

HESKW'EN'SCUTXE

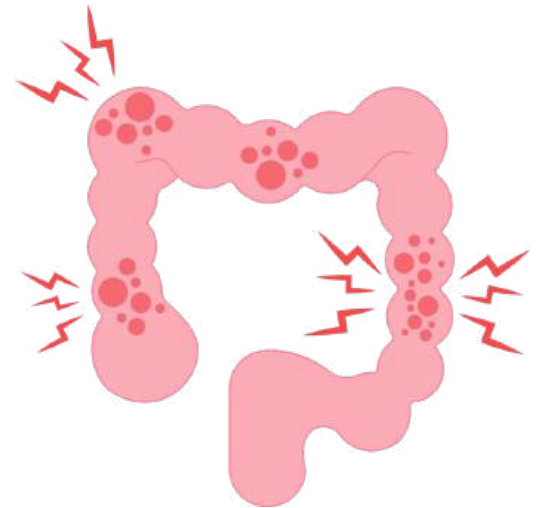
September 2024

Monthly Newsletter

Volume 2 Issue 8



Cook's Ferry
Indian Band
Nlaka'pamux Nation



CULTURAL TEACHINGS

*Stories from
OUR TELLINGS
Interior Salish Stories
of the
Nlkapamux People*



Coyote Meets His Daughter in the North
Told by
Herb Manuel

OFFICE HOURS

Monday to Friday
8:30am To 4:30pm
Closed 12:00pm to 1:00pm

Cooks Ferry (250) 458.2212
Toll Free: 1.866.458.2212

Siska: (250)455.6601
Toll Free:1.844.255.6601



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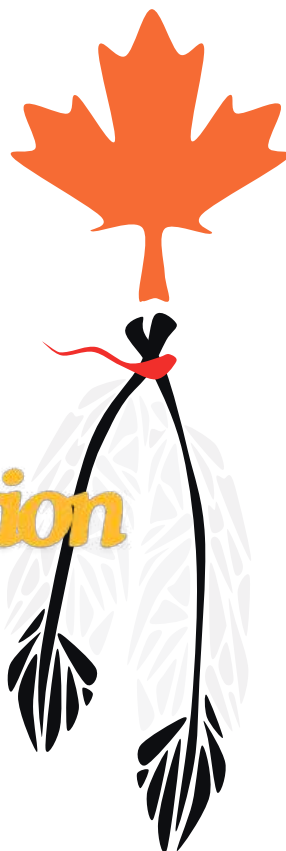
HESKW'EN'SCUTXE MISSION

Serving the Cook's Ferry and Siska members living within these communities, Heskw'en'scutxe Society pronounced wéx we? λú? which means "take care of yourself" is focused on the well-being of its clients, offers various health services while honoring Nlaka'pamux traditions.

In line with the funding received from First Nation Health Authority, the mission and vision of the Society are to support community-based health programs and for people to maintain their independence and self-sufficiency.

Access to External Health Care
Communicable Disease Control
Home Care
Maternal Child Health Care
Medical Travel
Mental Health and Wellness

**Truth and
Reconciliation**



***"We embrace
Nlaka'pamux
traditions, culture and
values. Our health
services integrate
modern medicines and
methods to provide
holistic wellness for
our community
members."***

STAFF DIRECTORY

BOARD OF DIRECTORS



Lorette Edzerza
Cook's Ferry



Angela Phillips
Siska



Samantha Gush
Siska



Florine Walkem
Cook's Ferry



Tina Draney
Finance &
Acting Health Manager



Scarleth Zwez-Ruiz R.N.
Community Health Nurse &
Home Community Care Nurse



Angie Pigeon R.N.
Community Health Nurse



Lisa Colwell R.N.
Home Community Care Nurse
Coming soon back to community



Nadine Methot B.A.
Administrative Assistant
Medical Travel Clerk

Cooks Ferry



Corynn Reveley
MOA/Receptionist
Medical Travel Clerk

Siska



Christy Whittaker
Newsletter Writer

Home Care Aides



Clarissa Frederick
Nursing Assistant / HCA



Jessie Munro
HCA



Danielle Munro
HCA

Medical Drivers



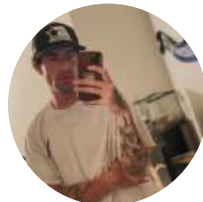
Jean Mckay
Medical Driver



Martha Van Dyke
Medical Driver



Kurtis Legare
Medical Driver



Dayton Arnett
Medical Driver



THEMES OF THE MONTH

National Grandparents Day

Ovarian/Prostate Cancer

World Suicide Prevention Day

Arthritis Month



By Christy Whittaker

Knowledge is power, following are reputable health links to Ovarian Cancer and Prostate Cancer

Links for Ovarian Cancer Awareness

ovariancanada.org

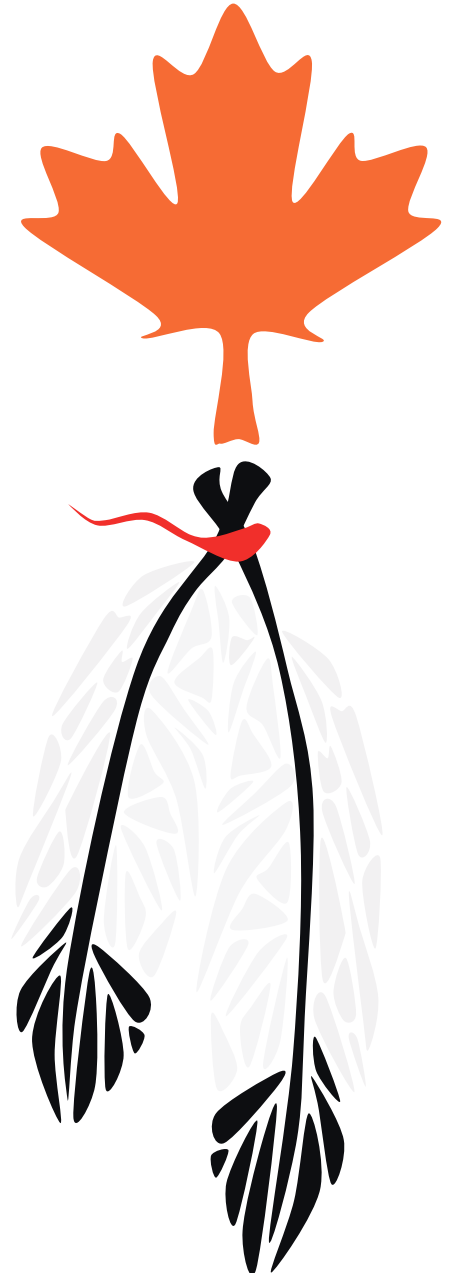
gciacancer.org

theprincessmargaret.ca

Links for Prostate Cancer

<http://prostatecancerguide.ca>

Truth and Reconciliation



COHI IN SISKA

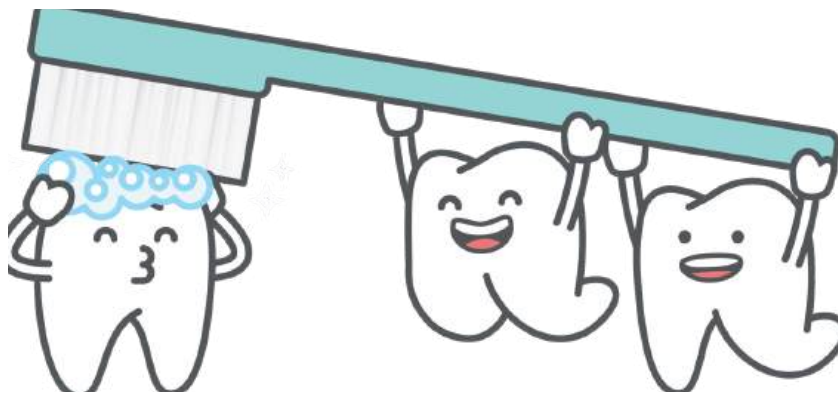
Michelle Beattie

October 21: 1:00 pm to 4:00 pm

Dental Cleanings in Siska

October 25

Call to book an appointment



FREE DENTAL CARE FOR EVERYONE

Open to all children and Adults living in Community.
Free cleaning and healthy teeth services offered in
Siska & Cook's Ferry locations.

