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Kahnawake's Only Health and Wellness Newsletter

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Aionkwatakari:teke

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Aionkwatakari:teke is a newsletter published six times a year by Communications Services of Kahnawake Shakotiia'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 1BO 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: Derek Stacey



Contributors: Taryn Conlon Marie David Stephanie Horne Kellyann Meloche Lisa Peterson Skawennio Tsi Iewennahnotahkhwa Library Christine Taylor Leslie Walker-Rice Brian Williams Windspeaker/AMMSA

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

elcome to the spring issue of Aionkwatakari:teke. This issue is focusing on wellness and the role tradition plays in it. It turns out many people feel that tradition and culture play a role in creating a strong foundation in our own personal makeup. I've heard elders describe having a strong identity as being the same as building a house; that if you have a strong foundation—the culture, the language, the laws—then the house you build on top of that foundation—the person, the family, the community—will be very strong.

We have articles in this issue on the history of the medicine wheel and how it's being used today in FASD screening. Meanwhile, in another article some elders out West warn about the practice of mixing and melding some spiritual practices of one nation with another. It is a conundrum that is always popping up; how much of our culture do we share? How do we preserve it? We also have information about the traditional approaches to parenting being used at the Family and Wellness Center in this issue.

With the warmer weather here, we've included information on the Operation Lookout anti-drinking and driving campaign just in time for the spring and summer months.

We have articles on the history and origin of April Fool's Day, on the health concerns surrounding bisphenal-A (a compound found in plastic), a report by Kateri Memorial Hospital Center on how the community handled the H1N1 crisis, a tip-sheet on recycling symbols we all should be familiar with, and an article on safety proofing your home with your children. That's not all. As of this issue, the Skawenniio Tsi Iewennahnotahkhwa Kahnawake Library will also suggest books on topics covered in the newsletter if anyone wants to further their research on any given subject.

Skennen,

Marie David



Cover photo by Doug Lahache. Cover design by Marie David.



The History of the Medicine Wheel

by TARYN CONLON, PREVENTION

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he medicine wheel was developed by Aboriginal people out west to emphasize a holistic approach to maintain balance and equilibrium in life and for personal growth.

The term was first used to describe the Big Horn medicine wheel in Wyoming, the most southern known site. They are found in places around the northern United States and southern Canada, many having been found in Alberta. While the medicine wheel itself was more indigenous to our western brothers and sisters, the concept of the wheel has been incorporated into many healing and wellness programs.

The medicine wheel was a creation to honour the gifts of growth, rites of passage, seasonal changes of Mother Earth and the interconnected-ness of all life. The idea of *medicine* was about returning balance and harmony to the cycles of life and is much different than today's idea of medicine.

"The medicine wheel is a circular symbol representing the wholeness of traditional native life. It is a perfectly balanced shape without a top or bottom, length or width. It represents constant movement and change. The circular form of the Medicine Wheel shows the relationship of all things in a Unity of Perfect Form, and suggests the cyclical nature of all relationships and interactions. Everything in the Universe is part of a single whole."

(Leavitt 1996)

Construction & Symbology

The sacred circle of the medicine wheel embodies Mother Earth and the four directions:

- East (yellow and physical) represents birth. It is the spring season and embodies the totem animal – Eagle. The east renders a source of illumination and clarity regarding your life path.
- **South** (red and mental) represents teenagers. It is the season of summer and the totem animal's coyote and mouse. Humility, trust, and faith are the teachings of the south.
- West (black and emotional) represents the young adult stage. It is the home of the bear and advises hibernation to gain introspection and review goals.
- North (white and spiritual) symbolizes the elder stage. It is the winter season and the totem's animal is buffalo. It is a place of wisdom and gratitude. It is a setting where thanks is given for blessings and sharing what has been learned from others.

This is one interpretation. Other wheels might have the black section in the south with the wolf or other animals represented on the wheel as well.

Personal Growth

The medicine wheel often brings answers to the life cycle—its beginnings, creation, growth, development or ending—as well as wisdom to those who use it for deep reflection. The use of the medicine wheel allows the seeker to respectfully gain wisdom from its perspective on what steps are required to assist with personal growth and to keep the wheel spinning continuously, connecting all life cycles of growth and seasons of change.

