



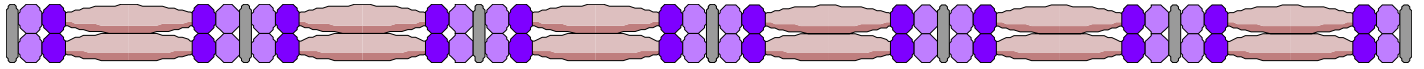
# Aionkwatakari:teke

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

Vol. 16, No. 1

Kahnawake's Only Health and Wellness Newsletter

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## Aionkwatakari:teke

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

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



## Editor's Notebook

Welcome to the first edition of Aionkwatakari:teke for 2011! We have a jam-packed issue to start off the New Year with articles touching on family violence to bullying to cold weather safety to an article on the Kahnawake cancer support group celebrating their 20-year anniversary.

We also have the first part in a six-part series on what it means to be Rotisken'rakehte in today's world. The Rotisken'rakehte are often referred to as the Warriors but that's a bit of a misnomer and doesn't take into account the historical context of the men's society. For instance, some people walk around with the Warrior symbol emblazoned on their backs, their trucks, or they fly the flag. However, a lot of these people are not part of the Longhouse. They may not know the meaning behind the term or the symbol. Belonging to the Longhouse, including the men's societies, is a privilege and not a right, and comes with the responsibility of conduct and respect. Unfortunately, too many people are just familiar with the Warrior society symbol and don't take the time to learn, and in turn, show respect to the society they purport to belong to. If this behaviour is not corrected, it reflects on all of us. Once again, this is the first in a six part series with the first article basically being an introductory piece.

Nia:wen for reading and please recycle this newsletter when you're done.

Sken:nen  
Marie David

*Cover photography and design by Doug Lahache.*





# ROTISKÉN'RAKÉHTE

## BE THE CHANGE - LEAD THE WAY

by CHAD DIABO WITH PERMISSION OF ORIGINAL AUTHOR TEYOWISONTE THOMAS DEER

### Part 1 of 6

As men, there's something that calls to us to protect, to be strong in the face of adversity, to serve and care for those we love. Whether we realize it or not, we inherited this from our ancestors. It's called being Rotiskén'rákéhte.

The term Rotiskén'rákéhte is generally used to describe Haudenosaunee men who embrace their responsibility to protect and care for their people and territory.

For a literal translation of Rotiskén'rákéhte; some believe that the root words are *o'kén:ra* meaning earth or soil, applying the connotation of *earth carriers*, suggesting we are *defenders of the land*.

Others believe that this term comes from the root word *óhstien*, meaning bones, referring to those who are *carrying the bones*, suggesting that it is the responsibility of the nation's men to carry the legacy of their ancestors and ensure the survival of our Kanien'kehá:ka way of life.

In the simplest of definitions, the Rotiskén'rákéhte are Mohawk men who gather to aid the people in time of need and act as the voluntary vanguard of the nation. During times

of strife and danger, its purpose is to defend and protect the citizenry and territory of the Haudenosaunee. The Rotiskén'rákéhte have a role to play during times of peace as well; helping community members who needed their firewood piled, snow removed and/or gardens tilled. They assisted whenever and however they were or are needed.

This is all nice to know, but why is this being brought up now, at the start of 2011? The question is WHAT is a Rotiskén'rákéhte to do now? Do you aspire to be a Rotiskén'rákéhte? Do you want your husband or son to be one? In the next six issues of the Aionkwatakari:teke newsletter, we'll explore what it means to be part of the Rotiskén'rákéhte, and what can be expected of us in that role.

Within the Longhouse(s), the Rotiskén'rákéhte provide a lifestyle of education and self-betterment, gathering to improve their knowledge of the traditional ways and learn to exercise their roles and responsibilities as men. During these study groups, these men engage in activities to learn our language, our ceremonial speeches, and of course our traditional songs

and dances. They also learn from one another about acceptable behaviour and what types of behavior are not acceptable.

