Beauty	9
New Year's Celebrations: Staying Safe	4	Family Support for Residents	10
Helping Children Cope With Disaster	5	Recipe: Roasted Harvest Vegetables	10
MAD Group's Trip of a Lifetime	6	Diabetes Prevention & Management	11
Adult Shots: What Do I Need to Know?	7	Recipe: Squash & Sweet Potato Soup	11
Mental Health & Crisis Counselling	8	The Gift of Hope	12



Aionkwatakari:teke

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotiaa'takehnhas Community Services (KSCS). Our purpose is to provide information on health and wellness issues that affect Kahnawa'kehró:non. All community members are welcomed & encouraged to submit articles provided that they are comprehensive to the general public, informative & educational. Slanderous material will not be accepted. **Views expressed in the articles may not necessarily reflect those of KSCS.** We reserve the right to edit all articles. All questions concerning this newsletter should be directed to:

**The Editor
Aionkwatakari:teke**

P.O. Box 1440
Kahnawake, Quebec JOL 1B0
Tel: (450) 632-6880
Fax: (450) 632-5116
E-mail: kscs@kscskahnawake.ca
(attention newsletter editor)

Editor/Layout/Design, Marie David
Executive Publisher, Linda Deer

Proofreading:
Bea Taylor
Wendy Walker-Phillips



Contributors:

Taryn Conlon
Caireen Cross, KMHC
Marie David
Elaine Delaronde, KSDPP
Arnold Lazare, EPP
Tyson Phillips
Wendy Readman, KMHC
Brian Williams

Cover design by Marie David. Photos by Tyson Phillips and Stock xchange.

This newsletter is intended to complement, not replace the advice of your health care provider. Before starting any new health regimen, please see your doctor.



Editor's Notebook

Welcome to the last edition of Aionkwatakari:teke for 2010! This is not a solitary exercise. A lot of people worked on this issue, from those who showed up to the planning meetings to those who wrote and submitted the articles. In other words, a lot of time and thought went into the articles that appear within these pages so I hope you enjoy them. I hope the words and the ideas behind them can be of help to you in some way. I want to thank all who contributed articles, from those who work at KSCS to those at KMHC, Emergency Preparedness & Planning, and the Kahnawake School Diabetes Prevention Program. I also want to thank our wonderful printer, Anishinabe Printing, for the work they do for us.

As always, thanks for taking the time to read the newsletter and when you're done with it, please recycle it. Have a safe and happy New Year!

Nia:wen ko:wa tanon oseráse!
Marie David

Telephone numbers

In Kahnawake:

KSCS: 450-632-6880
Kahnawake Peacekeepers: 450-632-6505
Kateri Memorial Hospital Centre: 450-638-3930
Native Court Worker: 450-638-5647 ext. 227

In Montreal:

Emergency: 911
Tel-Aide: 514-935-1101
Tele-Jeunes: 1-800-263-2266
Kids Help Phone: 1-800-668-6868
Alcoholics Anonymous (AA): 514-376-9230
Al-Anon/Alateen: 514-866-9803
Cocaine Anonymous: 514-527-9999
Gay Line: 1-888-505-1010
Suicide Prevention Hotline Montreal: 514-723-4000
outside Montreal: 1-866-277-3553
Info Santé: 811
Sexual Assault Center: 514-934-4504



Getting Along During the Holidays

by CANDACE SNOOK, PREVENTION SERVICES

Holidays are supposed to be a time of celebration—with delicious meals, festive parties, and spending time with family.

However, sometimes gathering with family may not be so much of a celebration. The holidays can actually turn out to be more of a battlefield of arguments due to so many dynamics and different personalities amongst family members. Listed below are some tips that may help to avoid this.

First, you must be in tune with yourself.

Your own attitudes and behaviors can help determine the direction of the get together. Since we tend to discuss things that are on our minds, it is important to focus on positive and neutral things to avoid heated discussions. Before leaving home try to prepare yourself for what could happen and what you want your reaction to be. “If you’ve had unpleasant experiences in the past, think about WHY they were unpleasant and what YOU can do to change the dynamics of the situation.” (*The Happiness Project*, 2008).

