



# Aionkwatakari:teke

(A-YOU-GWA-DA-GA-RI-DE-GEH)

"For us to be healthy"

Vol. 17, No. 5

Kahnawake's Only Health and Wellness Newsletter

Kenténha/October 2012



## Katate'nikonrà:rak



The Spirit  
of Wellness  
2012

## I Take Care of Myself

### INSIDE THIS ISSUE

Addictions & Violence	3	Recognizing A Drug Problem	8
Mental Health First Aid: Psychosis	4	Halloween Food Safety	9, 11
Prescription Drugs, Alcohol, & the Aged	5	Spirit of Wellness 2012	10
Gambling Addiction: A Personal View	6	Halloween Fun	11
Hello, My Name Is...	7	Food to Grow On	12



**Aionkwatakari:teke**

Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotia'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 and encouraged to submit articles provided that they are comprehensive to the general public, informative and educational. Slandorous 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  
 Email: [kscs@kscskahnawake.ca](mailto:kscs@kscskahnawake.ca)  
 (Attention: newsletter editor)

Editor/Layout/Design, Marie David  
 Executive Publisher, Derek Montour

Proofreading:  
 Robert Marcheterre  
 Bea Taylor



Contributors:  
 Marie David  
 Chad Diabo  
 Chantal Haddad  
 Mary McComber  
 Terry McComber  
 Jean O'Connor  
 Kateri Oesterreich  
 Christine Taylor

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**

**C**ontroversy is a good thing. It's not necessarily a comfortable thing but it is a good thing. Why? Because it gets dialogue flowing or, at the very least, allows for some self examination into why decisions were made and whether or not you would make the same decision again.

What does this have to do with anything? I have been the newsletter editor since late 2008. We send out approximately 1700 copies to the community. At least 250 are returned in the recycle box downstairs (thank you for recycling, by the way). And we, who work on the newsletter, often wonder...is anyone reading it? Sometimes seeing those newsletters being returned (and walling me in at my small cubby-hole) can be a bit deflating. We work really hard on the newsletter. We hash out ideas at bi-monthly meetings. We try to keep a pulse on issues and concerns in the community so that when we craft articles...we speak to these issues. We want them to be relevant. We want you to read them. So, while many get returned I think if only one person reads the newsletter...we've done our job.

So what does this have to do with controversy? Well, since I've been here I've only received one letter to the editor and one phone call and that was with the last issue. I won't go into specifics about the letter or phone call but I will say THANK YOU. Thank you for taking the time to write; for taking the time to call; and for taking the time to read the newsletter. Your concerns have not fallen on deaf ears. It's made us more aware of the different realities that are out there, that a picture is not just a picture without context, that an article is not just an article without sources or facts to substantiate it. Whether one reality is more relevant or more truthful than another reality...is not for us to judge. How one person interprets something cannot be controlled. If it were possible there would be no misunderstandings, misrepresentation, or lies. Will we make mistakes? Absolutely. We are only human. However, we are not a tabloid. We do not seek to trivialize or sensationalize any issue we cover. Will we occasionally poke and prod to get your attention? Will we occasionally play the devil's advocate to get a reaction? If I have anything to say about it, we will.

Sken:nen,  
 Marie David

*Cover: SOW logo designed by Marion Snow.*





## Addictions & Violence

BY MARY MCCOMBER, PREVENTION

Imagine you are a baby propped up in a cradleboard near a tree. The breeze is gently blowing, the sounds of birds are in your ears, your mother and her sisters are nearby harvesting corn and dogs are yipping as your father and other men are preparing to hunt.

A baby in a safe, secure environment is aware of his value in society and will be taught to be a positive and contributing member of society. In turn, he will teach his children. Security helps children feel happy and positive role modelling may contribute to the child's development.

Multigenerational issues have an impact on our development as a community. We must take the knowledge of the past and use it to assist us in the development of healthy selves, families and communities. Security and safety of children, positive discipline, compassion, effective conflict resolution and role modeling are values that are still needed today. We can create safer environments for our youth and lessen the negative impact of risk factors such as addiction, exposure to family violence, neglect and child abuse.