CALL TODAY TO INQUIRE OR
BOOK AN APPOINTMENT SISKA:
250-455-6601
COOK'S FERRY: 250-458-2212

- Services include:
- Dental x-rays
- Dental cleanings
- Stain removal
- Tartar buildup
- Tooth polishing and fluoride application.
- Oral hygiene instruction.
- Tooth brushing.
- Flossing
- Denture cleaning

Sealants for children to prevent tooth decay if
needed

Services



Sept. 5th: Medication Pick-up

Sept. 5th: Plan W / PBC Presentation
Cooks Ferry

Restorative Massages with
John Cooks Ferry 10am

Sept. 12th: Plan W / PBC Presentation
in Siska

Sept. 17th: Footcare with
Suzanne in Cooks Ferry

Sept. 19th: Footcare with
Suzanne in Siska

Sept. 25th : Cooks Ferry
Shopping Day

Sept 24 Restorative Massage
with John Siska

Sept 25 Restorative Massage
with John Cooks Ferry

Reminder!

Offices will be closed
on September 20th
for a Staff Land
Based Day

Reminder 2

Offices will be closed
on September 30th
for Truth and
Reconciliation Day

OVARIAN CANCER

RECOGNIZE THE SYMPTOMS:

SHORTNESS of BREATH

PELVIC, BACK or ABDOMINAL PAIN

PAIN/SWELLING in the ABDOMEN

BLOATING

FEELING FULL QUICKLY

FREQUENT or INCREASED URINATION

GAS


CONSTIPATION

MENSTRUAL CHANGES

Remember: Early stage ovarian cancer may not cause any noticeable symptoms, or signs may be vague.

Keep in mind: Certain factors can increase a woman's risk for developing ovarian cancer, such as BRCA1/BRCA2 gene mutations, or a family history of the disease.

**SUSAN F. SMITH
CENTER FOR
WOMEN'S CANCERS**

 **DANA-FARBER
CANCER INSTITUTE**

WHAT YOU NEED TO KNOW ABOUT OVARIAN CANCER

RISK FACTORS

Many factors can increase or decrease a woman's risk of developing ovarian cancer.

INCREASES RISK



FAMILY HISTORY OF BREAST, OVARIAN OR COLON CANCER



GENETIC MUTATIONS, LIKE BRCA



POST-MENOPAUSAL



INCREASED AGE

DECREASES RISK



PREGNANCY



BREASTFEEDING



ORAL CONTRACEPTIVE USE

#1 CAUSE OF GYNECOLOGIC CANCER DEATHS

#5 CAUSE OF CANCER-RELATED DEATH IN WOMEN

#11 MOST COMMON CANCER IN WOMEN

EVERY 23 MINUTES



another woman is diagnosed with ovarian cancer in the U.S.

21,750 NEW CASES

will be diagnosed this year

13,940 WOMEN

will die this year

1 in 78

WOMEN will develop ovarian cancer in her lifetime



SURVIVAL RATES

MORTALITY SURVIVAL

YEAR 5



48%

YEAR 10



35%



CURRENTLY THERE IS NO EARLY DETECTION TEST FOR OVARIAN CANCER



A PAPER TEST WILL NOT DETECT OVARIAN CANCER

Most ovarian cancer cases are diagnosed when the disease is advanced.

ONLY 15% of cases are diagnosed in the early stages.

KNOW THE SYMPTOMS



BLOATING



DIFFICULTY EATING



PELVIC / ABDOMINAL PAIN



URINARY FREQUENCY

If these symptoms occur for **MORE THAN 2 WEEKS** and these symptoms are new or unusual for you, see a gynecologist and ask about ovarian cancer. Research shows that seeing a gynecologic oncologist for surgery and treatment significantly improves outcomes.

OVARIAN CANCER



There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

This fact sheet about ovarian cancer is part of the Centers for Disease Control and Prevention's (CDC) *Inside Knowledge: About Gynecologic Cancer* campaign. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.



What is ovarian cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

When cancer starts in the ovaries, it is called ovarian cancer. Women have two ovaries that are located in the pelvis, one on each side of the uterus. The ovaries make female hormones and produce eggs.

When ovarian cancer is found in its early stages, treatment is most effective.

Who gets ovarian cancer?

All women are at risk for ovarian cancer, but older women are more likely to get the disease than younger women. About 90 percent of women who get ovarian cancer are older than 40, with the greatest number of ovarian cancers occurring in women aged 60 years or older.

Each year, approximately 21,000 women in the United States get ovarian cancer. Among women in the United States, ovarian cancer is the eighth most common cancer and the fifth leading cause of cancer death.

What raises a woman's chance of getting ovarian cancer?

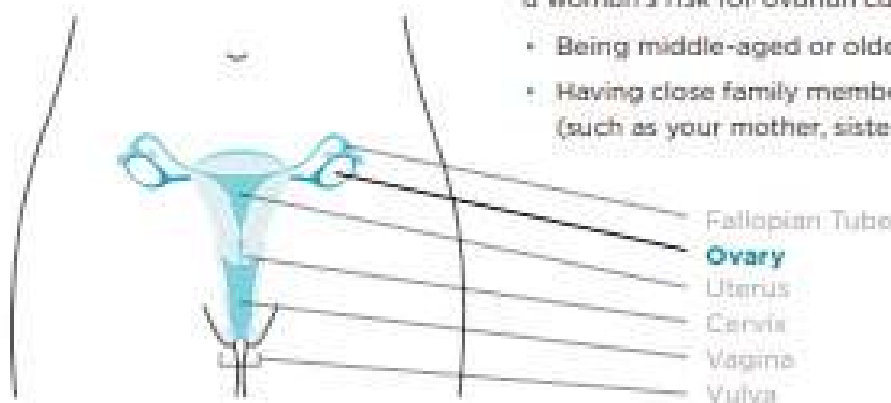
There is no way to know for sure if you will get ovarian cancer. Most women who get it don't have a family history of ovarian cancer. However, the following factors may increase a woman's risk for ovarian cancer:

- Being middle-aged or older.
- Having close family members (such as your mother, sister, aunt,

or grandmother) on either your mother's or your father's side who have had ovarian cancer.

- Having had breast, uterine, or colorectal cancer.
- Having an Eastern European (Ashkenazi) Jewish background.
- Having never given birth or having had trouble getting pregnant.
- Having endometriosis (a condition where tissue from the lining of the uterus grows elsewhere in the body).

If you have one or more of these factors, it does not mean you will get ovarian cancer. But you should speak with your doctor or other health professional about your risk.



What are the signs and symptoms of ovarian cancer?

Ovarian cancer may cause one or more of these signs and symptoms:

- Vaginal bleeding (particularly if you are past menopause) or discharge from your vagina that is not normal for you.
- Pain or pressure in the pelvic or abdominal area (the area below your stomach and in between your hip bones).
- Back pain.
- Bloating, which is when the area below your stomach swells or feels full.
- Feeling full too quickly or difficulty eating.
- A change in your bathroom habits, such as more frequent or urgent need to urinate and/or constipation.