Second, avoid taking anything personally.

Although this may be difficult to do at times, just let others be themselves and take it with a grain of salt. Even if you are not over enthusiastic to hear the same old story that a relative tells every year, show interest. When someone says something outrageous, it is

sometimes better to “just say ‘Ah,’ while biting your tongue”. (*The Side Road*, n.d.).



Christmas: Naughty or Nice. Photo by Michael Flick.

Third, try to remain positive.

By focusing on the positive aspects of the holiday gathering, there will be little room to think of the negative. This can be done by offering compliments to others on their outfits, their food, anything. “Avoid sarcasm, satire, and criticism”. (*The Side Road*, n.d.). This will help lighten the mood of the gathering and avoid negativity.

Last but not least, limit alcohol intake.

It is easy to lose track of how much you drank, and the greater amount of alcohol consumed the more impaired

your judgment becomes. This can cause you to lose control of yourself and maybe say and do things that you will regret later.

Yes, these are all tips on what you yourself can do as that is the part that you have control over. It is impossible to control the actions and behaviors of others but by changing your own behavior, not only will you help make the festivities more enjoyable, you may also rub off on others and cause them to change their behaviour too.

Sources:

Gracie1402, eHow member. (n.d.). “How to Get Along With Family During the Holidays.” eHow. 21 Oct. 2010. http://ehow.com/how_4563519_along-family-during-holidays.html.

Kaye, Steve. (n.d.) “Family Parties: Getting Along With Relatives (and Anyone Else).” *The Side Road*. 21 Oct. 2010. <http://www.sideroad.com/FamilyLife/family-party.html>.

Rubin, Gretchen. (2008). “Holidays: 7 Tips for Getting Along with Your Difficult Relatives Over Thanksgiving.” *The Happiness Project*. 21 Oct. 2010. <http://happiness-project.com/happinessproject/2008/11/holidays-7tips.html>.



New Year's Celebrations Will You Be Safe?

by TARYN CONLON, PREVENTION SERVICES

New Year's eve is the time to celebrate the beginning of a new year, a fresh start, and the opportunity for change.

We gather together to share cheers at the stroke of midnight and exchange New Year's resolutions while others watch the ball drop in New York City from their television sets.

Unfortunately, many others see New Year's as the best party of the year and use it as an opportunity to get extremely drunk and drive. According to statistics provided by Mother's Against Drunk Driving (MADD):

- ✿ In 2007, 12,998 people died in alcohol-related crashes.
- ✿ On average, someone is killed by a drunk driver once every 40 minutes.
- ✿ Approximately 3 out of every 10 people will be involved in a car crash at some point during their lives where alcohol is a factor.
- ✿ More than 1.46 million people were arrested in 2006 for *DUI* (driving under the influence of alcohol or narcotics).
- ✿ More than 500,000 people were injured in *motor vehicle* accidents where alcohol was a factor; this works out to one person being hurt about every minute.

The solution is simple. If you know that you will be consuming alcohol, don't drive. If you consume alcohol please consider the following when taking part in New Year's celebrations:

- ✿ Alcohol impairs your judgment, making your ability to reason difficult.
- ✿ Alcohol takes time to travel from your stomach to your blood supply, where it reaches your brain and organs.



If you know that you will be consuming alcohol don't drive. If you consume alcohol but aren't driving please remember there are risks.

- ✿ Depending on the moment you drink, the speed you drink, and what is in your stomach, it can take 30–90 minutes after your *LAST DRINK* before you reach your highest level of intoxication.
- ✿ Sweet drinks and *drinking games* also have an effect as you are taking in more alcohol over a shorter period of time due to the sweet taste or rules of the game.

- ✿ Alcohol can *turn off* essential parts of the brain that control breathing, consciousness, and heart rate.
- ✿ Vomiting is the brain's way of telling your stomach that there is too much alcohol in your system. You can also fall into a deep sleep and/or choke on your vomit.
- ✿ If you pass out, you may fall asleep and never wake up because the brain cannot handle the concentration of alcohol. The part of your brain controlling life functions gets so depressed that they stop working...and so do you!