Ultimately the medicine wheel is a powerful tool for healing. It creates a safe, holistic foundation for character building that speaks to all of us at every level of human experience. It serves as a moral guide to personal growth as humans and all the Creators creations.

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The Medicine Wheel Screening for Fetal Alcohol Syndrome Disorder

by TARYN CONLON, PREVENTION WORKER

The medicine wheel is a sacred hoop used by Aboriginal people as a universal symbol of healing, interconnectedness and a holistic foundation of peaceful interaction and personal growth. The medicine wheel serves a tool to reestablish equilibrium and balance to a person's life.

Over time its use incorporated Aboriginal traditions with modernist variations. Successive generations would add new features to the medicine wheel changing its function and meaning to suit different purposes.

Today the medicine wheel is used in various ways – most recently in helping screen children for Fetal Alcohol Spectrum Disorder (FASD). FASD is a spectrum of lifelong physical, mental and neurological birth defects associated with alcohol consumption during pregnancy.

The Elsipogtog Mi'kmaq community in New Brunswick created the Medicine Wheel Tool for FASD screening in children. The screening tool employs the framework that focuses on traditional medicine in combination with scientific measures and indicators.

Screening for FASD

The first stage of the screening is the Medicine Wheel Student Index and is administered by the child's teacher. It takes the teacher approximately fifteen minutes to administer the tool that explores the child's mental, emotional, physical and social indicators as well as learning style and special services needed. Children who test positively then proceed to diagnosis and further assessment.

The screening tool is beneficial because it is quick to administer and incorporates an Aboriginal worldview

and framework in providing cultural context and relevance. However, there are limitations. Teachers must be properly trained to administer the Medicine Wheel Student Index and it has not been assessed in other populations.

There is a fear that a positive screening may be taken as a diagnosis. When using this screening tool it must be emphasized to all those involved that the tool is for *screening of possible FASD* and does not, nor cannot, confirm a *diagnosis*.

Screening populations is extremely beneficial in empowering a change in attitude towards more support for diagnosis and management of children and adults affected by FASD. Diagnosis is important because FASD is like a snowball that becomes larger as it rolls down a hill. If identification, intervention and prevention do not happen, the problems become larger and larger. The adverse consequence on the child and family affect the entire community e.g. the education system, the child welfare system, the healthcare system, the social service system, and the legal system, etc.

Identification of FASD is crucial in ensuring that affected children



receive, from both family and professionals, interventions that are sensitive to their neurological differences. Families of children with FASD require understanding, compassion, and support that match the family's

needs. Frequently, assistance with advocating for services for the affected individual and family is very helpful.

Overall the medicine wheel tool presents a holistic approach to screening that involves the whole community. The tool can evaluate the child's progress while emphasising their positive attributes and helping the child build on their strengths.

Sources

Goh, Y. Ingrid, et al. "Development of Canadian Screening Tools for Fetal Alcohol Spectrum Disorder." Canadian Journal of Clinical Pharmacology. 15. 2 (2008).

Safety Planning With Your Children Part 1 of 4

by KELLYANNE MELOCHE, EMERGENCY PREPAREDNESS

ajor storms, train derailments, or plane crashes are all potential disasters that could occur in and around Kahnawake. So, it's important to have a family safety plan in place before disaster strikes. It's critical for all family members to be involved in making the plan and should be done with care so children are not traumatized by the exercise.

Basic safety planning involves at least four components

- 1. Locating hazards and dealing with them.
- 2. Knowing your safety spots.
- 3. Preparing a safety survival kit.
- 4. Knowing what will happen and having an action plan.

Locating hazards & dealing with them

Explain to your children what hazards in the home are. You can tell a story of an approaching storm that suddenly gets windy. Try doing a *wind dance* with them to show how *windy* things might become during a major storm.

Put names of the rooms in your house (main floor) on pieces of paper in a bowl and let the children take turns picking rooms you will check first. You can also re-enter through the front door as if you were just getting home and go through the rooms in order of location.