The cycle of addictions and family violence can have devastating effects on the development of a child's sense of self, their values, mental health, and behaviours. Family and friends may have suffered, and continue to suffer, from

addictions or the effects of violence. The reasons these issues occur are varied and complicated.

Violence is everywhere, on the news, in movies and in music. Kahnawa'kehró:non are dealing with generational trauma passed on from the older generation's experience at residential school. The learned behaviours of past generations can effect coming generations unless we all take the responsibility to learn more positive behaviours. "Violence against children affects children, families and communities and may resonate throughout a child's life and even over many generations in a family" (Fairholm.17).

At KSCS, we've had reports of intimate partner violence, incidents at the schools among the youth, and various forms of child and elder abuse. Kahnawà:ke has also experienced severe forms of violence such as suicide and homicide. The links between addictions, mental illness and violence can also be made as people continue to struggle with stress, trauma, an inability to cope, and biological and family history.

We've seen our client population require assistance on depression, anxiety and behavioural issues and dependence on prescription drugs and other substances as coping mechanisms. Prevention of these issues is simple. It

involves self awareness, coping and social skills building, a commitment to change, family and community support, and positive stress management activities.

Let's all look inside ourselves. How do we treat ourselves, each other, are we good role models to our children? Nobody's perfect but we can all try to make our life experience a good one so our children can instil strong and healthy Kanien'kehaka values into the next generation.

If you need further assistance or information, talk to your supports: a doctor or nurse, a knowledgeable community member or call KSCS.

Source:

*Fairholm, Judi, et al. Respect Ed: Violence and Abuse Prevention-Ten Steps to Creating Safe Environments for Children and Youth. Canadian Red Cross, 2007. Print.*



BY CHAD DIABO, PROMOTION/EDUCATION

# Mental Health First Aid Guidelines: Psychosis

**What is psychosis?** Psychosis is a medical word describing mental health problems that stop the person from thinking clearly, distinguishing between reality and their imagination, and acting in a normal way. Experiencing symptoms of psychosis is often referred to as having a psychotic episode.

**How do I know if someone is experiencing psychosis?** The two main symptoms of psychosis are: hallucinations and delusions. Hallucinations occur when one perceives things that are not real such as seeing, hearing, or feeling a person or sensations that you can't see. Delusions are false beliefs about the self and/or society. A person may talk of the end of the world apocalypse, being a Messiah or the messenger of God.

Other common symptoms are:

- changes in emotion and motivation
- changes in thinking perception
- possible changes in behaviour

**How should I approach someone who may be experiencing a psychotic episode?** People developing a psychotic disorder will often not seek help and may try to keep it secret. They may

resist trusting you and your desire to help. Be patient. Talk to the person honestly about your concerns. Tailor your approach to the person's behaviour; if they are suspicious of you, take your time and proceed at their pace. Respect their personal space. Convey a message of hope by assuring them that help is available and things can get better.

**How can I be supportive?** Treat the person with respect and understanding. Avoid confronting their odd behaviour and do not criticize. Be honest and don't make promises you can't keep.

**How do I deal with hallucinations and delusions?** Recognize that the hallucinations and delusions are real to them. Don't dismiss, minimise or argue with them about their delusions or hallucinations or pretend they are real but convey your understanding of what they believe is real.

**Should I encourage the person to seek professional help?** Yes! People can live fulfilling lives if psychosis is diagnosed early.

**What if the person becomes aggressive?** This is a myth of popular culture. People with psychosis are not usually aggressive. They are at a higher

risk of harming themselves instead of others. If a person becomes aggressive, stay calm and try to de-escalate the situation.

## How to de-escalate the situation:

- Do not respond in a hostile, disciplinary or challenging manner
- Do not threaten them. This may increase fear or prompt aggressive behaviour
- Avoid raising your voice or talking too fast
- Stay calm and avoid nervous behaviour (e.g. shuffling your feet, fidgeting, etc...)
- Do not restrict the person's movement
- Remain aware that the person's symptoms or fear causing their aggression might be worsened if you take certain steps (e.g. involve the police)

If you feel the person is at risk of hurting themselves and/or others, get help from the Peacekeepers and ambulance 450-632-6505.