Consuming large amounts of alcohol (5–8 drinks) can be very dangerous. Always stay with friends that you can trust and watch out for each other. If a friend passes out, stay with them and call for help.

Parents should be aware of where their children are, especially if they are minors. Let your children know about the dangers of drinking and driving and be available to pick them up if needed. Let your children know that if you pick them up and they are intoxicated you won't ask them any questions or reprimand them until the following morning.

Please take care of one another and allow yourselves the opportunity to cherish every moment of this memorable evening. Have fun and be safe. Happy 2011!!

Helping Children Cope With Disaster

by ARNOLD LAZORE, EPP

Disasters can leave children feeling very frightened, confused and insecure. Whether a child has personally experienced trauma, has seen the event on television or heard it being discussed by adults, it's important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children respond to trauma in many different ways. Some may have reactions very soon after the event; while others may seem to be doing fine for weeks or months and then begin to show worrisome behavior.

Knowing the signs that are common at different ages can help parents and teachers recognize problems and respond appropriately.

Reassurance is the key to helping children through a traumatic time. Very young children need a lot of cuddling as well as verbal support. Answer questions about the disaster honestly, but don't dwell on frightening details or allow the subject to dominate family or classroom time indefinitely.

Encourage children of all ages to express emotions through conversation, drawing or painting and to find a way to help others who were affected by the disaster.

Limit the amount of disaster related material (television and Internet, etc.) your children are seeing or hearing and pay careful attention to how graphic it is.

Try to maintain a normal household or classroom routine and encourage children to participate in

recreational activities. Reduce your expectations temporarily about performance in school or at home, perhaps by substituting less de-

manding responsibilities for normal chores.

Studies have shown that being prepared can greatly reduce the effects of a disaster. Here are some steps you can take to make sure that you and your family are prepared in case of an emergency.

- * Sit down with your children to create an emergency plan.
- * Draw up a floor plan of your home that shows all possible exits from each room.
- * Practice your plan at least once a year with your whole family.
- * Prepare an emergency kit with your family.



The 1998 ice storm. Photo by John Ferguson/FEMA.

- * Your kit should include items such as water, non-perishable food, a first aid kit, warm blankets, a flashlight, extra batteries, etc. (a comprehensive listing can be found at the Emergency Preparedness & Planning Offices).
- * Learn about the types of storms, natural disasters and other potential emergency situations that can happen in your neighborhood.
- * During a storm, if you are indoors, stay away from windows, doors and fireplaces.
- * If you are outdoors, seek shelter. If shelter is not possible, look for low-lying areas away from water. Crouch down with your feet close together and your head down (the "leap-frog" position).
- * Consider playing/practicing your family emergency plan.

Additional information can be found on the Kahnawake Website at: <http://www.kahnawake.com/org/cpu/beprepared>; the U.S. Federal Emergency Management Agency (FEMA) website at: <http://www.fema.gov/kids> or the Canada Safety Council website at <http://elmer.ca/home.php>.

If you have any questions or concerns, please do not hesitate to contact the Emergency Preparedness & Planning office at (450) 632-0635.

Arnold Lazore is the associate director of the Emergency Preparedness & Planning Office.



MAD Group's Trip of a Lifetime

by TYSON PHILLIPS, COMMUNICATIONS

After many months of fundraising, the MAD Group were finally able to attend the Healing Our Spirit Worldwide (HOSW) conference in Hawaii from September 1–10, 2010.

Bea Taylor and Merrick Diabo, MAD Group facilitators, and one parent, were the chaperones to the eight group members who were also able to make the trip. “In a nutshell, we all had an amazing time,” Merrick enthused. “The conference was very inspiring and we all learned a lot. It felt really good that all of our hard work fundraising finally paid off,” he said.

The group arrived in Hawaii three days before the start of conference giving them an opportunity to take in the local sites. “The teens wanted to swim in the ocean, so we spent a lot of time at the beach,” Merrick said. “We also went to the Polynesian Cultural Center, where you learn what Hawaii is all about. It was good timing as we had three days to be tourists and the rest of the time was concentrated on the conference.”