Pay attention to your body, and know what is normal for you. If you have vaginal bleeding that is not normal for you, see a doctor right away. If you have any of the other signs for two weeks or longer, see a doctor. These symptoms may be caused by something other than cancer, but the only way to know is to see your doctor. Treatment is most effective when ovarian cancer is found and treated early.

How can I prevent ovarian cancer?

There is no known way to prevent ovarian cancer. But these things may lower your chance of getting ovarian cancer:

- Having used birth control pills for more than five years.
- Having given birth.
- Having had a tubal ligation (getting your tubes tied), both ovaries removed, or hysterectomy (an operation in which the uterus, and sometimes the cervix, is removed).
- Breastfeeding. Some studies suggest that women who breastfeed for a year or more may have a modestly reduced risk of ovarian cancer.

Are there tests that can find ovarian cancer early?

There is no simple and reliable way to test for ovarian cancer in women who do not have any signs or symptoms. **The Pap test does not screen for ovarian cancer. The only cancer the Pap test screens for is cervical cancer.**

However, here are steps you can take:

- Pay attention to your body, and know what is normal for you.
- If you notice any changes in your body that are not normal for you and could be a sign of ovarian cancer, talk to your doctor and ask about possible causes, such as ovarian cancer.
- Ask your doctor if you should have a test, such as a rectovaginal pelvic exam, a transvaginal ultrasound, or a CA-125 blood test if:
 - You have any unexplained signs or symptoms of ovarian cancer. These tests sometimes help find or rule out ovarian cancer.
 - You have had breast, uterine, or colorectal cancer; or a close relative has had ovarian cancer.

What should I do if my doctor says I have ovarian cancer?

If your doctor says that you have ovarian cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like this. This doctor will work with you to create a treatment plan.



Where can I find more information about ovarian and other gynecologic cancers?

Centers for Disease Control and Prevention: 800-CDC-INFO or www.cdc.gov/cancer/gynecologic

National Cancer Institute: 800-4-CANCER or www.cancer.gov



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

cdc.gov/cancer/knowledge
800-CDC-INFO



PROSTATE CANCER GLOSSARY

PSA Blood Test - Prostate-specific antigen is a substance that is produced by prostate cells and is produced in larger amounts when prostate cancer, benign prostatic hyperplasia, or prostatitis is present. PSA levels can also spike randomly.

Gleason Score - A number (1-5) assigned to prostate cells based on how they appear under a microscope. Gleason scores of 1-2 are non-malignant, 3 is low grade, and 4 and 5 are more serious. Gleason score is reported as the sum of two Gleason grades. The first number is the most common Gleason grade, and the second number is the second most common Gleason grade. A Gleason score ranges from 6-10, with six being the lowest and ten being the highest.

Biopsy - A medical procedure in which prostate samples (called "cores") are taken from the body and analyzed under a pathologist's microscope. Biopsies come in several varieties ranging from the old-fashioned 12-core random biopsy to newer techniques that use MRI guidance to target suspicious areas, require fewer cores, and incur fewer risks of injury.

Multiparametric MRI (mp-MRI) - This scan uses a strong magnetic field and looks for suspicious areas in and around the prostate. An MRI will usually be ordered after an abnormal PSA test result.

Focal Therapy - Focal therapy is a type of treatment delivered to a section of the prostate gland. Examples include cryotherapy, high-intensity focused

ultrasound, and laser ablation. Focal therapy carries less risk to erectile function and may be an option for men with cancer confined to one side of the prostate.

Local Therapy - Treatment directed to the entire prostate gland. The most common local therapies are radical prostatectomy, beam radiation (IMRT, SBRT or proton therapy), and radioactive seed implants.

Active Surveillance (AS) - Active surveillance is a monitoring protocol for men with low-risk prostate cancer. The protocol varies but generally includes regular PSA testing, periodic MRIs, and potential prostate biopsies. Active surveillance allows men to avoid the risks of treatment while also monitoring for any changes in cancer behavior that may indicate a need for treatment.

PSMA-PET Scan - A PET scan targets an antigen found on the surface of prostate cells (and prostate cancer cells) to find spots of cancer throughout the body. This scan is significantly more accurate than other scans.

Systemic Therapy - Systemic therapy refers to types of treatment that circulate through the bloodstream to treat the whole body. Systemic therapies include testosterone inactivating pharmaceuticals (aka. hormone therapy, androgen deprivation therapy), chemotherapy, injectable radiation, and immunotherapy.



Prostate Cancer Fact Sheet

for Patients and Caregivers

Prostate cancer is the most common type of cancer in men (other than skin cancer) and the second-leading cause of cancer death (after lung cancer) in the US.

Risk Factors

- **Age:** Men of any age can get prostate cancer, but the risk of having it is higher after age 50.
- **Race/ethnicity:** African American men and Caribbean men of African ancestry are more likely to get prostate cancer than in men of other races.
- **Family history:** Having a father or brother who has had prostate cancer increases the risk of getting this disease. Risk is higher if your brother had prostate cancer than if your father had it. Having more than one close relative with prostate cancer raises the risk even more, especially if the relatives were young when the cancer was found.
- **Inheriting gene changes:** Certain gene changes (such as *BRCA1* and *BRCA2* genes) or having Lynch syndrome can increase a man's risk of getting prostate cancer.

Prevention

There is no sure way to prevent prostate cancer. But there are some things you can do that might help lower the risk. Regular physical activity, staying at a healthy weight, and eating a diet high in vegetables and low in fat might help lower the risk of prostate cancer.

Screening and Early Detection

Screening is a process used to look for cancer in people who have no symptoms. The American Cancer Society recommends that men talk to their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the risks and potential benefits of prostate cancer screening.

The discussion about screening should take place at:

- **Age 50 for men who are at average risk** and are expected to live at least 10 more years
- **Age 45 for men at high risk**, including African American men and Caribbean men of African ancestry, or any man with a first-degree relative (father or brother) diagnosed with prostate cancer before the age of 65
- **Age 40 for men at even higher risk**, including those with more than one first-degree relative who had prostate cancer at an early age

Men who decide to get screened should be tested with the prostate-specific antigen (PSA) blood test. Some doctors might also do a digital rectal exam (DRE).

Signs and Symptoms

Early-stage prostate cancer usually has no symptoms. More advanced prostate cancer (cancer that may have spread outside the prostate) may cause symptoms, such as:

- Problems urinating, such as pain or burning during urination or the need to urinate more often, especially at night
- Blood in the urine or semen
- Trouble getting an erection
- Weakness or numbness in the legs or feet, or not being able to control the bladder or bowel, caused by cancer pressing on the spinal cord
- Pain in the hips, spine, ribs, or other areas, caused by cancer that has spread to the bones

Treatment

Treatment for prostate cancer depends on the type and stage of the cancer, results from special testing that might be done on the tumor, as well as the person's age, other health problems, and personal choices. If you have prostate cancer, talk to your doctor about the best treatment for you.

Living With Prostate Cancer

Prostate cancer affects a man's quality of life. Different physical, social, mental health, spiritual, and money issues can come up at any time.

Men with prostate cancer may be helped by palliative care at any time. Palliative care focuses on helping manage symptoms, addressing issues, and improving quality of life.

Good communication between a person with cancer and their health care team is important and involves:

- Asking and answering questions
- Working together to set care goals
- Making shared decisions
- Managing side effects and other issues
- Scheduling follow-up tests and care



Visit the American Cancer Society website at cancer.org/prostatecancer or call us at **1-800-227-2345** to learn more. We're here when you need us.



cancer.org | 1.800.227.2345

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Prostate Cancer: Living with prostate cancer only





First Nations Health Authority
Health through wellness

Mental Health Supports

Hope for Wellness Help Line

offers immediate mental health counselling and crisis intervention by phone or online chat.
Phone (toll-free): 1-855-242-3310
Website: hopeforwellness.ca.