*Together, with members of the Longhouse(s), these six articles will help us learn what it means to be the change in Kahnawake and how to lead the way to a better future together as Kahnawakeró:non.*

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*Chad Diabo is a promotion/education worker at KSCS.*



## Unhealthy Relationships

by CANDACE SNOOK, PREVENTION

Many people are often not able to identify the subtle signs of unhealthy relationships. This article looks at some issues to help better recognize the signs. Please keep in mind that the terms 'victim' and 'abuser' are not gender specific. In other words, both male and female can fall into both categories.

### Signs of an unhealthy relationship:

- Focusing all your energy on loving and caring for your partner, and not taking care of yourself.
- Trying to change your partner into what you want them to be.
- Dropping friends or activities you enjoy.
- One partner makes all the decisions.
- One partner yells, hits, or throws things at the other during arguments.
- Having more bad times in the relationship than good.

Abuse and violence come in many forms; physical, sexual, and emotional. The more subtle emotional abuse is when a person says or does something to make you afraid or feel bad about yourself. This can include threats, blame, intimidation, put downs and name-calling.

Abusive partners seek greater control over their victim and become jealous when their partner spends time with family or friends. They

want their partner all to themselves. This is called isolation, and in doing so, the abuser gains increased control over their partner and the relationship.

### Signs of a controlling relationship include:

- Violent temper and sudden outbursts over simple issues that makes you do things according to his/her will.
- Telling you what to do and having complete control over your plans so you would always have to agree with what they want you to do.
- Having a constant flicker of emotions; is very loveable to you one day and insulting the next. This ultimately results in you hoping for a change in your partner.
- You are always at fault; they pick fights and blame you for spoiling the mood, although it's not really your fault.
- Jealousy and constant watch over your actions by phone calls and keeping tabs on every minute of your life and becoming jealous when you hang out with your friends.

Love is blind and a lot of times strong feelings for your partner and increased dependence on them may cause you to make excuses for or minimize their behavior. The fact is that no one has the right to mistreat or

control another person. It's important to know that you are not the reason for the violence. It's not your fault and violence is never okay.

If you feel that you are in an unhealthy relationship talk to someone you trust: friends, family, or professionals. Speaking up and seeking help is crucial for ensuring your safety and preventing things from escalating to other problems.

Sources:

Quote taken from: Levy, Barrie. *Dating Violence: Young women in Danger*. 1998: 47, 77, 79.

*Healthy Relationships vs. Unhealthy Relationships*. The National Women's Health Information Center. <http://www.womenshealth.gov/violence/types/relationships.cfm>

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I was sure that he loved me. He often showed it through displays of extreme jealousy and possessiveness. I couldn't talk to another boy. In fact, David wanted me all to himself, to the point that he resented my girlfriends and my family. All we needed was each other, he said...I was interrogated about where I was, who I talked to, what I wore...I became more and more isolated, more dependent on David as my sole source of support...It seemed I could do nothing to please him. The more I failed to please him, the more I felt like a failure myself.

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## Family Violence Does it happen in your home?

by LORETTA LEBORGNE, PREVENTION

**T**his article takes the form of a question and answer format. The responses may be typical but they are generalized and are not based on any actual person(s).

**Interviewer:** Does violence happen in your home?

**Response:** No way man, my partner and I, we play it cool in front of the kids.

**Interviewer:** You never get angry or raise your voice?

**Response:** Maybe sometimes but only when I get angry with my partner or my kids.

**Interviewer:** So is your home a place of calm, respect, and love?

**Response:** Well, look, we are just like other families, we get upset and voices get loud.

**Interviewer:** I don't want to hurt your feelings, but playing it cool doesn't happen very often.

**Response:** Are you saying that if I raise my voice when I'm angry that's violence?

**Interviewer:** That's called verbal abuse, because if we try to talk when we are angry, we raise our voices.

**Response:** Since when? People get angry and that's life. It's not abuse.

**Interviewer:** When people get angry and yell and the partner or kids get upset and fearful, that's verbal abuse.

**Interviewer:** How often do you get angry?



*Photo by Concha Garcia Hernández.*

**Response:** I don't really know. Should I be counting the times I get angry?

**Interviewer:** Not necessarily, but do you get angry everyday and yell at family members?

Do you throw things, slam doors, or swear often? How many times in a week are you upset?