Merrick has attended the conferences in the past. “My first conference was in Australia in 1994 when I was a MAD Group member. The last one was in Edmonton in 2006, where I was a presenter for one workshop,” he explained. “I found there to be more of a focus on the youth at this year’s conference.”

Some of the workshops that the group attended were on addictions, presented by a group of Maori from New Zealand, anger management, song and dance, traditional farming, residential school trauma, de-mystifying aboriginality, fish farming, and

were there, we learned so much. There was no time to get bored, there was always something to do,” said Iohsennontion.

Desiri agreed. “Along with the workshops, we also learned how to do paddle boarding, how to hula, how to cook Hawaiian food, and some youth from New Zealand taught us about their sports and how to play them,” she said. “I also enjoyed seeing all the different animals that live in Hawaii.”

Both Iohsennontion and Desiri agree that it was a trip of a lifetime and encourage other youth to try and attend the next



MAD Group members Desiri Lahache and Iohsennontion Lahache. Photo by Tyson Phillips.

sexuality within aboriginal people. Besides the workshops, there were also opportunities for cultural gatherings and networking with other First Nation people.

“The teens were able to socialize with other youth including Navaho and Cree, along with Kanienkeha:ka from Tyendinaga and Maori from New Zealand,” Merrick said.

Two MAD Group members, Desiri Lahache 13, and Iohsennontion Lahache 15, spoke about their exciting Hawaiian adventure. “When we

conference. They keep in touch with their new friends through Facebook.

The next HOSW gathering is scheduled for 2013 in Alice Springs, Australia and MAD Group hope to attend. “By the end of the trip, some of the teens didn’t want to go home. What I’d like to see is more community members take part in it, not just the MAD Group,” Merrick said. “We learned so much about other aboriginal people from around the world; it would be great if we can teach them about the Mohawk culture. If more Kahnawa’kehrónon could go, that would be great.”



Adult Shots What Do I Need To Know?

by CAIREEN CROSS, KMHC

“Immunization is one of the great success stories of modern medicine. Today, many health care professionals, as well as most parents and even grandparents of young children, have never met a person who has had a vaccine-preventable disease such as diphtheria, poliomyelitis or measles. Nor have they witnessed the complications and mortality often associated with these diseases.” (“Immunization Protocol: First Nations and Inuit Health Branch Quebec Region” FNIHB, Health Canada).

Babies get vaccinated routinely throughout the first few years of life for various childhood diseases. Children receive vaccines in school to help prevent infections later in life. But what common vaccines should adults think about getting? What is recommended for healthy adults or adults with a chronic illness?

The Quebec Immunization Protocol recommends that all adults be vaccinated against tetanus and diphtheria at least once every 10 years.

Tetanus can cause spasms in the jaw, vocal chords and body, leading to death in 10 per cent of cases. Diphtheria can cause a severe sore throat, high fever, and respiratory and heart problems, with possible severe complications of paralysis and death in 5–10 per cent of cases. Possible reactions to the vaccine, though rare, include pain at the injection site, fever, fatigue, headache, nausea, vomiting, dizziness, and an allergic or anaphylactic reaction (extremely rare).

In recent years, a combined vaccine against tetanus, diphtheria and pertussis (whooping cough) has been offered to all healthy adoles-

cents and adults. Why? Whooping cough has made a resurgence in the population and poses the greatest risk to children under one year old. It can cause violent coughing spasms that can persist for months and lead to difficulty eating, drinking, and breathing.

If an adolescent or adult received only the tetanus/diphtheria vaccine in the last five years, there is no increased risk of side effects to receiving the combined vaccine including whooping cough.

Some people may question why they still need to receive these vaccines if they received boosters as a child or adolescent. Even though some diseases have been eradicated through vaccination (e.g. smallpox) others, like the tetanus bacteria, remain in the environment and will always pose a risk. Also, how long a vaccine will offer protection is not always known, as in the case of the whooping cough, and additional boosters are sometimes needed.

What additional vaccines are recommended for chronically ill or older adults?