KUU-US Crisis Line Society

provides crisis services for Indigenous people across BC.
Phone (adults and Elders): 250-723-4050
Phone (Youth): 250-723-2040
Phone (toll-free): 1-800-588-8717
Website: www.kuu-uscrisisline.com.

Métis Crisis Line is a service of Métis Nation British Columbia.
Phone: 1-833-MétisBC
(1-833-638-4722)

VictimLink BC Immediate 24 hours, 7 days a week, crisis support or victims of family or sexual violence. This service also provides [information and referrals](#) for all victims of crime. Phone: 1-800-563-0808
Email: VictimLinkBC@bc211.ca

9-8-8 National Suicide Crisis

Helpline offers immediate support anytime for support in English or French.

1-800-SUICIDE offers support for those experiencing feelings of distress including thoughts of suicide. This phone line is available in over 140 languages.
Phone: 1-800-784-2433

Indian Residential School (IRS) survivors and impacted family members can access supports directly from the IRS service providers listed below.

Adah Dene Healing Society

provides health and cultural supports. Phone: 250-996-5024
Email: nakazdli.elders@outlook.com.

Carrier Sekani Family Services

provides health and cultural supports.
Phone: 250-567-2900
Email: slarocque@csfs.org.

Gitanmaax Health Gitxsan Health Society

provides health and cultural supports. Phone: 250-842-6320 or
Email: healthdirector@gitanmaax-health.ca.

Gitanyow Human Services

provides health and cultural supports.
Phone: 250-849-5288
Email: director@gitanyowhealth.ca.

Indian Residential School Survivors Society (IRSSS)

is a partner with the FNHA in providing access to counselling, cultural and emotional support services to former students of residential and day schools, and their families, regardless of status.
Phone (toll-free): 1-800-721-0066
Website: www.irsss.ca.

Indian Residential School Crisis Line

is a national service for anyone experiencing pain or distress as a result of their residential school experience.
Phone (toll-free): 1-866-925-4419.

Kispiox Health provides health and cultural supports.

Phone: 250-842-6236 Email: tbaskin@anspayaxwhealth.ca.

Nuu Chah Nulth Tribal Council

provides health and cultural supports.
Phone: 250-724-3939 or Email: sanne.vanvlerken@nuuchahnulth.org.

Okanagan Nation Alliance

provides health and cultural supports.
Phone: 250-826-7844
Email: Wellness.Manager@syilx.org.

Sik-E-Dakh Health Society

provides health and cultural supports.
Phone: 250-842-6876
Email: andrew@sikedakh.org.

Tsow-Tun Le Lum Society

provides confidential outreach services such as counselling, cultural supports and personal wellness programs.
Phone (toll-free): 1-888-403-3123
Website: www.tsowtunlelum.org.

BC Alcohol & Drug Information Referral Service provides information about substance use treatments or supports in your area.
Phone: 1-800-663-1441
Phone (Lower Mainland): 604-660-9382

BC Seniors' Distress Line offers support for Seniors or anyone who is concerned about an older adult.
Phone: 604-872-1234

Foundry virtual access [province-wide virtual services](#) for youth under 24 and their caregivers. All services are free and confidential, and may be accessed through the Foundry BC app or chat. Phone: (1 833 308-6379) or video calls.

310 Mental Health Support offers emotional support, information and resources specific to mental health. This phone line is available in over 140 languages.
Phone (no area code): 310-6789.

Child and Youth Mental Health (CYMH) Community-based teams offer mental health counselling for children and youth and their families across BC from the Ministry of Children and Family Development. Virtual care is available by phone and online. Call your [closest Child and Youth Mental Health clinic](#).

Kids Help Phone Get 24/7, immediate counselling, support, information and referrals. Phone: 1 800 668-6868 or
Text: TALK to [686868](#)
Texting support for adults available by texting TALK to [741741](#)

Youth in BC offers crisis support available for youth 25 and under.
Website: [youthinbc.com](#)

The following regional health authority supports are available to all BC residents.

Fraser Health

Phone: 1-866-766-6960
Website: <https://www.fraserhealth.ca/health-topics-a-to-z/indigenous-health/indigenous-mental-health-and-wellness>

Interior Health

Phone: 310-MHSU (6478)
Website: <https://www.interior-health.ca/health-and-wellness/mental-health-and-substance-use/mental-health/adult-mental-health-services-and-resources>

Island Health

Phone: 1-888-885-8824
Website: <https://www.islandhealth.ca/our-services/mental-health-substance-use-services>

Northern Health

Phone: 310-6789
Website: <https://www.northern-health.ca/services/mental-health-substance-use/get-help-now>

Vancouver Coastal

Phone: 8-1-1
Website: <https://www.vch.ca/en/health-topics/mental-health-substance-use>



Are You Registered In

ImmsBC?



First Nations Health Authority
Health through wellness

Why you should register:



ImmsBC will send you notifications when you are eligible to book vaccines, such as COVID-19, flu or HPV.

Registering allows you to manage your immunizations. You can book online or by phone at local pharmacies or public health units. You can also start a conversation about upcoming immunization clinics with your local health centre.

Already registered with ImmsBC? Did you know you can also review your immunization history, lab and X-ray results in Health Gateway?

www.healthgateway.gov.bc.ca

HOW TO REGISTER

Online: www.getvaccinated.gov.bc.ca

Call: 1-833-838-2323 (toll-free)

MEDICAL TRANSPORTATION GUIDELINES



At Heskw'en'scutxe we work hard to provide services to the communities. Our Medical Transportation program continues to be an important service we offer to members. As of May 28, 2024, please see the updated guidelines below.

- Please book any appointment where you require our service five (5) days in advance.
- Please book appointments no later than 1:30-2:00pm if travelling to Kamloops or Merritt.
- As COVID-19 restrictions have been lifted, shared medical travel may be required.
- Always be kind and courteous to all the staff.

Thank you from the Health Manager and Heskw'en'scutxe staff.

To book:

Cooks Ferry 250-458-2212

Siska 250-455-6601

MEDICAL TRANSPORTATION UPDATE



JUNE 2024 MEDICAL DRIVER UPDATE

Unfortunately, due to staff shortages for June, medical driving may be limited unless medical driving requests are received 5 days in advance.

We greatly apologize for this inconvenience. We are working hard on hiring medical drivers to accommodate staff shortages. We encourage clients to ask their health care providers to book telehealth appointments and our health center will assist you with those appointments.

Thank you from the Health Manager and Heskw'en'scutxe staff.

To book:

Cooks Ferry 250-458-2212

Siska 250-455-6601

Seabird Mobile Diabetes Team

When: October 3, Cooks Ferry
October 4, Siska
TIME: 9:30 am – 3:00 pm



Living · Well · Together

Call to book an appointment
250.458.2212 / 250.455.6601

Heskw'en'scutxe Health Services Society

Clinic Notice

Who Is It For:

People Living with Diabetes
People Who Are Curious About It

What The Appointment Includes:

Testing Blood Sugar and Cholesterol Levels
Checking Kidney Function

Foot Exam
Diabetes Education



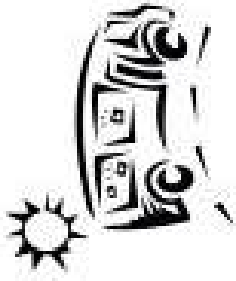
History

Yellowhead Community Services Society (YCS), in partnership with Salvation Army and the Anglican Parish are pleased to announce the new Lytton Connection bus service.

With a generous donation of a bus and funding from Salvation Army and donation from the Anglican Parish and YCS we are able to launch this initiative to support Lytton and area residents access services in nearby communities.

This needed service was identified and supported by the Lytton Unmet Needs Committee. The service will operate on Wednesdays to Lillooet and Fridays to Ashcroft.

