



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Meno Ya Win News

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Working Hand in Hand with our Communities to Build a Healthier Future.

You are a portrait of your work. Use your portrait as your signature.

~Author Unknown



Today, I will practice loving self-care.



Certain things catch your eye, but pursue only those that capture your heart.
~ an old Aboriginal saying

Let out a belly laugh today, it is contagious! No one will get sick from it. Laughter is very good medicine!



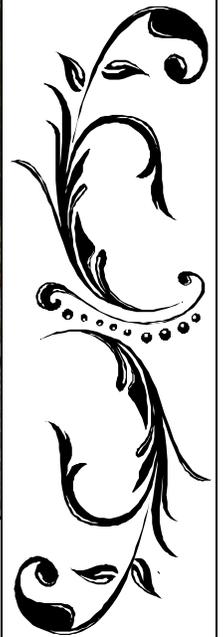
Inside this issue:

- SLMHC Nurse in Hait . 3
- PSW Week 5
- Feature Story 6
- Question of the Month 9
- Anishinaabemodaa 11
- Photo Gallery 13

Katimavik Volunteers at SLMHC



Sharon Yule (Volunteer Coordinator/Special Projects), Dane Garner, Nathan Sheppard, Remy Charbonneau, Julia Robertson, Leticia Madora, Christine Kinoshita, Maria Vo, Erin Chreptyk (Team Leader), Allison Whight.



Each Katimavik program consists of groups of 11 youths aged 17 to 21 who are drawn from across Canada. They travel together to one or two different places in Canada for a period of six months. Since its inception in 1977, more than 30,000 Canadians have participated in the program, staged in more than 2000 communities.

On March 29, 2012, the Canadian Government announced the Katimavik program was ending.

The Sioux Lookout Meno Ya Win Health Centre has been fortunate to be part of this experience. Two Katimavik volunteers at SLMHC shared their experiences.

My name is Allison Wight, I'm from Conception Bay South. Newfoundland and Katimavik brought me to this beautiful community on March 28, 2012. Since then, I have had the pleasure to volunteer my time here

at the hospital, which included working in the gift shop, with the activation therapist, the memory garden and the extended care facility as well as part time at the Out of the Cold shelter which was also split with the Day Program for Mental Health and Addictions. My experience in Sioux Lookout has been a spectacular one.

Working at the Hospital presented me with so many learning opportunities such as numerous workshops, many of which focused on cross cultural care, cultural awareness and conflict resolution. I feel very fortunate to have had the support, encouragement and resources to take away as much as possible when it comes to education of the culture around me, the awareness of different backgrounds and needs, including my own, and the knowledge of the most respectful and appropriate ways to react in situations where I am unsure.

Con't on pg 2

(Con't from front)

When you walk into the Meno Ya Win Health Centre, you can feel the positive energy. All of the staff that I have had the pleasure to meet have shown me great kindness and care, which makes it an ideal healing environment, especially for those being treated far away from home.

My experience at the Out of the Cold Shelter and the Day Program made a huge impact in my thoughts of career paths and a major factor in my decision to stay in Sioux Lookout for this summer, after the program. I thank Katimavik with all of my heart for providing me with such opportunities and I hope you all vote to keep it running!



Allison Wight hands out smoothies to CEO, Dave Murray and Michelle Beaulne, Director of Environmental Services.

Hello. My name is Maria Vo and I am from Ottawa, Ontario. I am a Katimavik volunteer and I've been a volunteer since January 4th, 2012. I didn't know what to expect from this program until I arrived to Charlottetown, PEI, which was my placement for my first rotation. I really enjoyed the island and I was given numerous opportunities. I worked at the Voluntary Resource Centre, which was located near downtown. I really enjoyed it and I had such a great experience with several organizations within that building, such as PEI Citizen Advocacy, Cooper Institute, Cuso International, and much more! I have grown and developed many skills within the office and planned

events in town or on the island. The people are very friendly and are always willing to greet you when you're walking down the street. I thought this was a very nice gesture to see and experience!



Maria Vo

Now I am in Sioux Lookout and I am completing my second rotation adventure. I have been very content about my work placements here, which are at the Salvation Army, the Sioux Lookout Meno Ya Win Health Centre and at the Extended Care. My life in Sioux Lookout consisted a lot of exercise, and learning about the culture here, such as the Aboriginal culture. I know the news about Katimavik being cancelled after this rotation will be very unfortunate, but hopefully it won't be forever. I really enjoyed Katimavik and for what it has taught me. My goal is to absorb all the opportunities I can get and enjoy every moment. The bonds I've experienced with people have made a big impact on me. I wish everyone the best afterwards. So, I believe that Katimavik will still live on from these memories and that this isn't the end.

I feel very fortunate to have such a great group in Katimavik. I believe our group went above and beyond and took a lot of action in Sioux Lookout. I would like to give a special thanks to our Project leader, Erin, because she has built such a good foundation for our group and I feel like we wouldn't have had accomplished many things if we didn't receive her help or wisdom. I had such an unreal experience at my work placements, volunteer events, billeting and the environment in this town. With lots of help, I would like to also give a special thanks to Sharon Yule, who is the Volunteer Coordinator at the health centre. She has guided me to many opportunities within the hospital. She has also helped the group with our Community Collective Project with the memory garden. It was such a pleasure to have collaboration with the hospital and to give something back to the community. Although the program is ending on June 20th and I'll be departing Sioux Lookout, I would like to thank everyone that I have met and the bonds that I've created with others, for being supportive and making my experience memorable.