# Prescription Drugs, Alcohol, & the Aged

BY JEAN O'CONNOR, HOME & COMMUNITY CARE

In 2008, I attended the McGill Interdisciplinary Geriatric Seminar in Montreal. At the seminar, Dr. Louise Mallet, of the University of Montreal and a clinical pharmacist in geriatrics at the Royal Victoria Hospital, presented her findings, which were also made available to participants through a handout. She reported that substances abused or misused by older adults are usually alcohol, nicotine and prescription drugs.

Her findings showed that older adult's inappropriate use of prescription medications with addiction potential may range from sharing medications, recreational use, and using a higher dosage for longer durations than prescribed. Illegal drug use is reported as relatively rare in older adults; however, the use of these substances is projected to increase over the next decade with the baby-boomer population approaching retirement.

Health Canada reports that 22 per cent of seniors drink alcohol four or more times per week. Substance abuse can increase the risk of an older adult getting injured or becoming ill, especially if it is combined with the use of prescription medications. ("Best



Practices: Treatment and Rehabilitation for Seniors with Substance Use Problems")

Here are some tips to help reduce the risk:

- Read the labels of your medications and follow the directions. Contact your pharmacist if you have any questions regarding your medications.
- Avoid alcohol and/or other drugs if your medication tells you to. Mixing them puts you at greater risk of injury and illness.
- The following people should avoid using alcohol use entirely:
  - \* Anyone with certain health problems, such as liver disease or certain psychiatric illnesses;
  - \* Anyone taking certain medications, such as sedatives or painkillers;
  - \* Anyone with a personal or family history of a serious drinking problem;
  - \* Anyone operating a vehicle;
  - \* Anyone who needs to be alert – at work, or when they are responsible for the safety of others.
- Tell your health care provider if you have any food or medication allergies.

- It's a good idea to keep track of side effects and let your health care provider know immediately.
- Clean out your medicine cabinet at least once a year.
- Never lend your medication to friends or family. They should always see their own health care professional before taking any medication.
- Review your medication with your health care professional annually.

(*Leeds, Grenville & Lanark District Health Unit* )

Source: "Alcohol / Drugs - Alcohol and Other Drugs and Their Impact on Aging." *Leeds, Grenville & Lanark District Health Unit* . N.p., n.d. Web. 27 Aug 2012. <<http://www.healthunit.org/alcoholdrug/drugs/impactaging.htm>>.

*Health Canada. Best Practices: Treatment and Rehabilitation for Seniors with Substance Use Problems. Web.*



# Gambling Addiction: A Personal View

BY TERRY MCCOMBER, PREVENTION

I live only 12-minutes from the border at Fort Covington, New York, which is another 10 minutes to the Akwesasne Casino. My beau and I will often visit the casino's Maple Room Steakhouse to enjoy fine dining. Neither he nor I consider ourselves gamblers, but the drive is short, the food is incredible, and the few hours we are out of the house makes things fresh.

Don't get me wrong, I do play. I may stroll the aisles of machines and tables, but inevitably I choose to only play the penny machines. Like many others, I put in my money and enjoy a few minutes of leisure by clicking a button. Unlike others, I choose to spend only \$5, not \$50 or \$500.

Why? I work hard for my money and the few minutes of entertainment I gain from sitting at a slot machine is more than enough reason to say "Let's get out of here."

Why is it I can I do this and others can't? The difference may be in the thrill of winning a few extra dollars gained through a spin. Wanting more of that initial euphoric feeling is what pulls people in, and the hope of winning more is a temptation. I've seen it while

strolling the aisles of the casino; people sitting at one slot machine but playing three! Yes, one machine in front of them as they play the machines on either side!

During a recent visit to the casino, I watched as a man at the penny machine next to me deposit a \$20 bill. In less than a minute he lost it and, when he did, he fed the machine another 20 dollars. I was amused by his determination but saddened to see that after five attempts, he walked away with nothing to show for his time.