Please read the important information on the back of this brochure.



Lytton

Connector - Transit



2023/2024 Schedule Wednesdays & Fridays

For More Information Call:
Tel: 1.855.359.3935

Extreme Weather Conditions

Office & Route Closure

In the case of extreme weather conditions: if the school buses are not running, the local transit bus will not run either.

Closed All Stat Holidays



Operated by
Yellowhead Community
Services Society

Wednesdays To Lillooet

9:30 am	Lv Lytton (Esso)
9:45	Lv Siska (Band Office)
9:55	Lv Skuppah (Band Office)
10:05	Lv Lytton (Esso)
10:20	Lv LFN (Band Office)
	2 Stops: LFN & 2 Mile
11:10	Arrive Lillooet
	Lillooet: Hospital, Medical Clinic, Buy Low
1:30	Lv Lillooet
2:20	Arrive LFN (Band Office)
2:40	Arrive Lytton (Esso)
2:45	Arrive Skuppah (Band Office)
2:55	Arrive Siska (Band Office)
3:05	Arrive Lytton (Esso)

Important Information

One Way Fare is \$2.00
Or \$4.00 for round trip
(Please Have Exact Change)

We would ask riders and residents to please be patient as we work through the development of this system to more accurately reflect community needs.

We also ask that you please limit your cargo to only what you may fit on your lap safely during transit.

Flag Stop: The bus will stop for passengers at a safe location where the bus can pull off of the main road safely. If you reside near a designated flag stop please phone to advise that you require pickup.

In the event that ridership exceeds capacity we may adopt a booking system for riders.

Fridays To Ashcroft

9:30 am	Lv Lytton (Esso)
9:45	Lv Siska (Band Office)
9:55	Lv Skuppah (Band Office)
10:05	Lv Lytton (Esso)
10:20	Lv LFN (Band Office)
	2 Stops: LFN & 2 Mile
	NicoAmen: Flag Stop Only
	Spences Bridge: Flag Stop Only
11:20	Arrive Ashcroft
	Ashcroft: Hospital, Hub, Safety Mart
1:30	Lv Ashcroft
	Spences Bridge: Flag Stop Only
	NicoAmen: Flag Stop Only
2:30	Arrive LFN (Band Office)
2:50	Arrive Lytton (Esso)
2:55	Arrive Skuppah (Band Office)
3:05	Arrive Siska (Band Office)
3:15	Arrive Lytton (Esso)



Emergency Care: CALL 911

Lillooet Hospital ER, 951 Murray Street
Open 24 hours

Lytton Primary Care Non Urgent

New Building across from Tl'Kemtsin Health Centre
1540 Silo Road, Lytton
(250) 455-2221 | Fax (250) 455-6621
Monday to Friday: 9 a.m. to 4 p.m.

Ashcroft Urgent and Primary Care Centre

700 Ash-Cache Creek Hwy
(250) 453-2211 | Fax (250) 453-1921
Monday to Sunday: 8 a.m. - 8 p.m.

Provincial Resources

YOUTH [Foundry.ca](https://www.foundry.ca)
[Kelty Mental Health](https://www.keltymentalhealth.ca)

KIDS CRISIS LINE 1-800-668-6868

ADULT [BouncebackBC.ca](https://www.bouncebackbc.ca)

CRISIS LINE 1-833-456-4566 / text 45645

Hope for Wellness 1-855-242-3310
Domestic Violence 1-800-563-0808



First Nations Supports

Tl'Kemtsin Health Centre (778) 254-2545

Lytton FNHA Health Centre (250) 455-2715
Monday to Friday 8 a.m. to 4 p.m.

First Nations Health Benefits 1-855-550-5454 or
www.fnha.ca for prescription refilling, medical supplies and equipment

Mental Health & Substance Use

Adult MHSU (250) 455-2221 ext 4
Child & Youth CYMH (250) 256-2710
Friendship Centre (250) 256-4146
Nlaka'pamux Health Services (250) 378-9772

811 Nurse

[FNHA Virtual Doctor of the Day: How it works](#)
1-855-344-3800

Mental Health Supports

[FNHA COVID-19 Mental Health and Cultural Supports](#) Opioid Agonist Treatment (250) 256-1585
FNHA Mental Wellness Inquiries 1-833-751-2525

Travel/Flood/Wildfire Info

[BCRFC Warnings](#) [Drive BC](#)
[FNHA Flood Safety](#) [Wildfire Status](#)
[Air Quality Advisory](#)

Lillooet Pharmacies & Services

PHARMASAVE (250) 256-4262
IDA (250) 256-7538
*Daily delivery now available to Lytton via Dynacare

Lab Services

Book lab appointments
1-844-870-4756
<https://www.labonlinebooking.ca>



Home & Community Care

Central Intake 1-800-707-8550
Lillooet (250) 256-1326
Ashcroft (250) 453-1939
Merritt (250) 378-3238

Interior Health

[MyHealthPortal](#)



Public Health

Lytton FNHA (250) 455-2715
Lillooet (250) 256-1314
Ashcroft (250) 453-1940
Merritt (250) 378-3400

COVID Testing & Vaccination Information

[IH COVID Vaccine](#)
1-800-833-2323



[FNHA COVID-19 Testing](#)
(250) 455-2715



[BC Centre for Disease Control](#)
(604) 707-2400



Thunder Mushroom (Lightning/Range)



1. Cut and scrape the dirt off the fresh cut mushrooms
2. Cut up in approximately 1 inch pieces
3. Soak in cold water while cutting other mushrooms
4. When finished cutting up the mushrooms, rinse them under running water 4-5 times to get rid of the dirt particales
5. in a large pot, cover only the bottom of the pot with water as the mushrooms are already water-logged adn will shrink while cooking.
6. place the mushrooms in the cooking pot
7. bring to a boil and simmer, stirring constantly for about 15-20 minutes
8. meanwhile in alarge cup or jar, fill with 1/2 cup of flour, mix with water to a smooth thick paste
9. pour slowly into mushroom mixture and stir until thickened
10. add salt and pepper to taste
11. serve by itself
12. or pour approximately a cup of mushroom gravy mixture over a pan dried deer steak or roast drippings
13. stir until all drippings are well mixed
14. pour the gravy mixture back into the pot and stir until well blended and serve

Poison Ivy



Food category: POISONOUS

Nlaka'pa'mux name: k'est tek swel'wl'iq̓t

Latin name: *Toxicodendron rydbergii* (*Rhus radicans*)

Parts used: None

Easily recognizable with its cluster of three leaves. Poison Ivy is found scattered at low elevations, in dry Douglas-fir and ponderosa pine forests, along moist draws, and often along trails and roadsides. It is often found in areas where wild asparagus is gathered.

Poison Ivy contains urushiol which can cause an itchy, burning rash upon contact with the skin. This rash can be treated by rubbing the affected area with the milky latex from the stems of smooth sumac, *Rhus glabra* which is a related species. Make sure to also remove and wash any affected clothing as the urushiol can remain on clothing. There are no medicinal uses for poison ivy, it is regarded solely as a poison.



Huckleberries



Food category: Fruit and Plant

Latin name: *Vaccinium deliciosum* Piper

Parts used: Berries, leaves

Preparation: Fresh, canned, frozen, or dried

Season gathered: Summer/fall

The huckleberry was eaten fresh as it was difficult to harvest and out of the way. Not many people would go that high up to specifically pick the huckleberry. In the past, dried ponderosa pine needles were used to dry the berries. Another method was laying the berries on cattail leaves to dry.

Berries are generally eaten fresh, though they can be dried, canned or frozen. Huckleberries can also be added as a condiment to several dishes.

“ When a woman is out picking berries or medicines, she should always have her head covered otherwise the land up there could hurt you.”