The pneumococcal vaccine is another routinely recommended vaccine for adults over 65 years of age and for adults with chronic illnesses.

Pneumococcal bacteria can lead to serious infections such as pneumonia, blood infection, and meningitis. It is opportunistic, taking advantage of a person with a cold or flu illness, and developing into pneumonia.

This vaccine is generally given once in a lifetime and may be given at the same time as your seasonal influenza shot. Adults under 65 years are not at risk but if you have heart

problems, respiratory problems (except asthma), kidney disease, diabetes, spleen problems or no spleen, cirrhosis of the liver or alcoholism, HIV infection, or immune system problems, you may want to speak to your nurse or doctor about whether or not you are recommended to receive this vaccine.

There are many vaccines that may benefit you; however, not all are free or appropriate for everyone e.g: travel vaccines for hepatitis A and B.

If you have any questions about vaccines, benefits and risks, your nurse in the KMHC Outpatient Clinic or Community Health Unit will be happy to discuss them with you. Ultimately, it’s your decision to receive a vaccination and we would like to provide you with all of the necessary information to make an informed choice. You can reach the KMHC by calling (450) 638-3930.

Source: “Fighting Pneumococcal Infections”. Quebec: Santé et Services Sociaux Quebec, 2010.

“Tdap Vaccine: Combined Tetanus, Diphtheria and Pertussis (Whooping Cough) Vaccine”. Quebec: Santé et Services Sociaux Quebec. 2009.

Caireen Cross, BScN is a nurse with Kateri Memorial Hospital Centre

Mental Health & Crisis Counselling

by ARNOLD LAZARE, EMERGENCY PREPAREDNESS & PLANNING

Over the years several sayings have been used to promote Emergency Preparedness & Planning (EPP) in the community including: *Bee Prepared; If you fail to plan, you plan to fail; Is your family prepared* etc. Being prepared does lessen the affect of a disaster. We only have to look at the ice storm as an example; by being prepared the community did not have to rely on outside assistance.

Often, the emotional toll that disaster brings can sometimes be even more devastating than the financial strains of damage and loss of home or personal property. This article looks at what we can do to recognize and minimize the negative effects of emotional trauma caused by disaster.

Children and the elderly are great concerns in the aftermath of disasters. Even individuals who experience a disaster *second hand* through exposure to media coverage can be affected. Crisis counseling programs include community outreach, consultation and education.

Be aware of signs that one needs help in coping with stress of a disaster.

1) Things to remember when trying to understand disaster events:

- ✧ No one who sees a disaster is untouched by it.
- ✧ Stress is a *normal* reaction to an *abnormal* situation.
- ✧ It is normal to feel anxious about your own safety and that of your close family and friends.
- ✧ Profound sadness, grief, and anger are normal reactions to an abnormal event.

- ✧ Acknowledging your feelings helps you recover.
- ✧ Focusing on your strengths and abilities will help you to heal.
- ✧ Accepting help is healthy.
- ✧ We each have different needs and ways of coping.
- ✧ It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

2) Ways to ease disaster related stress:

- ✧ Establish a family emergency plan. Feeling there is something you can do, would be very comforting.
- ✧ Talk with someone about your feelings—anger, sorrow or other emotions even though it may be difficult.
- ✧ Don't hold yourself responsible for the disastrous event or be frustrated because you cannot help directly in the rescue work.
- ✧ Take steps to promote your own physical and emotional healing by staying active in your daily life patterns.
- ✧ Maintain a normal household and daily routine, limiting demanding responsibilities of you and your household.
- ✧ Spend time with family and friends.
- ✧ Participate in memorials, rituals and use of symbols as a way to express feelings.
- ✧ Use existing support groups of family and friends.

The best thing is to try and prepare before. Developing, maintaining and practicing a family emergency plan will go far in limiting negative effects. The better you plan the more resilient you become.

If you would like more information on how to make a plan or what to include, please do not hesitate to contact the Emergency Preparedness & Planning office at (450) 632-0635.



Even bears get stressed. Photo: stock xchange.