Photo by George Self, flickr

Start by identifying hazards from the floor to the ceiling or vice versa.

Make it a contest for who can find the first hazard or the most hazards in a room or let each child take a room according to their age.

Keep a list of the hazards and which rooms have the most hazards that need fixing.

Let the children help fix the hazards by:

- Adding sticky tack or rubber nubs on the bottom corners of picture frames, under nick knacks and vases etc.
- Taping the backs of mirrors in a tic-tac-toe or SOS board style and let the kids play a game or two with some chalk. Record the name of the winner on the back.
- Re-potting hanging plants in a lighter planter. If a heavier pot were to fall, it may hurt someone, whereas a lighter one will cause less damage.

- Letting the children help you decide which items should go on the top or bottom of your display shelves by feeling the weight of each object. Hide sugar-free treats for them to find and tell stories about the objects while you have a snack.
- Putting rubber runners on bookshelves and in the china cabinets or on display shelves to help prevent things from sliding off of them. Get them to estimate how many books or objects are on the shelves and count them as you take them off. The winner gets a prize for guessing correctly.
- Letting the kids do the quality check or final inspection on magnetic or safety latches for the cupboards and china cabinet doors.
- Asking them what can be done to save items that might get damaged by water if you're in a flood prone area.

Next issue, look for an article on identifying safety spots in your home. Get more information from the Kahnawake Emergency Preparedness Planning office located at the old Peacekeepers station at 450-632-0635.

Kellyann Meloche is with the Emergency Preparedness office in Kahnawake.

Long Arms: Elders Warn Against It

reprinted from Buffalo Spirit Magazine

The world has become a small place. With today's technology high-speed Internet, fast cars, planes, and cell phones, people are trading and sharing information more than ever before.

This shared information creates a greater understanding between

people but there is also the danger of getting things mixed up by appropriating another's cultural and spiritual practices and making them your own.

Thus begins the melding of the distinct nations of the Aboriginal people, the creation of the pan-Indian, the hybrid.

Thus begins the melding of the distinct nations of the Aboriginal people, the creation of the pan-Indian, the hybrid.

The people who were interviewed for Buffalo Spirit (an Aboriginal newspaper from Alberta) warn against this appropriation. Learn from your own people, use their teachings, find your identity within your own tribal group, they say.

Kim Recalma-Clutesi of the Kwakwa kawkw people of Vancouver Island says the difficulty is unravelling people's belief systems from what they've learned in text, from ethnographical material, and in the recovery centres that often use sweats, smudging and other spiritual practices of the plains people to aid in the healing process. "There is a school of thought out there that if it's helping people, leave it alone. But there is a stronger school of thought from people who are technicians within the culture, how many of us would wash our feet in the holy water? It's akin to that. It's that serious. For some reason we are supposed to forget the rules to help people. But in a lot of ways, they said,

forgetting the rules is very dangerous, because these things come as part . . . of supernatural energy." She said "If we are going to have the

discipline to know who we are, we need to have the respect to turn the temperature down in our discussions with each other. To respect each other and to respect those people who actually own the teachings."

Kim is a caregiver to Chief Adam Dyck who suffered a heart attack recently. He too is concerned about the appropriation of other Aboriginal people's cultures by his own people. "What's happening now with my people is they're lost," said Chief Dyck. "They don't know who they are now. They don't know what kind [of belief system] they belong to. The problem is what we call long arms. You know they will reach into other people's boxes and they play with it. I seen [sic] one of our boys where he has regalia on, and dance like your people (Plains people), wearing all the Indian blankets and

everything. They want to dance like your people back there. There was a powwow and he was right in there with his outfit on. That, we don't do," he said.

The elders warned Mary Thomas of Neskonlith about borrowing other people's spiritual practices. "My grandmother used to lead the sweat. And this is what I find so different today; what the young people are doing today. They are borrowing from other nations and doing it. And that was something our Elders warned me [about]. You don't borrow from other people's spirituality, because you don't understand it. Look at what the Catholic church did to us. We don't understand that spirituality and it's destroyed us. So if you borrow from other nations and try to follow it, it's not yours. Be very careful," she cautioned, adding, "Respect other people's belief. Respect what they do. They will respect you for the way vou believe. "

Even between closely located and seemingly similar nations, the differences between traditional and spiritual practices can be great. Take the sweat lodge ceremony, in southern Alberta where Ruth Brass grew up.