Coyote Visits His Daughter in the North

Told by Herb Manuel

IN A LOT OF COYOTE STORIES, he had a wicked character. He always wanted to be in the company of women.

He did so in so many ways. Generally, he had sons, but in this event he had daughters- two daughters. One of them was married up in cold country, far north.

And he was roaming about here and he had a lump in his heart, thinking, 'Oh, my God! My daughter ! It's been a year now- she must have a child!' So he thought to himself, 'Well, I'll go and make a visit.' But he had some weird thoughts in his mind. He didn't like the person that his daughter married. It was a Lynx

So he went in pursuit of his daughter. He went up. It took him days and days to get up there. When he got to where his daughter lived, he looked and thought, 'Oh, my goodness! I have a super son-in-law! Deer hides all over, hanging on the trees. there was another pit house. It was filled full of hides and bones. 'Gee!" he said, he hadn't eaten for days. He jumped out there and started munching on the bones- just tearing into the old hides.

And his daughter heard something out there. Her husband was out hunting and she recognized him, 'Hey, dad! What are you doing? Come on over! Get away from there! Get over here! I'll feed you something is you are hungry! Don't eat on that untanned buckskin over there! Leave the bones alone! I have some good meat over here! Come see your grandchild! so he went down into the lodge there and spoke to his grandchild, and he was quite happy and content.

His daughter had beautiful buckskin dresses, tanned beautifully. Coyote would take bites out of her buckskin dresses no matter how much she fed him. All of her dresses were getting ruined because he was munching on her clothes.

His son-in-law came back from hunting-told him, 'Okay, lets eat,' and they'd eat. They put all the roast all around, and he had a way of doing things-shrinking them. He would shrink a whole deer so it would be just on rib. And he was sitting there and his grandson had all the roast out. He looked-nothing there. He looked- 'Oh, gosh!' he was sitting there.' 'Gee , that's funny! I had roasted all the deer here- just a ri there.' Coyote by his powers he shrank the deer into on rib and he knew that he would be offered a piece, Coyote said, 'I'm kind of a little hungry.'

'Well, you eat this rib here and I'll go out and get some more and I'll roast some more on the fire.'

'Okay,' said Coyote. So he took the rib. He took a bite out of it and put it away. That was a whole deer. He figured that would be his lunch when he left.

So he did this four many days, and his son-in-law got a little suspicious and left him-crawled out of there. Put coyote to sleep down there-left him sleeping down there with what meat there was inside, and he froze him. He created ice. It was about four feet thick over the top of the pithouse for a long ways around. It was solid down in where he was. Those pithouses are about forty feet in diameter, about eight feet high.

So Coyote woke up and found the situation he was in- he couldn't move. He was frozen- stuck in the ice, stuck to the ground. The only thing he could move was his tongue. So he started licking the ice. He licked open a hole. He couldn't reach it any more, so he licked around down. Somehow he undone his arm and passed his arm up. He somehow used his fingers. He stuck them in the bottom of his tongue on top and he licked- he done that with all his fingers. Then he passed hup his other arm. Pretty soon it was no good. He would keep licking, and licking, and licking- and then he used his

legs. And, by golly, he just could see daylight up there now.

He was just a little short. The only thing he had left was his toe. So he passed that up. That was enough to lick a hole through the top of the ice. Now he had to pass the rest of his parts up, through the same chain. So he thought to himself, 'The first thing i got to pass up there is my eyes. So i could look around to see what's happened up there.' So his eyes went up first. He passed his eyes through the hole up top. No sooner did his eyes land up top than Raven came by-picked up his eyes-took his eyes. He got the rest of his body up there, little by little. He put himself back together. When he got himself together, he knew his eyes were gone already so he started down from the high mountains.

He walked along. He'd run into a tree and he'd ask the tree, he'd holler up, 'What type of tree are you?'

The tree would answer, 'I am balsam.'

As the trees grew different at different heights, he knew how high he was. When the tree said he was a balsam, he knew he was in the high mountain country, so he kept on walking downhill, and he would ask the trees here and there when he walked into them. They'd answer- tell him what kind of tree he was in, then he'd go along. He run into a fir tree, 'I'm getting near now.' He was thirsty and he had no water. He was looking for water, so he kept going downhill. He would be going along, hitting trees, and he'd ask them, and they'd answer him back. Finally, he hit a big old pine tree at the bottom of the hill, so he went along the flat, hitting trees. Pretty soon he hit an aspen, he said, 'I'm getting near water.' He hit a cottonwood and said, 'Well, I'm getting closer to water.' When he hit the willows, he knew he was close to water. So he went along.

He listened-he heard the water rippling down there. 'Oh, yeah!' he had a drink of water-a good drink, and he felt better. He felt around there. There were bushes and the berries were ripe, so he munched on berries. Anything

he could find he stuffed in his mouth.

He was going downstream, along the little stream, and followed it down. He figured, 'Well, I will keep following the streams- when they get bigger, I'm going to hit the big stream. That's where the people live.' That was in his mind. So after two or three streams, he hit a good-sized stream, and he ate berries as he went along, and he got to this one little flat, he was so tired. He was sitting there- he didn't know if it was day or night. He just moved along when he wasn't tired because he couldn't see.

All of a sudden he thought he heard something. He listened again. He went down a little further and he could hear them. Young girls- there was four young girls picking berries along the stream. Coyote had a plan already. 'I have a plan. I'm going to go down there and steal the eyes off one of them girls,' he said. 'Always the youngest is the easiest,' he says. So he went along there.

They seen him. The oldest one said, 'Oh, that looks like Coyote!'

He said, 'I'm out here to show the people something they have never seen before. I was sent here to do that. You know that star up there?' They all looked up there- they didn't see nothing. Coyote said, 'No, you can't see it from over there. This is the only place, right here where I'm standing. See this big rock I'm standing on?' So he stood on the rock, looked up there, and said, 'See? Right from here. If you see that star, you will be lucky all your life.'