**Response:** I get upset when people don't listen to what I ask them to do, so then I yell.

This happens everyday; there are too many people in the house and sometimes people talk all at once and that's when the yelling starts.

**Interviewer:** Maybe when people are yelling you can try talking to each other in a calm voice and ask what that person wants. You can try to understand what is wrong.

**Response:** Well that's easy to say, you're not here in my house when everyone is there.

Some of these questions and responses may help in understanding the different forms violence can take but it takes the whole family to make it work and to make changes. It may start with something as simple as family communication e.g. being open and clear about what you want from your family. It may be an act of kindness when someone's feelings are hurt, or not blaming each other or resorting to yelling when things don't go your way.

Family members can learn to listen to what the other person is saying and learn to be fair with each other. It takes time for a family to grow and be able to act like a family should, with fairness, respect and...*to be cool.*

If you or someone you know needs help dealing with family issues or anger issues, you can contact KSCS at (450) 632-6880.

# Cold Weather Safety

by ARNOLD LAZARE, EMERGENCY PREPAREDNESS PROGRAM

**A**lthough the winter has been relatively mild in our area, given our location, we can still expect a cold spell to arrive. Here are some cold weather safety tips.

## Signs of Cold Injury

Signs of cold injuries run the gamut from mild symptoms e.g., shivering and numbness in hands, face, ears, and feet to severe symptoms e.g., confusion, fatigue, and slurring of speech. If severe symptoms occur, an ambulance should be called immediately.

## Treatment of Cold Injuries

Move the person out of the cold as soon as possible, then:

- ✂ Remove wet clothing.
- ✂ Warm the affected area slowly. Use warm—not hot—water. Use warm hands/body heat (do not rub).
- ✂ Give warm drinks.

If you cannot move the person out of the cold:

- ✂ Cover them with something dry such as clothing or blankets while waiting for help.
- ✂ Do not attempt to warm the affected area because warming and refreezing will cause greater damage to the area.
- ✂ Serve warm drinks.

Avoid Additional Injury. Tissue suffering from cold injury is fragile and can be easily damaged.

- ✂ DO NOT RUB the area.
- ✂ The affected area is numb and easily burned. DO NOT HEAT QUICKLY by using:

- ✂ Hot water or hot water bottles
- ✂ Heating pads or electric blankets

## Frostnip Symptoms

- ✂ A mild form of frostbite, where only the skin freezes.
- ✂ Skin appears yellowish or white, but feels soft to the touch.
- ✂ Painful tingling or burning sensation.

Treatment:

- ✂ Get out of the cold.
- ✂ Do not rub or massage the area.
- ✂ Warm the affected area slowly with body heat. Try blowing warm breath onto the affected area or tucking your hands into your armpits.
- ✂ Once the affected area is warm, do not re-expose it to the cold.

## Frostbite Symptoms

- ✂ A more severe condition, where both the skin and the underlying tissue (fat, muscle, bone) are frozen.
- ✂ Swelling and redness in the early stages, tingling and burning sensation in the extremities and numbness.
- ✂ As frostbite progresses, skin becomes white and waxy/greyish yellow, and is hard to the touch.

Treatment:

- ✂ **Get medical help.** Frostbite can be serious, and can result in amputation.