"Blackfoot women never go into a sweat. Not in our culture. We're not supposed to, because, I don't know if you realize what a sweat is...a sweat is a woman's womb. So when you go in there, that's why they say you're purified. So we don't, but I know in the other cultures they do. As

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Photo by Alan Vernon, flickr

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Operation Lookout 2010

by CHRISTINE TAYLOR, PROMOTION & EDUCATION

ith Spring here and Kahnawakeró:non spending more time outside and plans for the season's celebrations well underway, we'd like to remind you that Operation Lookout and the antidrinking and driving campaign is also underway.

Drinking and driving is a deadly game that costs more than anyone is willing to pay. From fines, accidents, suspended licenses, jail time to the human tragedy of disability or death. All too often it is an innocent person who suffers the loss.

This year the campaign will include signs, posters, articles

and activities that promote the social responsibility of community members and their use of alcohol. We urge Kahnawakeronon to be responsible when and if they choose to drink alcohol. Designate a driver before heading out, call a taxi, have a sober friend drive you home, have someone call a family member for you and/or spend the night. Just don't drink and drive. If planning a celebration of some sort, grad party, shower, birthday, BBQ, or even a wedding, have you considered making it alcohol free? If not, you can always hire designated drivers to be available to drive your guests home safely or just make sure that there are designated drivers in attendance. That is just one way to ensure safer celebrations.

Operation Lookout is a program



designed to empower community members in combating the issue of drinking and driving. If you suspect someone of impaired driving, note the make. model, colour, direction, and if possible the license plate number of the car and call the Peacekeepers with the information. We hope that by communicating this,

Kahnawakeró:non will think before they drink and use alternative transportation and/or designated drivers.

These are just some of the things you can watch for during the summer season. We hope everyone has a fun, enjoyable and of course safe spring and summer. It's up to all of us, this is our community and we are responsible for each other, the damage caused by drinking and driving doesn't have to happen. Be responsible. Plan ahead and don't drink and drive.

Continued from page 6

far as I know, in my family, in the society we belong to, no woman has every gone into a sweat. So that's one of the no-no's you are not supposed to do," Ruth says.

Ruth believes that the intermarriage between the nations also causes confusion in spiritual practices. "The women that married into ours, the women that marry out, they bring their husbands in and try to mingle with our culture. I think the only

"Respect other people's belief. Respect what they do. They will respect you for the way you believe. "

[Blackfoot] societies that have not been invaded are the Prairie Chicken and the Bundle Holders. But the Horn Society and the Crazy Dogs have been using different systems from the other cultures. And then when a person doesn't . . . they say, 'It's alright," she says. "It is all right to a limit, like everybody prays. I have nothing against it but there are certain things that they're supposed to do and it is quite different because they never had, say the Prairie Chicken, they don't have that in a lot of the reserves. I think we're the only one that have it."

Reprinted with permission from Windspeaker/AMMSA. Edited for length. To read the unedited version go to www.ammsa.com/buffalospirit/June-2000/longarms.html

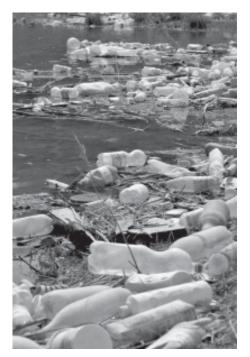
BPA: Health Concerns

by MARIE DAVID

B PA stands for bisphenol A, a plastic and resin compound used to line canned foods, drinking cans and bottles, and other hard plastics. A study released in 2007 by the Environmental Working Group found a link between the lining of such materials and birth defects of the male and female reproductive system in over half of the 97 name brand canned foods they tested.