The Price of Beauty

by MARIE DAVID

Do you know what chemicals are in your personal hygiene products? Many people don't know that all of that stuff you're slathering on to clean, shine, smooth, and soften different parts of your body may be contributing to your health woes. That's not all. Many of these chemicals are found in multiple products and can have a cumulative effect on your health and on the environment, as they get washed down the drain.

The David Suzuki Foundation released the results of a survey in late October. They had three objectives: **1)** to investigate the prevalence of 12 chemicals in products Canadians use regularly, **2)** to raise awareness of the chemicals with survey participants, and **3)** to build support for stricter regulations from the Canadian government.

Over six thousand individuals participated in the survey and provided information on over 12,500 products. The 12 ingredients participants were surveyed about were:

- 1) BHA and BHT:** used mainly in moisturizers and makeup as preservatives. Suspected endocrine disruptors* may cause cancer (BHA). Harmful to fish and other wildlife.
- 2) Coal tar dyes: p-phenylenediamine (PPD)** and colours listed as "CI" followed by five digits: P-phenylenediamine is used in some hair dyes; other colours are used in a variety of cosmetics. Potential to cause cancer and may be contaminated with heavy metals, toxic to the brain.
- 3) DEA, cocamide DEA and lauramide DEA:** used in some creamy and foaming products e.g. moisturizers and sham-

poos. Can react to form nitrosamines, which may cause cancer. Harmful to fish and other wildlife.

- 4) Dibutyl phthalate:** used as a plasticizer in some nail care products. Suspected endocrine disrupter and reproductive toxicant. Harmful to fish and other wildlife.
- 5) Formaldehyde-releasing preservatives: DMDM hydantoin, diazolidinyl urea, imidazolidinyl urea, methenamine, quarternium-15 and sodium hydroxymethylglycinate:** used in a variety of cosmetics. Slowly release small amounts of formaldehyde, which causes cancer.
- 6) Paraben, methylparaben, butylparaben and propylparaben:** used in a variety of cosmetics as preservatives. Suspected endocrine disrupters and may interfere with male reproductive functions.
- 7) Parfum:** Any mixture of fragrance ingredients used in a variety of cosmetics. Some ingredients can trigger allergies and asthma. Some are linked to cancer and neurotoxicity. Harmful to fish and other wildlife.
- 8) PEGs (e.g., Peg-60):** used in some cosmetic cream bases. Can be contaminated with 1,4-dioxane, which may cause cancer.
- 9) Petrolatum:** used in some hair products for shine and as a moisture barrier in some lip balms, lip sticks and moisturiz-

ers. A petroleum product that can be contaminated with polycyclic aromatic hydrocarbons, which may cause cancer.

- 10) Siloxanes: cyclotetrasiloxane, cyclopentasiloxane, cyclohexasiloxane and cyclomethicone:** used in a variety of cosmetics to soften, smooth and moisten. Suspected endocrine disrupter and reproductive toxicant (cyclotetrasiloxane). Harmful to fish and other wildlife.
- 11) Sodium laureth sulfate:** used in some foaming cosmetics e.g. shampoos, cleansers and bubble bath. Can be contaminated with 1,4-dioxane, which may cause cancer.
- 12) Triclosan:** used in some antibacterial cosmetics e.g. toothpastes, cleansers and antiperspirants. Suspected endocrine disrupter and may contribute to antibiotic resistance in bacteria. Harmful to fish and other wildlife.

To view the entire report, including the recommendations, visit the David Suzuki Foundation website and download the report: *What's Inside that Counts*.

Source: "What's Inside that Counts". PDF. 20 Oct. 2010.

www.davidsuzukifoundation.org

* *Endocrine disrupter: "A contaminant that mimics hormones and interferes with the endocrine system, which regulates growth, metabolism, sexual development, reproduction and other body functions."* (8).



Family Support for Residents Helping Family Members Adjust to a New Home

by WENDY READMAN, KMHC

As we age, many aspects of our lives change. When a person begins to feel old, their sense of well-being begins to deteriorate. Stamina, which once carried them through the day, begins to decrease. They may be reluctant to participate with family and social groups. Everyday coping skills begin to fail them.