- ✂ If possible, move the victim to a warm area.
- ✂ Gently loosen or remove tight clothing or jewellery that may restrict circulation.
- ✂ Warm the affected area slowly using body heat. Blow warm breath onto the affected area or tuck your hands into your armpits. **CAUTION: If the affected area might be refrozen before medical help arrives, do not warm. This greatly increases the risk of tissue damage.** DO NOT rub the area or apply dry heat. Do not allow the victim to drink alcohol or smoke.

## Hypothermia Symptoms

- ✂ Feeling cold over a prolonged period of time can cause a drop in body temperature (below the normal 37 C.)
- ✂ Symptoms include drowsiness, shivering, irritability, confusion, stiff muscles, slurred speech, fatigue, discolouration of lips, cold skin and apathy.

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- ✂ Can progress to a life-threatening condition where shivering stops, the person loses consciousness and cardiac arrest may occur.

**Treatment:**

- ✂ **This is an emergency. Get medical help immediately.**
- ✂ Move the person indoors and remove wet clothing.
- ✂ Place the victim between blankets so the body temperature can rise gradually. Body-to-body contact can help warm the person's temperature slowly.
- ✂ DO NOT use hot water bottles or electric blankets.
- ✂ DO NOT rub area or apply dry heat.
- ✂ DO NOT allow the victim to drink alcohol or smoke.
- ✂ **If the person appears to be unconscious, call an ambulance and start CPR if necessary.**

**Prevention**

Individuals can enjoy cold environments if they are properly prepared and understand basic measures to prevent cold weather injuries.

**Keep the body warm:**

- ✂ Keep moving by exercising large muscles (arms, legs) to keep warm.
- ✂ Avoid alcohol. It impairs the body's ability to shiver and gives a false sense of warmth.

- ✂ Avoid all tobacco products. They decrease blood circulation to the skin.
- ✂ Eat to maintain energy.
- ✂ Drink water or warm non-caffeinated/alcoholic fluids to prevent dehydration. Tea and hot chocolate contain sugar and provide energy to help the body generate additional heat.

- ✂ Limit the amount of time outside on extremely cold days. Periodically move into warm areas e.g., a warming tent.

**Wear proper clothing:**

- ✂ Wear several layers of loose clothing, rather than one or two bulky layers. Air is trapped between these layers and acts as insulation against the cold. The layers can also be removed if you become too hot to prevent sweating. Loose clothing allows the blood to circulate to the extremities.
- ✂ Change wet, damp clothes immediately.

**Protect feet:**

- ✂ Carry an extra pair of socks and change damp socks immediately. Use foot powder to help absorb moisture.
- ✂ Avoid tight socks and boots. Do not over tighten boots or shoes. Wear overshoes to keep boots and socks clean and dry.

**Protect hands:**

- ✂ Wear gloves, mittens, or gloves/mittens with inserts to avoid frostbite injuries.

- ✂ Change damp gloves immediately.
- ✂ Warm hands under clothes if hands become numb.
- ✂ Avoid skin contact with snow, fuel, or metal that has been exposed to the cold for extended periods.

**Protect head, face and ears:**

- ✂ Wear a hat. As much as 70 per cent or more of the body's heat is lost through an uncovered head.
- ✂ Cover face and ears with a scarf to prevent frostbite injuries, to protect the skin, and retain body heat.
- ✂ Warm face and ears by covering them with your hands. Do not rub.
- ✂ Wear sunscreen.
- ✂ Exercise facial muscles to help maintain circulation.

**Protect friends and family:**

- ✂ Watch for signs of frostbite and other cold weather injuries in your buddy.
- ✂ Ask about and assist with re-warming of feet, hands, ears, or face.
- ✂ Immediately treat persons showing any sign/symptom of cold injury.
- ✂ Remove sick, injured, and wounded individuals from the cold as they are more susceptible to cold injuries.

The Emergency Preparedness Program reminds community members to plan on being self sufficient for 72 hours. For more information, please contact us at (450) 632-0635.