On their website Health Canada claims that both the contents and packaging of bottled water pose no danger to humans. They say that most plastic water bottles are manufactured using PET or polyethylene (PE), which they say, do not contain bisphenol A (BPA). Still, in 2008. Canada became the first country to ban the import and sale of plastic baby bottles containing BPA. And on their own website, Health Canada does not recommend reusing or refilling single use plastic water bottles, though they do not find claims of harmful breakdown of the plastic or the presence of BPA poses a threat to humans. Slightly confusing and contradictory, eh?

Environmental groups disagree with the government stance. Besides the environmental concern (fewer than 88 per cent of plastic drinking bottles get tossed into the recycle bin. That means that approximately 85 million empty bottles are destined for the landfill...where it is estimated to take between 450 and 1 thousand years for it to breakdown in the landfill), there is the health concern. Although both Health Canada and the U.S. Food and Drug Administration (FDA) don't believe BPA poses risks to human health, both agencies feel differently when it comes to BPA exposure to infants.



PET soda and mineral water bottles litter the shore of an artificial lake. Photo by Horia Varlan, flickr.

In Canada, Health Minister Tony Clement says, "Although our science tells us that exposure levels to newborns and infants are below levels that cause effects, we believe the current safety margin needs to be higher." While in the United States, there is "some concern that fetuses, infants and children exposed to BPA may be at increased risk for early-onset puberty and prostate and breast cancer" according to the U.S. National Institutes of Health. Their report concluded that there is no direct evidence that BPA adversely affects reproduction or development in humans. Still, due to the lack of data, they also say "the possibility that bisphenol A may impact human development cannot be dismissed."

Debate rages on. To reduce exposure to BPA, cut down or eliminate canned foods. Avoid eating or drinking from hard plastics such as baby bottles, 5-gallon water bottles, hard plastic water bottles, and plastic cutlery. Instead, look for foods sold in glass jars and reusable water bottles made out of glass or stainless steel

Sources and more information: "Frequently Asked Questions About Bottled Water." Health Canada, 05 May 2009. Web 08 Mar 2010. <u>http://www.hcsc.gc.ca/fn-an/securit/facts-faits/</u> faqs bottle water-eau embouteilleeeng.php

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Traditional Approaches to Parent Wellness

by STEPHANIE HORNE, PREVENTION WORKER

t the Family and Wellness Center (FWC), one of our main goals is to provide parents of the community with a place to learn how to care for oneself in order to be able to take care of their families.

It can not be emphasized enough that a parent needs to take the 'oxygen first' as in the emergency plan on an

airplane, before one can take care of their families.

In today's world, unlike, our historical matriarchal societies, parental roles

have become complicated and as parents we are exposed to many stressors that were absent for our ancestors, (although I am sure that they had there share of difficulties during their lifetime).

Outlined below is a list of some of the current issues that modern families have to deal with:

- Divorce and separation
- Addictions
- Single parenting

- Financial /money problems
- Health issues

It can be overwhelming when a parent has to face one or many of these issues combined, and to simultaneously maintain their personal wellness. What are some strategies

"Be real. Real is from the eyes back—everything else is what you see!"

that take into account *traditional approaches* to wellness that parents could implement?

- Talking to an elder; they are a source of wisdom and knowledge and have much life experience.
- Contacting the FWC in order to access individual counseling services and sweats through the guidance of a shakotisienens worker.
- Using traditional medicines and learning more by seeking out information and knowledge.



- Smudging with sweet grass and sage.
- Attending moon ceremoniesfor women.
- Contacting a traditional healer.

When I asked Karhowane Corey McComber, a shakotihsnié:nenhs support worker at the FWC, for his thoughts on giving a parent some words of wisdom, his response was:

"Be real. Real is from the eyes back-everything else is what you see!"

Want to Learn More?

The Skawenniio Tsi Iewennahnotahkhwa Kahnawake Library carries books on these—and many more—subjects covered in this issue. For more information contact them at 450-633-1016 or by email at klibrary@paulcomm.ca.