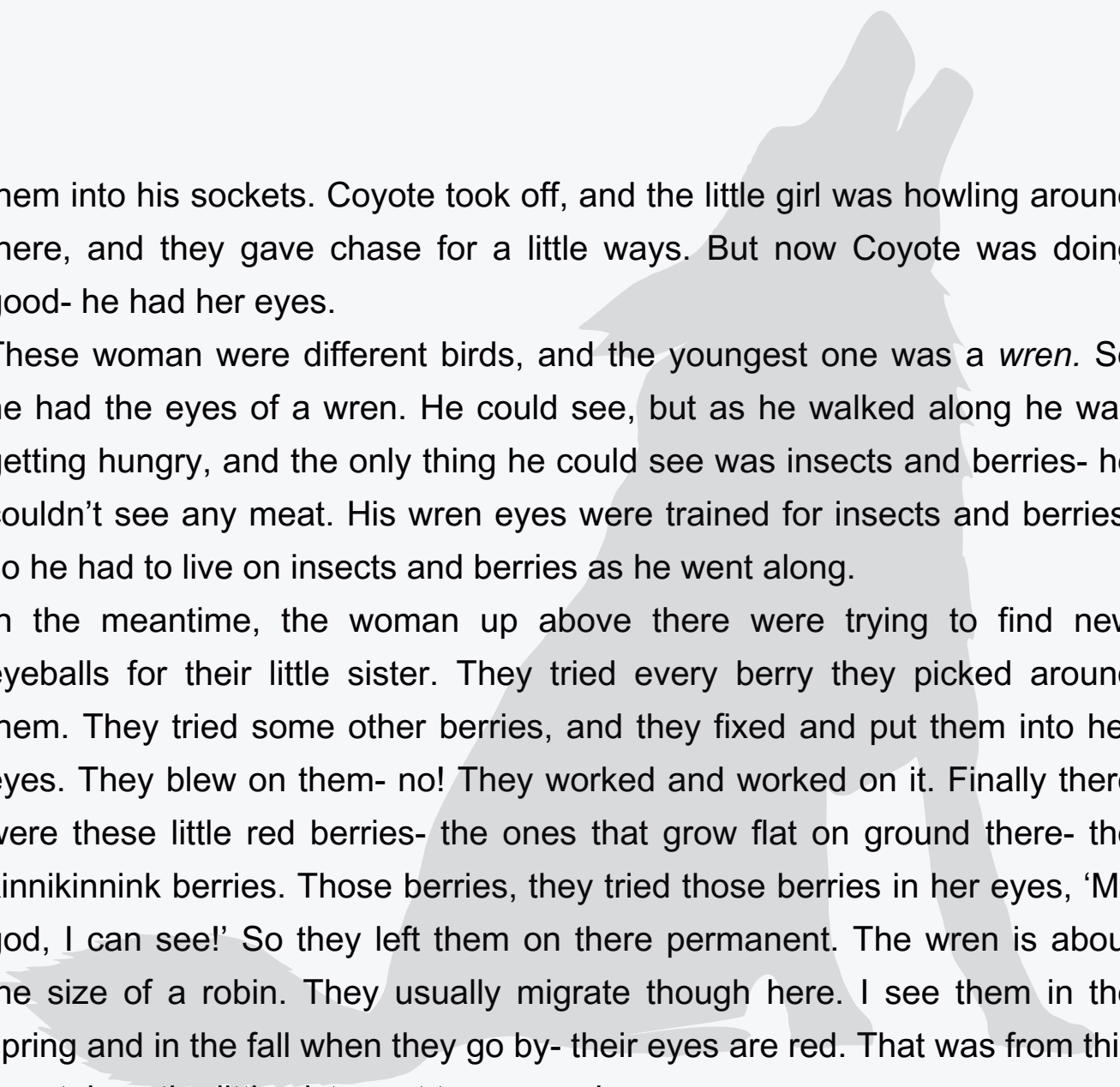
The young girls looked up, 'Ah, that's Coyote! He just wants to con you!'

The young girl started running over there. She was inquisitive. Her sisters were trying to grab her, but she continued on running, 'Where is it?'

Coyote said, 'Right up there! See?'

'Ah yeah, right here!' said the young girl.

He got her behind the head-like this. 'Come right over here, close. See back here, see way up there,' he said. 'Blink two times and then open your eyes real wide.' And she done that. Coyote plucked out her eyes, and he popped



them into his sockets. Coyote took off, and the little girl was howling around there, and they gave chase for a little ways. But now Coyote was doing good- he had her eyes.

These woman were different birds, and the youngest one was a *wren*. So he had the eyes of a wren. He could see, but as he walked along he was getting hungry, and the only thing he could see was insects and berries- he couldn't see any meat. His wren eyes were trained for insects and berries, so he had to live on insects and berries as he went along.

In the meantime, the woman up above there were trying to find new eyeballs for their little sister. They tried every berry they picked around them. They tried some other berries, and they fixed and put them into her eyes. They blew on them- no! They worked and worked on it. Finally there were these little red berries- the ones that grow flat on ground there- the kinnikinnik berries. Those berries, they tried those berries in her eyes, 'My god, I can see!' So they left them on there permanent. The wren is about the size of a robin. They usually migrate though here. I see them in the spring and in the fall when they go by- their eyes are red. That was from this event, how the little sister got to see again.

Meantime, Coyote was coming back through. And the Lytton people, after they lost their ball, Raven came down and sold them Coyote's eyes to play with. So they were throwing these eyes back and forth.

Anyway, Coyote came along down the hill, somewhere way back, up above Lillooet somewhere. He ran across an old woman in a little hut, kind of broke down and shabby. He seen her walking around there, gathering wood. He studied her a while. So he went over there and talked to her,

leave me every day,' she said. 'They go for a big sport way down there at Lytton,' she said. 'They go down to watch and have fun. They come back late in the evening and i have their meal cooked.'

So he started quizzing her, 'What do you do? What do you do first when you get up?'

'I build a fire- warm up what there is to eat for them. They'd eat. I wake the oldest one up, and then should wake the other girls up, and I would make sure they all go for their baths- and when they came back, they'd eat. As soon as they finish, away they'd go.'

Coyote asked, 'then what did you do the rest of the day?'

'Ah, I clean the house up- make their beds. My eyes are poor, but they have a lot of berries picked over there. I go around, feel around, pick a few fresh berries. There is some meat bath there some old man brought over, That's what I bring in and cook. There's plenty of fish. Sometimes we're lucky- I have a trap down there in the creek,' she said. 'I catch fish there now and then, so we change our diet. I cook whatever i can.'

Coyote said, 'What're the girls names?'

So she named them all.

Coyote said, 'What is the oldest one called?'

She told him.

'Second oldest?' All the way down. He wanted to know all the details- what they do, what she would do for them.

At just about sunset, he clubbed the old woman and grabbed her by the nose and shook her- like that. Her bones and meat came out and he slipped the skin over himself. He got inside the old woman's skin- everything but his long nose. That gave him away- so he had to get some pitch and some feathers to fix his nose. His tail was big and long, so he tucked his tail in somewhere down there. He sat down. He did what the old woman said they'd be doing.

All the girls came home- they were talking about the event.

Then he ask them, 'What were you doing there?'

'Oh the same thing.'

'What do you mean same thing? My memory is starting to go on me.'

'Oh, you know. They were throwing Coyote's eyes back and forth, and so they went on down the line until eventually everybody got into the game somewhere down the line.'

'Oh, that sure is interesting!' he said. 'You know i sure get tired of just sitting around here!' Now that you girls are going to start playing,' he said, 'take me with you.'

'Granny, you can hardly walk! How are we going to take you down there?'

'Oh,' he said. 'This might be the last event i ever see! I sure want to see you girls get in the game!' he said. 'Oh, gosh,' he said, 'sounds interesting!' They keep trying to push her back. 'No, you got to take me down there, then I'll stay over there for a few nights. Then you can bring me back when it's finished. We'll take a lunch.'

'Okay,' they finally said. 'Alright, we'll have to pack you. Got to get an earlier start.'

So they took off earlier. It was the youngest who insisted, 'Oh, yes! We must take our granny- she goes nowhere!'

So they used to have gut strips for packing, made out of deer gut. They made out a little harness. He sat there in the back. Started going, and going, a ways down the road there. He fell asleep and started snoring too loud and talking in his sleep, so the youngest throw her down.

Her sisters came and said, 'Why do you throw granny down like that?'

'Ah, she is no good!'

'You pack her then!'

The second youngest, same thing happened- she threw her down. And went on to the oldest one- just getting to the edge of the playing field- throw her back down on the ground there.

Anyway, they were getting a little late for the game- it had started already. People were passing the ball back and forth, back and forth. One day went

One day went by. Just the oldest girl had a chance, and they wanted to go home, but she said, 'Ah, lets camp here on the edge of the playing field. Just get me some water and I'll be alright. Bring me some lunch tomorrow.' So that they done. Another day went by- second day - third day.

On the fourth day he was really getting into it - just a - cheering like the dickens! And he said, 'Gee, I wish i was young again! If only i could just throw the Coyote eyes, just once! Oh, I would feel so much younger! I would even walk home!'

'Walk home?'