After he left, I wondered if the fact that I was sitting next to him, putting in my own dollar bills, makes me just like him. I then rationalized it to myself: No, I am only playing \$5, I came in for dinner and I know how to walk away. I then wondered how many of these people sitting at the slot machines and gaming tables are addicted.

I left feeling sad, not for my \$5 loss, but for the individuals who are addicted—and their families who may be at home waiting for dinner to be served, and everyone else in their lives that feels the ripple effect of their loved one's addiction.

I am not going to say that all gamblers are addicted. In fact, most people are able to gamble without risking a

psychological addiction and the occasional visit to a casino does not indicate a problem.

People who gamble responsibly:

- Do so for entertainment rather than income.
- Balance their participation with other activities.
- Do not gamble alone.
- Set a realistic budget and stick to it.
- Don't borrow money to gamble.
- Set a time limit for gambling.

## When Violence HITS, these resources exist to HELP

- KSCS On-Call Worker (Monday to Friday), 450-632-6880
- KSCS On-Call Worker (Weekends & evenings), 450-632-6505
- McGill Domestic Violence Clinic, 514-398-2686
- Pro-Gam—Center for Intervention in Conjugal and Family Violence, 514-270-8462
- S.O.S. Conjugal Violence, 1-800-363-9010
- Women Aware, 514-489-1110
- Legal Aid Chateaugay, 450-691-4325
- Court of Kahnawake, 450-638-5930



## Hello, My Name Is...

BY CHRISTINE TAYLOR, PROMOTION/EDUCATION

**A**lcoholics Anonymous (AA) is a group of men and women who share their experiences with alcohol and who support each other to live life alcohol free. There is no requirement to come to AA other than the desire to stop alcohol from ruining your life.

I'm a big proponent of AA and all the fellowships, as a place to meet people, talk about ourselves if and when we want to, or just to listen to others in order to let each other know that we are not alone.

There are meetings everyday, in different languages and at different times and locations. You can find a meeting by calling a local number. The phone numbers are listed in the blue section of the telephone directory.

There are different types of meetings, step meetings, speaker meetings, open and closed meetings. An open meeting can be attended by anyone, so if you need someone to come with you and they are not having problems with alcohol, they can still attend. Closed meetings are only for those who have a problem with alcohol.

Some people are a little put off by the supposed religious aspect of AA and even though the organization is non-denominational, there is an aspect

of spirituality or understanding of a higher power (whatever that means to you) that underpins the AA philosophy.

The 12-step program originated with AA and, while it can be used to help people with other addictions, at AA it is used for people experiencing problems with alcohol.

Some people think that you "have to" speak at these meetings, but that only happens when you're comfortable doing so. You are encouraged to participate, but can just listen if that is what you need. AA is not easy but it does work and sometimes it's the only thing that works for people having problems with alcohol.

At AA, they hope that you come of your own volition, but there are times when your attendance is court mandated. AA will help you with that, but of course they hope that you continue to attend because you want to take your life back.

AA is anonymous. Some people might not be comfortable attending meetings in their own community while others find that attending meetings in their own community is comforting, it's your choice. This is why there are so many other meetings outside your com-

munity. Finding the meeting that suits your needs is up to you but just trying is a step forward to recovery.

---

*"The primary purpose of AA is to carry the message of recovery to the alcoholic seeking help. Almost every alcoholism treatment tries to help the alcoholic maintain sobriety. Regardless of the road we follow, we all head for the same destination, recovery of the alcoholic person. Together, we can do what none of us could accomplish alone" (Information on Alcoholics Anonymous).*

---

You can call to find a meeting, other recovery resources available, meeting schedules

- English helpline phone number: 514-350-3444
- Alcoholics Anonymous: 514-374-3688
- On the internet: [www.aa.org](http://www.aa.org)

*Source: Alcoholics Anonymous. Information on Alcoholics Anonymous. Alcoholics Anonymous World Service, Web. <[http://www.aa.org/pdf/products/f-2\\_InfoonAA.pdf](http://www.aa.org/pdf/products/f-2_InfoonAA.pdf)>.*