The person becomes more dependent on those around them to provide care and often it falls to the family, with assistance from home-care services, to provide that care.

If the person also has memory loss from a stroke, dementia, or another debilitating disease, care requirements increase. The person is usually admitted to a Long Term Care facility with the care being transferred to nurses, doctors, aides, and orderlies.

Once admitted to a facility different issues emerge. Some residents do not have family members and, for others, family visits seem remote. Loneliness becomes a major problem in Long Term Care facilities. The person, although surrounded by others, still longs for familiar faces and old routines.

Families play an important role in the mental and physical health of their relative and are considered a vital part of the team providing care for the resident. KMHC tries to

include family members in care planning meetings. This gives staff a sense of the family expectations. It helps to address family/resident concerns and provides the family a sense of still being involved in the care of their loved one.

Visits with residents should be pleasant, providing opportunities to show family photos and share stories of their family life. Often when a family member visits, the resident has an opportunity to discuss the quality of care they are receiving.

Although some of the comments may be valid, the resident may not remember what has been done for them nor when. Family members with concerns are encouraged to visit throughout the day, without the resident being aware of their presence, to



observe first hand the care being given.

If you would like to volunteer your time, contact our Volunteer Coordinator, Vanessa Rice. She can be reached at the KMHC at the following number. If you have any questions, concerns, or would like support about your family member at KMHC, please do not hesitate to contact us at (450) 638-3930.

Wendy Readman is with Kateri Memorial Hospital Centre.

Roasted Harvest Vegetables

Ingredients

- * Carrots, cut in half and into long strips
- * Turnips, peel and cut into ½-inch wedges
- * Sweet potatoes, cut into 1-inch slices
- * Acorn squash, cut into wedges
- * Olive oil (cold, first pressed)
- * Garlic, 3 cloves minced
- * Salt and pepper
- * 1 tablespoon parsley

Directions

In a large shallow bowl mix olive oil, minced garlic, parsley, salt and pepper. Wash all vegetables with scrub brush.

Cut sweet potatoes into 1-inch thick slices. Cut acorn squash with peels into wedges. Peel and cut turnips into wedges. Peel and cut carrots in half.

Mix vegetables in oil mixture and place in an uncovered baking dish.

Bake at 350° F for 30-45 minutes or when cooked to your liking.

* Great warming foods for damp fall and cold winter weather.

* Try roasting your favorite vegetables with your favorite seasoning.

Recipe provided by Elaine Delaronde, Kahnawake Schools Diabetes Prevention Project



Diabetes Prevention & Management: A Natural Approach

by ELAINE DELARONDE, KSDPP

Physical activity, healthy eating and having a positive attitude can play a vital role in preventing diabetes, other health issues, and bringing balance to our whole being.

✧ **Physical Activity:** There are many health benefits that come with being physically active. Being physically active helps the body maintain healthy blood sugar levels, increase circulation of blood, organic fluids and oxygen intake, builds strong bones and muscles, and helps to reduce stress and improve our self esteem.

Try doing activities such as walking, biking, dancing, swimming, yoga, cardio and weight bearing exercise that you enjoy to improve your health. Walking is a beneficial inexpensive exercise that you can enjoy by yourself or with friends and family.

✧ **Healthy Eating:** Nourish your body with foods high in fiber such as; fresh healthy fruits and vegetables, lean meats, whole grains, nuts and seeds, and drink plenty of fresh water. This fall and winter, try adding some cultural foods such as squash, sweet potatoes, root vegetables, and dry beans and corn. Try adding warming spices and teas to your diet to prepare your body for the damp and cold weather of autumn and winter.

✧ **Positive Attitude:** Stress increases glucose levels and is damaging to your health. Having a positive attitude can help maintain healthy blood sugar levels and the natural flow of energy through your body. Learning to manage stress by reading a book that will bring positive knowledge your way. Taking time for yourself to do meditation, yoga, tai chi, and breathing exercises that will help you focus and bring peace to your mind. Treating yourself to a good laugh, getting a good night sleep and doing the things you love so peace, health, and happiness will shine naturally in your life.