- *The Medicine Wheel* by: Sun Bear & Wabun
- Traditional Teachings

- Creation's Journey: Native American Identity and Belief
- Damaged Angels: A Mother Discovers the Terrible Cost of Alcohol in Pregnancy by: Bonnie Buxton
- *1-2-3 Magic: Effective Discipline for Children 2-12* by: Thomas W. Phelan, Ph.D
- *Teaching Your Children Values* by: Linda and Richard Eyre
- Fetal Alcohol Syndrome Among Aboriginal People in Canada: The Aboriginal Healing Foundation Research Series



H1N1 and the Community

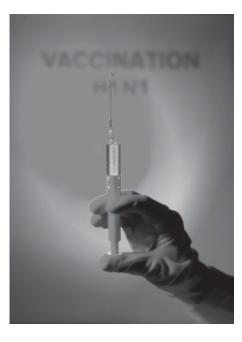
by LISA PETERSON & LESLIE WALKER-RICE, KMHC

By now, we have all heard about the H1N1 pandemic that caused havoc with the world and our community. At the beginning of the pandemic, no one knew exactly what to expect when the virus peaked.

Healthcare officials and staff at Kateri Memorial Hospital Centre (KMHC) did their best to inform the community about the risks and asked people to be diligent in preventing the transmission of the virus by washing their hands, coughing into their sleeves, staying home when sick and being careful when traveling.

We all heard stories of the virus and what it could do to the very young or to people who fell into the high-risk groups. Healthcare workers knew that if the virus spread, we could potentially have a real health crisis on our hands. The Kahnawà:ke Influenza Pandemic Planning Committee, along with Emergency Preparedness, activated a preexisting pandemic plan to deal with this pandemic.

At the initial onset of the virus threat, KMHC took immediate precautions to reduce the risk of transmission throughout the hospital and the community. A triage was set up at the main entrance where visitors and clients were reminded to wash their hands. If they presented with a fever and/or cough, they were reminded that they needed to take precautions and to wear a mask. KMHC enlarged the respiratory etiquette within the waiting area of the clinic. Pregnant women were provided with a separate waiting area



to minimize potential exposure to the virus. Ongoing screening identified a case of H1N1 within the community at the end of October 2009.

The vaccination clinics were well coordinated, and the community of Kahnawà:ke should be commended on its patience, understanding, and trust that it had in the people administering the vaccines. The number of local nurses and familiar support workers on hand helped ease people's concerns and helped the campaign's success. The latest statistics suggests that over 4thousand people from Kahnawake received the vaccine. This number indicates that we have reduced the risk of the virus in our community.

Within two weeks of the vaccination clinics, KMHC noticed a considerable drop in cases of flu-like illnesses presenting to the clinic, a definite sign that the vaccination campaign had been successful.

We have come such a long way since the initial news of the H1N1 virus. Half our population in Kahnawà:ke is protected against the virus and KMHC has returned to some semblance of normalcy. The waiting area has returned to what it was prior to the H1N1 challenge and pregnant women can now return to the general population area. Upon entry to KMHC, you will still have someone ask if you have a cough or fever, and will be reminded that it is important to wash your hands.

The anxiety that was created as a result of the threat has subsided to some degree, but the staff at KMHC has not let our guard down. We will continue to maintain communication with the community as the pandemic devolves or as other situations arise.

Lisa Peterson is the communications officer at KMHC. Leslie Walker-Rice is the infection prevention and control professional at the KMHC.



April Fool's Day

by BRIAN WILLIAMS, PROMOTION/EDUCATION & COMMUNICATIONS

id you know that the word gullible is not in written in any English dictionary? Go ahead; take a look. Did you also know that water drains counter clockwise in the northern hemisphere and clockwise in the southern hemisphere? Try it out yourself.

Ok, by now you are probably suspecting that I am pulling your leg. On April Fool's Day, pranks and practical jokes are all part of the fun. Pranks can either be surprisingly easy or diabolically difficult to pull off, depending on the nature of the prank, the amount of planning, and the perceptiveness of the target.

Some world famous Fool's Day pranks include a 1957 BBC news report of the *Swiss Spaghetti Harvest* that showed farmers gathering spaghetti off of trees and explained they had a bumper crop thanks to a mild winter and the elimination of the dreaded spaghetti weevil. Viewers who asked about growing their own spaghetti tree were told to "place a sprig of spaghetti in a tin of tomato sauce and hope for the best."