# Recognizing a Drug Problem

## Are You Controlled by Drugs?

How do you know whether you are chemically dependent? A dependant person can't stop using drugs. This abuse hurts the user and everyone around him or her. Take the following assessment. The more "Yes" checks you make, the more likely you have a problem.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use drugs to handle stress or escape from life's problems?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you unsuccessfully tried to cut down or quit using your drug?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been in trouble with the law or been arrested because of your drug use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you think a party or social gathering isn't fun unless drugs are available?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you avoid people or places that do not support your usage?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you neglect your responsibilities because you'd rather use your drug?              |

Have your friends, family, or employer expressed concern about your drug use?

Do you do things under the influence of drugs that you would not normally do?

Have you seriously thought that you might have a chemical dependency problem?

## Are You Controlled by a Drug User?

Is your life controlled by a chemical abuser? Your love and care (co-dependency) may actually be enabling the chemical abuser to continue the abuse, hurting you and others. Try this assessment; the more "yes" checks you make, the more likely there's a problem.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often have to lie or cover up for the chemical abuser?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you spend time counselling the person about the problem?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken on additional financial or family responsibilities? |

Do you feel that you have to control the chemical abuser's behaviour?

At the office, have you done work or attended meetings for the abuser?

Do you often put your own needs and desires after the user's?

Do you spend time each day worrying about your situation?

Do you feel powerless and at your wit's end about the abuser's problem?

*Source: Reprinted by permission of Krames Communications, 1100 Grundy Lane, San Bruno, CA 940-3030*

*Donatelle, Rebecca J., Lorainne Davis, et al. Health: The Basics. Second Canadian. Benjamin Cummings, Print.*



# Halloween Food Safety

FROM HEALTH CANADA

**H**alloween is a fun time for children and adults. However, the excitement of Halloween shouldn't make us forget about food safety. You should also keep in mind that children with allergies and sensitivities must be especially careful before eating trick-or-treat goodies or certain foods served at Halloween social gatherings. The following steps will help make Halloween an enjoyable experience for everyone.

## Before trick-or-treating

- Remind children not to eat any of their collected goodies while out trick-or-treating, until they are inspected by an adult.
- Remind children not to accept-and especially not to eat-homemade candy or baked goods by people they don't know.
- Give children a snack or light dinner before they go out to help prevent them from munching while trick-or-treating. Don't send them out on an empty stomach!



## After trick-or-treating

- Throw away homemade candy or baked goods.
- Check all commercially wrapped treats. Throw out any treats that

are not wrapped, those in torn or loose packages, or those that have small holes in the wrappers.

- Be cautious before giving young children treats that could be potential choking hazards, such as chewy candies, gum, hard candies, lollipops, peanuts, small toys or mini-cup jelly products. Depending on the size, shape, consistency and composition, mini-cup jelly products may become lodged in the throat and may be difficult to remove.

- Wash fresh fruit thoroughly. Inspect it for holes, including small punctures, and if found, do not let children or adults eat the fruit.

- Remember, when in doubt, throw it out!

## Children with allergies and sensitivities

Some Halloween treats may contain ingredients that can cause severe adverse reactions in children who have allergies or sensitivities. These treats often include ingredients such as peanuts, tree nuts, milk and egg--some of the most common food allergens.

You should therefore take the following precautions before allowing children with allergies and sensitivities to eat any Halloween goodies:

- Throw away homemade candy or baked goods.

- Read labels carefully for all commercially wrapped treats.
- Avoid products that do not have a list of ingredients. Bear in mind that Halloween candies do not always have ingredients listed on their labels.
- Avoid products with precautionary labelling ("may contain" statements).
- Do not allow your children to consume a particular product if you are unsure if it contains an allergen.

## Halloween parties and food safety

When preparing or serving food at Halloween parties, it is always important to follow safe food-handling practices. Here are a few tips you should follow to prevent harmful bacteria from spreading and causing food borne illness.