## School Bullying A Personal Story

by TYSON PHILLIPS, COMMUNICATIONS

There was a time when people believed that childhood bullying was just a part of growing up. That has changed due in part to the many school shootings in the United States.

In 2010 alone, there were 11 school shootings in the U.S. Although there are not as many school shootings in Canada, the Dawson shooting in September 2006 hit close to home. Despite the awareness of how damaging bullying can be, it continues.

I was the victim of bullying in elementary school. I went off reserve for high school. It was a different world where no one bullied me. I no longer feared going to school. However, the school was not perfect and bullying still happened.

I witnessed other students being bullied but I never believed it would get to the point where someone almost lost their life. This horrifying incident occurred two months before my high school graduation.

One early April morning in 1990 John\*, a classmate, was attacked in his home and stabbed multiple times (school shootings were rare at that time.) He survived. The knife wounds weren't deep. Everyone at school wondered why he was attacked.

We found out later that John's attacker was a former student. That student, Albert\*, was constantly bullied and John was his worst tormentor. Albert was of Iranian descent—quiet, over weight, and short. John was part of the popular preppie crowd and had many friends.

Our classes that day were spent discussing what happened. A few of Albert's friends spoke about the bullying. "John would make cruel racist comments about Albert's ethnic background, along with threats and physical violence," said one friend. The bullying was so bad that Albert told his friends he would one day kill his tormentors. The friends didn't take him seriously, figuring Albert was just expressing his anger.

A few days later I learned Albert had made a list of other bullies he wanted to kill. Some of my friends were on that list. Looking back, I realize I might not be here today if Albert had access to a gun instead of a knife.

John recovered, graduated, and is now in his late thirties. The last report on Albert was in 1994. He was in an institution, locked away for 23

hours a day because he was violent with the staff. Claiming he was not paranoid, Albert refused anti-psychotic medication.

If Albert had never been bullied, would he be living a regular life and not be locked up in an institution for his actions?

Today, we have cyber and cell phone bullying. When does it stop? Bullies don't realize the damage they are doing. It can lead to an incident like what happened to John, a school shooting, or the victim committing suicide when they can no longer take the torment.

Surviving bullying is said to be similar to surviving other forms of childhood abuse. For some, bullying may have stopped years ago but the emotional pain continues. It can lead to an addiction to alcohol and/or drugs, and mental health issues such as depression and anxiety.

Bullying needs to be abolished before another life is lost or ruined.

\* *Not their real names.*



## FASD Children & Bullying

by STEPHANIE HORNE, PREVENTION

Often children who are living with Fetal Alcohol Spectrum Disorder (FASD) are not as mature as their peers who are the same age. This may set them up to be bullied because they may act and think younger. For example, they may want to play with action figures when their peers are now looking at these items as collectables.

Their peers may mock and make fun of the child living with FASD in front of everyone. This may escalate and make matters worse because children with FASD have more difficulty dealing with social situations. This may lead to a temper tantrum or an angry or violent

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## Suicide: Taking Away The Stigma

by KATERI OESTERREICH, PREVENTION WORKER

**M**any people find it hard to talk about suicide. Even the word suicide carries a stigma or taboo that can cause an individual to feel unable to talk openly about it.

A person who feels alone or is already having suicidal thoughts, may find it more difficult to deal with bullying and may see suicide as the only way to “escape” from the pain they feel.

Kahnawake is fortunate to have programs in place such as Our Gang and MAD Group to help educate youth about suicide and prevention. One of the objectives of both groups is to have its members leave the group feeling that if they—or someone they know—are having suicidal thoughts, they can come back to the group for support and help.

As effective as these preventive programs are, there is still a need for intervention based programs as well. If individuals are not trained to recognize when a person is at risk of suicide, they may miss, dismiss or avoid getting involved.

### What can we do?

We can educate ourselves; learn as much as we can about suicide and not be afraid to speak about it.