In the 1990s, the Taco Bell Corporation® announced they had bought the Liberty Bell in Philadelphia and were renaming it the Taco Liberty Bell. Hundreds of outraged people called the National Historic Park where the bell was housed to express their anger. Just few years ago NASA announced finding water on Mars; but the picture they showed was an actual glass of water on a Mars chocolate bar.

Not much is known about the history of April Fool's Day. One common theory traces it to when Europe switched to the Gregorian calendar in the 16th century, moving the start of the year from April 1st to January 1st, therefore anyone caught celebrating the old start of the *new year* in April was consider a fool. It appears mostly likely that this tradition is not based on any single event but some jokes ending by noon while others continue throughout the day, but all try to have some excuse to make someone play the fool. For example, some children in France try to pin a paper fish to the backs of unsuspecting friends, and the fooled



An elaborate April fool in Denmark, regarding Copenhagen's new subway. The prank was that one of the cars had accidently surfaced on the square in front of the town hall. In reality, it was a retired subway car cut at a diagonal, with the front end placed as if protruding from the ground with loose tiles scattered around it. Photo by Lars Anderson.

rather grew from various spring renewal festivals that celebrate the end of winter and the return of spring. Many of these different festivals would often involve ritualized forms of mayhem and misrule; where people would wear disguises and play pranks on friends and strangers.

All Fool's Day, as it is sometimes called, is observed in many countries around the world. Many media outlets participate by running fake news stories, like the BBC prank. The extent of the celebration varies among different countries with person is called a *poisson d'avril* (April fish). There are numerous ways in which you could embrace this tradition yourself, so have fun putting your twist on it but remember to keep all of your pranks fun and safe.

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The Back Page...

"Behold, my friends, the spring is come; the earth has gladly received the embraces of the sun and we shall soon see the results of their love."

Sitting Bull



April is...

- 2 Good Friday
- 5 Easter Monday
- 21 Administrative
- Professionals Day 22 Earth Day



May is...

- 2-8 Emergency Preparedness Week
- 25-28 Aboriginal Awareness Week
 - 9 Mother's Day
 - 24 Victoria 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 1BO Tel: (450) 632–6880 Fax: (450) 632–5116 E-mail: kscs@kscskahnawake.ca

Earth Day, 2010

by MARIE DAVID

arth Day is April 22nd. As Onkwehonwe, we traditionally have cared for Mother Earth, treated her with respect. That's why it's often said that Aboriginal people were the first environmentalists.

Thanks to this handy breakdown from the David Suzuki Foundation, I now know what containers are reusable...and which ones I should never even buy.



PET (polyethylene terephthalate): Do not reuse. These are found in most water and soft drink bottles as well as some

packaging. They are hard to decontaminate and the process of cleaning releases harmful chemicals. They may leach carcinogens, like DEHA, into the atmosphere.



HDPE (high-density polyethylene): Reusable. These symbols are found on milk, oil, and detergent containers as

well as toys and plastic bags. These are considered one of the safest plastics.



PVC (vinyl/polyvinyl chloride): Do not reuse. Found in food wraps, food oil bottles, teething rings, pet's toys, and blister

packaging. Produces toxins from manufacturing stage through to disposal. Avoid using in the microwave. Wraps made with LDPE #4 are safer.



LDPE (low-density polyethylene): Reusable. Used in shrink wraps, garment bags (from dry-cleaners),

squeezable bottles, and plastic bags. Less toxic than other plastics.



PP(polypropylene): Reusable. Used in bottle tops, disposable diapers, carpeting, bags and food wrap, yogurt and

margarine containers. Considered one of the safest plastics.



PS (polystyrene): Avoid. Used in plastic cutlery and foam packaging. It may leach into food products.



Other (LEXAN, polycarbonate, BPA aka bisphenol A): Do not

reuse. Usually layered or

mixed plastics. For more information on BPA, check out this website: <u>http://www.enviroblog.org/</u> <u>2008/04/cheatsheet-bisphenol-a-</u> <u>bpa.htm</u>

<u>Source: http://www.davidsuzuki.org/files/</u> <u>NC/newsletter/plasticsbynumber.pdf</u>



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