- Wash hands carefully with soap and warm water for 20 seconds before and after handling food.
- Use a food thermometer to make sure hot foods are cooked to a safe internal temperature to kill harmful bacteria.
- Keep food out of the danger zone, which is between 4°C (40°F) and 60°C (140°F), to prevent the growth of harmful bacteria.
- Keep hot food hot with warming trays, chafing dishes or crock pots at a temperature of at least 60°C (140°F).

continued on page 11



## Spirit of Wellness 2012

BY KATERI OESTERREICH, PREVENTION

For many years, KSCS has coordinated a month-long series of activities geared towards helping the community become healthy and looking towards healing. The theme for this year is Katate'nikonrà:rak or I take care of myself.

This is the first year that I have been given the honour of coordinating the month of events and I feel it's important that we begin the month with an opening event.

On Thursday, November 1st, 2012 starting at 11:00 a.m. we will be having a small opening ceremony where our guest speaker will be presenting about our sacred tobacco and the many uses it has in our healing journey.

After the presentation, participants will each receive a small tobacco bundle for their own personal use. We will have a fire burning and participants will have an opportunity to offer their tobacco and send their words to the Creator.

To ensure that all our participants leave feeling refreshed and renewed we will be offering strawberry juice and corn muffins.

### What about the rest of the month?

It will be a very busy month and I am pleased to say that the community and many organizations have taken up the challenge of helping the community become healthier.

**K103** will be hosting Tuesday noon hour talk shows, where the community will get weekly updates about the various events and activities.

Financial wellness will be discussed with the help of staff from the **Caisse Populaire Kahnawake**. With an aging population, planning for the future and our

financial well-being is an important part to gaining peace of mind and achieving mental wellness.

Other talk shows will discuss the importance of spiritual wellness, dealing with our emotions, keeping mentally fit, and physical wellness.

The **Family and Wellness Center's** Parenting department is looking to offer training for dads with the Super Dads/Super Kids program and our **Communications** team will once again be offering Server Responsibility Training. This comprehensive information session is targeted for individuals who serve alcoholic beverages to members of the community. The training will be given by members from different community organizations which include the health, safety, and legal sectors.

The **Independent Living Center** will be hosting a family activity and we look forward to seeing what the **Turtle Bay Elder's Lodge** will be organizing for the community to enjoy as well.

The **Kahnawake Youth Center** will be hosting three small sports tournaments: volleyball, ball hockey and lacrosse, all tentatively scheduled for the end of the month.

It's not too late to get involved! If you would like to organize an activity or to receive further information about the Spirit of Wellness month of events, please do not hesitate to contact me, Kateri Oesterreich or my co-coordinator Terry McComber at 450-638-0408.



# Halloween Fun

BY MARIE DAVID

Looking for some things to do this Halloween, something different and maybe out of the ordinary? Well, here are a few ideas.

## Haunted House & More at Kahnawake Youth Center

The KYC has several Halloween themed activities including:

- **What:** Halloween Dance/ Masquerade
- **When:** October 19, 2012, 7:00–9:00 p.m.
- **Cost:** \$5.00
- **What:** Haunted House
- **When:** October 29–30, 6:00 to 9:00 p.m.
- **Cost:** \$4.00

Contact the Kahnawake Youth Center for more information: 450-632-6601

## Montreal Ghost Walks

There are two types of walks, the traditional ghost walk or a ghost hunt. The ghost hunt is a group activity where ghost hunters are given a map and are sent off on their hunt. The walks take place in Old Montreal and last about 90 minutes.

- **Dates:** October 26–27, 30–31st.
- **Departure:** 6:30 p.m. every night and also 8:30 p.m. on October 27th

- **Entry (taxes included):**
    - \* Children (12 and under): \$12.50
    - \* Student (ID required): \$18.50
    - \* Adults: \$22.00
- [/www.fantommontreal.com/en/#/halloweenspecial/](http://www.fantommontreal.com/en/#/halloweenspecial/)

## Haunted House at La Ronde

Every weekend October 6-28 including October 8th, La Ronde morphs into a truly scary venue with its different activity zones. The ever-popular Haunted House will be back to scare visitors out of their wits! Frightful fun for everyone!