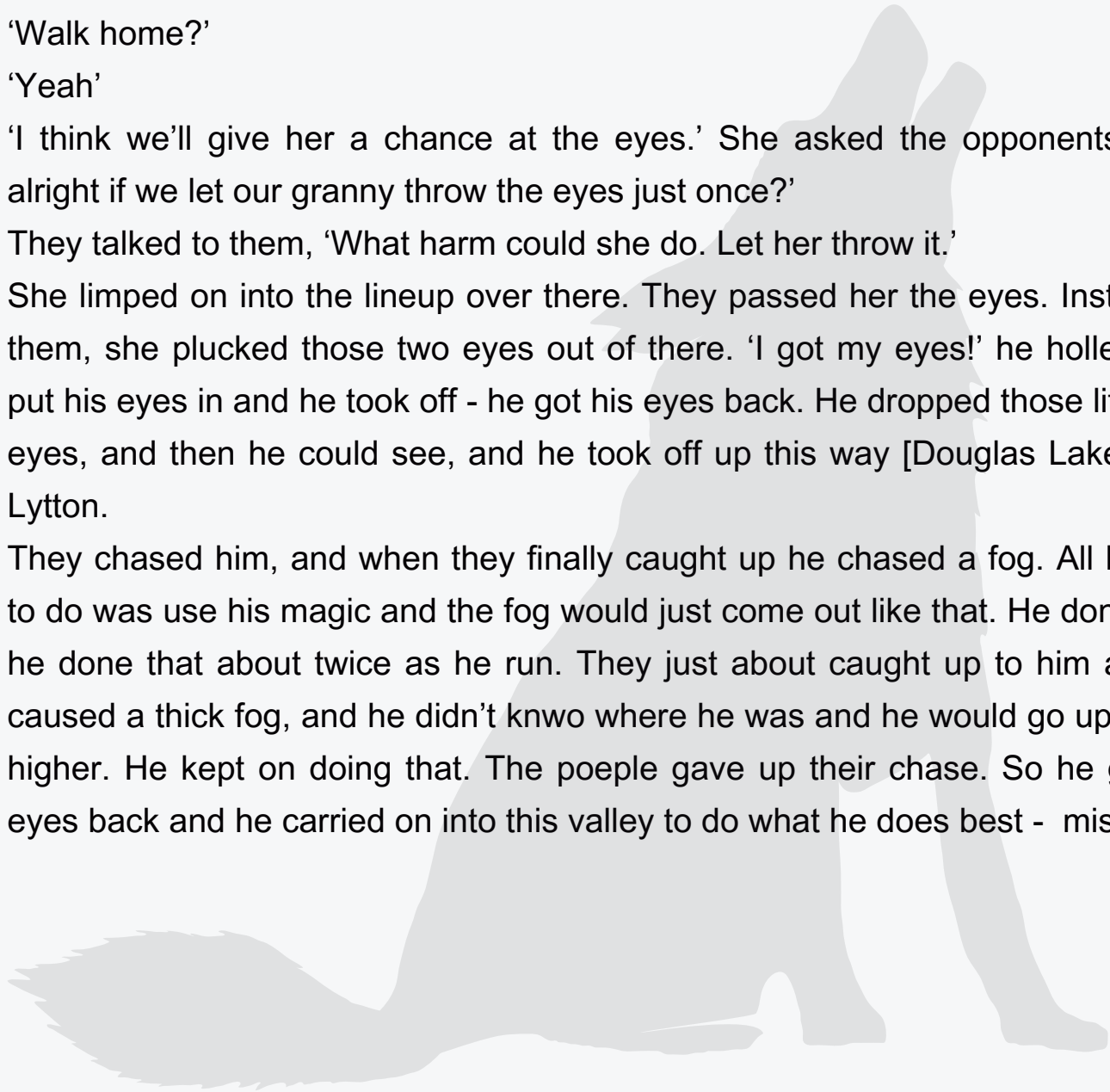
'Yeah'

'I think we'll give her a chance at the eyes.' She asked the opponents, 'Is it alright if we let our granny throw the eyes just once?'

They talked to them, 'What harm could she do. Let her throw it.'

She limped on into the lineup over there. They passed her the eyes. Instead of them, she plucked those two eyes out of there. 'I got my eyes!' he hollers. He put his eyes in and he took off - he got his eyes back. He dropped those little red eyes, and then he could see, and he took off up this way [Douglas Lake] from Lytton.

They chased him, and when they finally caught up he chased a fog. All he had to do was use his magic and the fog would just come out like that. He done that, he done that about twice as he run. They just about caught up to him and he caused a thick fog, and he didn't knwo where he was and he would go up a little higher. He kept on doing that. The poeple gave up their chase. So he got his eyes back and he carried on into this valley to do what he does best - mischief.



NLAKA'PAMUX HEALTH SERVICES SOCIETY



STSEPTÉKWLES RE SK'ELÉP - COYOTE STORIES -
INDIGENOUS FILM FESTIVAL



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FILM: SUGARCANE

An important contribution to the process of Truth & Reconciliation, Sugarcane digs into the legacy of abuse from the Residential School, at St. Joseph's Mission in Williams Lake, BC. With sensitivity and compassion, the film introduces us to those doing the hard labour of researching the past, to traumatized survivors who attended the school as children

FRIDAY SEPTEMBER 27, 2024

EVENT SCHEDULE:

- 4:00 PM - Dinner in Kamloops
- 5:15 PM - Private ceremony for members
- 5:45 PM - Theatre doors open
- 6:15 PM - Opening Remarks
- + AS THE SMOKE RISES (short film)
- + SUGARCANE (feature film)
- + Post-film Discussion

First Nation Health Authority
and NHSS Mental Health staff
will be on-site for support.

Scan to register:



PARAMOUNT THEATRE
503 Victoria Street
Kamloops, BC Canada

FIRST COME FIRST SERVED - TICKETS ARE LIMITED

CONTACT: JOEL RAPHAEL
WELLNESS COORDINATOR

778-254-7407
RAPHAEL.J@NLXFN.COM

THIS IS A DRUG AND ALCOHOL FREE EVENT

WINNERS OF THE KEEP COOL CONTEST

Cooks Ferry
Wilfred Paul
Hank Yamelst



Siska
Guy Dunstan
Joe Bolan



Kukchem to all our participants!

Fill out this page and email it to admin@hhssbc.ca to be entered into a draw to win a Canadian Tire gift card!

Happy Grandparent's Day

Sunday, September 8th

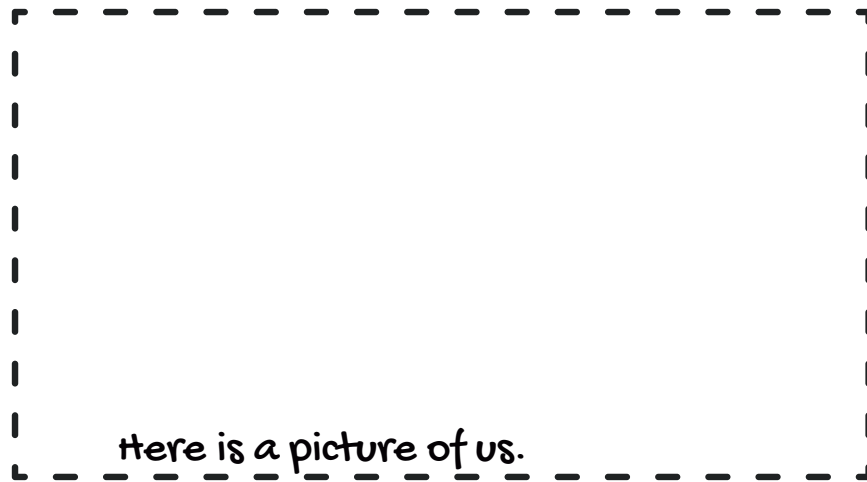
I wanted to show you how much I care.

I call my Grandmother or grandfather _____

We have so much fun when we _____

My Grandma or grandpa cooks the best _____

The thing I love most about my grandma or grandpa is



I love you! Love, _____

Deadline to submit is September 30, 2024