Contrary to belief, talking about suicide does not lead to suicidal thoughts. When we ask someone if they’re having thoughts of suicide, most often, it will offer them a sense of relief. It allows that person who is feeling alone and misunderstood to know that someone is willing to talk to them about these feelings and is not going to judge them.

### How do we become more at ease when speaking about suicide?

There are two training programs offered in Kahnawake to help a person feel more confident in recognizing and helping a person at risk of suicide.

For approximately the last five years Kahnawake has offered a program called *ASIST* (Applied Suicide Intervention Skills Training), developed by *LivingWorks Education*\*. The goal of this training is to have participants leave

the workshop feeling ready, willing and able to do an intervention with a person at risk of suicide. The program takes the participant through two days of interactive workshops where they learn to not only recognize and intervene with a person at risk, but look at their own beliefs and attitudes about suicide.

The second training program is called *safeTALK*, which is another intervention program developed by *LivingWorks Education*. This program will be introduced to the community in the coming weeks. At three-hours, the training is not as intensive as *ASIST*.

The goal of *safeTALK* is to train caring people to recognize when someone might be having thoughts of suicide, engage them in direct and open talk and move quickly to connect them with someone who is able to do a suicide intervention.

If you would like more information about either training, please contact Kateri Oesterreich at (450) 635-8089. **The next ASIST training will take place on Thursday, February 24 and Friday, February 25, 2011.**

\* *LivingWorks Education* is a suicide intervention training program based in Calgary, Alberta.



Continued from page 8

outburst. Too often, the child with FASD is the one who actually gets into trouble. In reality, they were victimized in the first place! The result is that they may be labelled as being oppositional, as the troublemaker, and that they cannot get along with others.

Parents who are raising a child with FASD know that they have to ensure that protective measures and supports are available in their child’s environment early on. It is good to confirm that the school or after school activity staff are aware of your child’s needs for additional support.

FASD is often referred to as the invisible disability. If a child were in a wheel chair or living with another disability, they would most likely have someone watching out for them more diligently. A protective peer or a staff member who is fully knowledgeable and trained about working with children with FASD can make a world of difference for the child. I would like to emphasize that this does not mean that the caregivers are being overprotective or enabling, rather—they are being protective and they are enabling the child to find success!

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## The Heart Truth

### Heart Disease, Women, and the Red Dress Ball

adapted by LESLIE WALKER RICE, KMHC COMMUNITY HEALTH NURSE

One in three women die of heart disease and stroke. Presently these diseases are the leading cause of death among women in Canada. Today, as many women as men die of heart disease and stroke than any other condition.

*The Heart Truth* is a national heart disease awareness campaign aimed at women that has been in effect for a few years. Unfortunately, women continue to be unaware of their personal risk factors for heart disease, have no plan to reduce their risk, and frequently do not recognize potential life threatening symptoms.

The risk of heart disease and stroke may begin to rise after 40 years-of-age; however, heart disease develops over time. Lifestyle choices and behavioral patterns developed in childhood can play a significant role in developing heart disease at a much earlier age.

You can reduce your risk by as much as 80 per cent with lifestyle changes that can help to improve your future quality of life. Some achievable lifestyle changes are:

- Reduce your exposure to tobacco smoke. If you smoke, quit (with a goal and some help anything is possible.) If you are exposed to second-hand smoke, develop a strategy to minimize your exposure e.g. avoid gatherings where smoking is acceptable.
- Exercise 30 minutes a day, every day. There are a lot of fun opportunities to be active e.g. dancing, walking, or skating to name a few. Break it up, or do it all at once, but do it!!
- Eat more fresh fruit and veggies (as many as 10 servings of fruit and veggies a day.)

- Know your blood pressure and cholesterol numbers. Visit a health care professional to learn what they mean and work together to improve them to reduce your risk of developing heart disease.

The Red Dress is the official symbol of the *Heart Truth Campaign*, representing courage, strength, passion and femininity. It is a symbol that clearly captures the spirit of the power for change through awareness.