- **When:** October 6–October 28, 2012
- **Where:** La Ronde
- **Cost:** [www.laronde.com/](http://www.laronde.com/)

## Montreal Zombie Walk

So, you wanna be one of the Walking Dead for a night? This is the place to be. Zombies gather at Place des Festivals and will seek human brains in Old Montreal

- **When:** October 20, 2012
- <http://montrealzombiewalk.com>
- **Cost:** free.



continued from page 9

- Keep cold food cold at 4°C (40°F) or lower by placing serving dishes on crushed ice.
- Do not add new food to a serving dish that has been sitting at room temperature for more than two hours. Change the dish and your serving utensils.
- Refrigerate all leftovers within two hours to minimize the chance of bacteria growing.
- Consume refrigerated leftovers within 2 or 3 days.

## Unpasteurized juice and cider

- Do not let your children drink unpasteurized juice or cider that is served at Halloween parties unless it has been boiled and cooled down. Unpasteurized juice products can be contaminated with harmful bacteria that can cause food borne illness.
- <http://www.hc-sc.gc.ca/fn-an/securit/kitchen-cuisine/halloween-safety-salubrite-eng.php>

## The Back Page...

*"The ultimate measure of man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy."*

- Martin Luther King Jr.



## Food to Grow On

BY CHANTAL HADDAD, KATERI MEMORIAL HOSPITAL CENTRE

### Creamy Spinach Salad

½ head leaf or iceberg lettuce  
5 cups fresh spinach  
1 ½ cups fresh mushrooms,  
sliced

### Creamy Garlic Dressing:

2 tbsp light mayonnaise  
½ cup plain yogurt  
¼ cup fresh parsley, chopped  
1 large clove garlic,  
minced  
2 tbsp parmesan cheese  
pinch salt and pepper

Wash and dry lettuce and spinach. Tear into bite-size pieces. In large salad bowl; combine lettuce, spinach, and mushrooms. In small bowl; combine mayonnaise, yogurt, parsley, garlic, parmesan cheese, salt and pepper. Pour dressing over salad; toss until well mixed. Makes 6 servings.

*Variations:* Add ½ cup of one of the following; chopped apple, mandarin oranges, strawberries, red or green pepper, tomatoes, red onion, boiled egg, cooked chicken, ham, grated low fat mozzarella cheese.

### Fruit Squares

2 cups apples, unpeeled and  
finely diced  
½ cup raisins  
½ cup chopped dates  
2 eggs, beaten  
¾ cup lightly packed brown  
sugar  
½ cup vegetable oil  
1 tsp vanilla  
1 cup all-purpose flour  
1 tsp baking soda  
1 tsp ground cinnamon

In a medium bowl, combine apples, raisins and dates. In a large bowl, combine eggs, sugar, oil and vanilla.

In a third bowl, combine flour, baking soda and cinnamon; add to egg mixture. Stir in fruit.

Spread into one lightly greased loaf pan or 13"x 9" baking pan. Bake in pre-heated oven for 20-25 minutes or until tester inserted comes out clean. Cut loaf into 12 slices or cake into 10 squares.

*Recipe from Cook Great Food by Dieticians of Canada*

*Dieticians of Canada. Cook Great Food.  
Toronto: 2002.*

*Editor's Note:* Held over from last issue's *Food to Grow On* article.

### October

Autism Awareness Month  
Breast Cancer Awareness Month  
Influenza Immunization Awareness Month  
30-6 Mental Illness Awareness Week  
30-6 Natl. Breastfeeding Week  
7-13 Fire Prevention Wk  
1 Natl. Seniors Day  
8 Canadian Thanksgiving Day  
21 Harvest Fair  
31 Halloween

### November

Spirit of Wellness Month  
Diabetes Awareness Month  
Movember: Prostate Cancer Awareness Month  
24-30 Natl. Home Fires Safety Week  
11 Remembrance Day  
14 World Diabetes Day  
25 Intl. Day for the Elimination of Violence Against Women

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

Email: [kscs@kscskahnawake.ca](mailto:kscs@kscskahnawake.ca)