Recipe: Squash & Sweet Potato Soup

1 tablespoon olive oil
 1 small yellow onion, chopped
 1 celery, chopped
 2 medium sweet potatoes, sliced
 1 small butternut squash, peeled, and thinly sliced
 4 cups vegetable stock
 1 teaspoon dried thyme
 ½ teaspoon dried sage
 Salt and ground pepper

1. Heat the oil in a large skillet over medium heat. Add onion and celery; cook until softened, about 5 minutes.
2. Transfer the cooked vegetables to a 4–6 quart slow cooker. Add sweet potatoes, squash, stock, thyme, and sage; season with salt and pepper. Cover and cook on low for 6 hours.
 (OR) Transfer ingredients to a large soup pot. Bring to a boil; reduce heat to low and cover. Cook for 1 hour.
3. Working in batches, puree the soup in a blender or food processor, or directly in the pot or slow cooker using an immersion blender. Taste to adjust the seasonings and serve hot.

Serves: 4 to 6 people.

Elaine Delaronde is with the Kahnawake Schools Diabetes Prevention Project.

The Back Page...

“Every time you suppress some part of yourself or allow others to play you small, you are in essence ignoring the owner’s manual your Creator gave you and destroying your design.”

Oprah Winfrey, O Magazine



The Gift of Hope

by BRIAN WILLIAMS, PROMOTION & EDUCATION

The Gift of Hope is a yearly campaign designed to raise awareness of the risk that suicide ideation poses within our community, while also highlighting the resources that are available to an individual who is experiencing suicidal thoughts.

The campaign runs during the month of December and, while we acknowledge that suicide attempts can happen anytime of the year, the added stress of the winter months along with the holiday season can place a greater burden on our mental health. That is why we renew the Gift of Hope campaign during December in order to shine a light of hope during, what is for some, the darkest time of the year.

In Canada, the suicide rate for Aboriginal youth is much higher compared to Canadian youth (5 times greater for males and 7.5 times higher for females) and suicide is among the leading causes of death among Aboriginal youth.

Our community should be thankful that the number of completed suicides is low; however, the number of people who have either thought about or attempted suicide is significant.

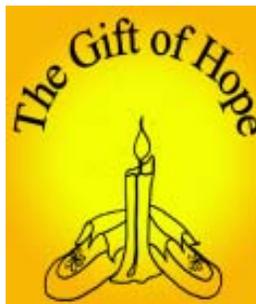
Our culture teaches us that all life is sacred. Therefore, it is vitally important to let people who are suffering severe cases of mental, emotional, or physical pain know that they are important and that their life matters to us all.

Individuals with suicidal thoughts are not well understood. Many people believe that there is nothing they can do to prevent another person from committing self harm and may not want to intervene, instead choosing to believe that it is better to let a suicidal person make their own decisions. Someone suffering from severe mental, emotional or physical pain is seeking a way to stop that pain and their death may appear to be the best method available to them.

Suicide is neither the best nor only solution but it will take time, effort and the support of loved ones to get through this low point in their life.

The main goal of the Gift of Hope campaign is to remind everyone that their life is important. We encourage people to engage in a dialog on why living matters and guide one towards resources that assist them with mental, emotional or physical pain that feels overwhelming.

If you or someone close to you is struggling with mental, emotional, or physical pain you are encouraged to contact KSCS at (450) 632-6880 for assistance.



December is...

- 1 World Aids Day
- 3 Intl. Day of Disabled Persons
- 6 Natl. Day of Action & Remembrance on Violence Against Women in Canada
- 24 Christmas Eve
- 25 Christmas Day
- 26 Boxing Day

January is...

- 1 New Year’s Day
- Alzheimer’s Awareness Month
- 16-22 Natl. Non-Smoking Week
- 19 Weedless Wednesday
- 27 Family Literacy Day



Do you have questions or suggestions? Is there a topic you would like to see covered in a future issue of the newsletter? Contact us and let us know.

Aionkwatakari:teke

P.O. Box 1440

Kahnawake, Quebec JOL 1B0

Tel: (450) 632-6880

Fax: (450) 632-5116

E-mail: kscs@kscskahnawake.ca