Become involved in the *Heart Truth Campaign*. Bring this symbol to life in Kahnawake by attending the **Red Dress Ball**.

For information on how you can attend the **Red Dress Ball** visit the Kateri Memorial Foundation gift shop located in the lobby of KMHC.

For more information on this campaign visit [www.thehearttruth.ca](http://www.thehearttruth.ca), or consult a health care professional.



FASD Children & Bullying....Continued from page 9

### Everyone's responsibility

We can all become advocates for individuals living with FASD. At KSCS, we have much information and knowledge available for the general public. If you are interested in learning more, contact Stephanie Horne at KSCS (450) 632-6880 ext.132.

### STRENGTHS OF THE INDIVIDUAL LIVING WITH FASD

Diane Malbin, *Trying Differently, Rather than Harder* (1999), is one of the great advocates for children living with FASD and has identified many strengths and capabilities:

- Persistence and commitment, in low-stress situations
- Enjoyment of repetitive work and success in structured situations
- Strong sense of fairness and a rigid belief system
- Gregarious, fun loving, kind, and trusting in relationships
- Strong visual memories
- Good verbal fluency and a positive use of visual language techniques
- Learn effectively when tasks involve a hands-on approach
- Creative in visual arts and music
- Strengths in athletic skills in sports



## Caring, Strength, & Hope Celebrating 20 Years of the Kahnawake Cancer Support Group

by KATERI DELISLE, KMHC CANCER CARE WORKER

**T**he Cancer Support Group of Kahnawake began 20 years ago in February 1991 and was the first on-reserve group of its kind in North America. The group was responding to a need recognized by a number of community members; men and women with different types of cancer.

These men and women met at a Montreal hospital where they were being treated for cancer. They found value in talking and sharing their experiences with each other and decided to meet as a group on a regular basis. Though the group has changed over the years (taking on new people) they continue to meet on the first Tuesday of every month in the boardroom of the Kateri Memorial Hospital at 7:00 p.m.

The group meets faithfully to welcome, listen, and give hope to newly diagnosed people, including their families and friends. People connect with others who have had a similar cancer experience and benefit greatly from their support and practical information gathered from their personal experiences.

The web of support outreach to the community goes beyond the regular monthly meetings. Members share their support and practical information through telephone calls, home visits, and casual chats on the street.

Cancer diagnoses affect not only the patients, but also their families and friends. Whether people are caretakers, spouses, family members or friends of someone diagnosed with cancer, they have found support among the members. Although over the years the group has experienced the painful loss of loved long-time members—as would be expected in a group such as this—strong bonds of

caring, strength and hope are ever present among members, along with regular doses of laughter and healthy spirited conversation at meetings.

It's with great enthusiasm that the Group celebrates 20 years of supporting Kahnawa'kehró:non in February 2011 and they would like to share their excitement with everyone. The theme of the celebration reflects the ongoing caring, strength and hope of its members and all Kahnawa'kehró:non who have either experienced cancer themselves or have supported a family member through it. If you have had cancer, have supported someone with cancer, or would like to commemorate someone special, come celebrate with us. You and two guests are invited to share your good wishes for the Group's continued success at a brunch to be held on February 6, 2011. Seating is limited, so an early RSVP will guarantee your seat!

We are also developing a commemorative collage celebrating the caring, strength and hope of people with cancer or those that support them. If you would like to have a picture included in this display, please bring it along to the brunch.



*"I am glad to be a cancer survivor! The Cancer Support Group of Kahnawake has helped me a lot, I have made a lot of friends there. Even though there have been losses, I still look forward to going to the meetings."* – Josie McGregor, 20-year cancer survivor.



*"Kahnawake has a wonderful cancer support group. Thank you all for your help."* – Gloria Cross, 2-year cancer survivor.



*"I come to the group for support and look forward to supporting others."* – Lisa McComber, 17-year cancer survivor.

### Cancer Support Group of Kahnawake 20-Year Anniversary Celebration

**Maddie's Place**  
**Sunday, February 6, 2011**  
**10:00 a.m.–2:00 p.m.**  
**RSVP required.**

**Brenda Dearhouse-Fragnito**  
**(450) 699-8202**  
**Kateri Delisle**  
**(450) 638-3930 (Ext. 324)**

## The Back Page...

*“Do not go where the path may lead, go instead where there is no path and leave a trail.”*

*Ralph Waldo Emerson*



### The Midwinter Festival The Importance of Sha'teiohseri:hen

by BEA SKAWENNETSI TAYLOR, PREVENTION

In the Haudenosaunee Confederacy, each year begins with Sha'teiohseri:hen, also known as Midwinter Festival. The Big Heads (also known as our uncles) will go to houses (upon request) in the community to cleanse the house and to stir your ashes. This is the time when the Big Heads let you know that Midwinter is coming and to prepare for it.

Sha'teiohseri:hen is determined by the moon cycles. Midwinter begins five days after the 13<sup>th</sup> new moon, making this the only ceremony that you can predict by the calendar. Midwinter consists of four main ceremonies that take place over the course of 4-14 days. The duration depends on which Nation you live in.

Midwinter is a time for celebration and renewal. In the old days, we were celebrating the meat that the hunters were bringing back to the people and giving thanks to the animals who gave their lives to clothe and feed us. Babies born since the end of harvest receive their names during the Midwinter, which is also the time we renew our medicines. It's a time for forgiveness and letting go of negative issues that may have happened to us during the year. We give thanks to the Creator for allowing us to live one more cycle of ceremonies. Last but not least, it's a chance for us to rekindle our spirits when we stir the ashes.

In Kahnawake, Midwinter runs anywhere from 4-7 days and consists of four main ceremonies: *ostowa'kó:wa* (great feather) *dance*,

*aton:wa* (men's songs, naming ceremony and reinstatements), *onehoren* (drum dance), and *kaientowá:nen* (bowl game). Depending on which Longhouse you attend, additional ceremonies may include *medicine renewals*, and the *white dog ceremony*. Some of our sister Nations offer dream interpretations that help people understand what medicines/ceremonies they may need to bring balance to their lives.

The Faith Keepers and the people who will be running the ceremonies determine which dances will be held each day. The availability of singers is a factor in determining the dances since not everyone knows the songs for every dance. The dances that are done throughout Midwinter include: the *women's dance*, *drum dance*, *life supporters dance*, *thunder dance*, *stomp dance*, and the *sun disk rite*. The birth of children to come is also asked for during Midwinter, to help renew the cycle of life.

Just remember, this is a time for us to honour the Creator by holding these ceremonies and playing the bowl game. With such hectic lives these days, the Midwinter gives us a chance for us to spend some time together and to take the time to appreciate what the Creator has given us.

*Source of information: Darrell Shakowanahawe Thompson and Mike Kanathohare MacDonald.*

#### February is...

- Heart Month
- 10-18 Kahnawake Winter Carnival
- 31-6 White Cane Week
- 1-7 Eating Disorders Awareness Week
- 2 Groundhog Day
- 4 World Cancer Day
- 6 Cancer Support Group 20-Year Celebration
- 11 KSCS Skating Party
- 12 Sexual & Reproductive Health Awareness Week
- 14 Memorial March for Missing & Murdered Women (Montreal)
- 14 Valentine's Day
- 19 Red Dress Ball (KMHC)

#### March is...

- Help Fight Liver Disease Month
- Natl. Colorectal Cancer Awareness Month
- Natl. Epilepsy Month
- Natl. Kidney Month
- Natl. Nutrition Month
- Red Cross Month
- 14-20 Poison Prevention Week
- 14-20 Brain Awareness Week
- 8 Intl. Women's Day
- 12 World Glaucoma Day
- 22 World Day for Water
- 24 World Tuberculosis 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.

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