Cynthia Bogard

Congratulations to Cynthia Bogard on her promotion to Senior Chemistry Technologist.

~Brenda Voth,
Laboratory Department Manager



Michelle Bong

We welcome Michelle Bong as our new Hospital Social Worker. Michelle has a background with Tikinagan Child and Family Services. She is currently finishing up her orientation to SLMHC. She can be reached at 737-9025.

~Samantha Brooks, RN, Clinical Coordinator, Medical/Surgical Services

SLMHC Nurse on the front lines in Haiti

(WARNING, GRAPHIC CONTENT, MAY BE DISTURBING TO SOME)



Bobbi Groom, RN

Project Medishare is a non profit volunteer organization that was founded in 1994 by two doctors from the University of Miami Miller School of Medicine. It is an organization dedicated to sharing its human and technical resources with its Haitian partners in the quest to achieve healthcare and development services for all (Project Medishare, 2012).

One of the ways the Project Medishare mission is accomplished is by volunteer nurses and physicians working along side and training Haitian nurses and physicians; and this is what SLMHC, RN, Bobbi Groom, did for one week in March.

Q: What made you go to Haiti?

A: A locum who works here had gone before and she had mentioned the program and I was supposed to go to New Zealand for a month and look at the healthcare system there and see if their healthcare system was a little bit more based on healthy living and I ended up taking the time to go to Haiti and volunteer and to see a developing country. Struggling to develop would definitely describe Haiti. I was in Port au Prince where a lot of the damage happened from the earthquake in 2010. It's been two years now but people are still in what they call transitional housing but it's actually tent cities. Volunteers don't go there because it's too dangerous, they're unpatrolled; they're extremely violent neighborhoods and that's what they call transitional housing.

Q: Where did you stay while you were there?

A: It was a locked compound. You weren't allowed off; there were guards at the door that looked no older than 15 or 16. We weren't allowed out because of political upheaval. There are a lot of robberies; if you are white they assume you are going to have money on you. I heard a few sad stories down there of people trying to come down and start up orphanages and being shot and killed for their money because people are so desperate and there's just no enforcement or not enough enforcement. They have peacekeepers down there but how do you enforce, especially at night, it's pretty hard.



Dr. Howie writing orders in an old wheelchair at Triage, next to biohazard container. If you gave the guards an American dollar, they would buy you a cold coke from the street. This was a very hot 13 hour day!

I slept on a bunk bed with another nurse from the States. We all slept in rooms with a bunch of bunk beds and we had one bathroom to share. The shower was literally just this dripping kind of hopefully clean water, I didn't question it too much, and the only access to drinking water was a stand alone water dispenser like in an office that they brought in for the volunteers. You would often see the patients watching you because they weren't allowed to use the water. I would be getting water and I would feel so guilty for drinking it when the patients have none. I would sneak them cups of water when I could, but it was sad to see something like that. But the people are very nice happy people even though they have nothing.

I was surprised at just the lack of access to clean water a lot of times. We would get food as volunteers, so we would get food brought to us. It's a different way of nursing when the patients don't get food. Your not expected to bath them or toilet them, that's all the families job. So often you have patients there who haven't eaten in days, so you are giving your food away.

Q: Was it a big hospital or a clinic?

A: It was a hospital and I was in a newly opened 12 bed spinal cord unit. Because of the amount of motor vehicle accidents, there are a lot of spinal injuries. There was also a two bed ER. These beds, if you found a disposable cloth you would wipe it with, it would be the colour of blood because of all the people who bled out on the mattress and there is nothing to clean them with. It was an infection control nightmare. You find supplies when you can find them. I had to share a pair of gloves with a doctor because we had run out of gloves. It felt like you were there to apply a band aid on a gaping wound.

Q: What type of work did you do while you were in Haiti?

A: I worked as a trauma nurse. There were a lot of gunshot wounds, at least one every couple of hours. Their highways don't have street lights and are narrow, so there are a lot of motor vehicle accidents. Taxis are just trucks where people just pile into the back so there are large scale motor vehicle accidents with a lot of casualties.

Q: What were the other medical staff like to work with?

A: They do a Saturday to Saturday week long team and we had some really, really great people that worked with us. A lot of orthopedic surgeons who were very helpful because there was a lot of broken bones and a lot of their



ER Bed: no sheets or blankets. Sometimes no cleaner or wipes. The 2 beds were pretty dirty!

(Con't from page 3)

skills couldn't be utilized because of a lack of equipment so they were finding that they were having to invent new ways of dealing with broken bones, ones they really haven't used in Canada or the States. A lot of the triage is done by nurses who are ordering x-rays and lab work. The lab work is done now all by Haitian nurses and it's kind of rudimentary lab work where everything is done individually and it takes quite a while to get your results. So a lot of times the lab work that we rely on here doesn't get processed fast enough down there to actually be effective. It was very skills based work.

We are pretty lucky up here, I think of the nurse I am up here and then I think of the nurse I was down there; very different healthcare systems. You can't eat unless your family feeds you because there is just no money to feed everyone. For diabetics down there, there is very limited access to diabetes medication like insulin's, and often there was uncontrolled diabetics who didn't have the money to pay for their insulin and there was nothing we could do for them. You just basically had to patch up their foot infection, maybe if we had some antibiotics we could give them some, but other than that, nothing.

There was this one interpreter named Sam, I'm not sure how much he got paid but I'm sure it wasn't a lot, and he was so happy to have found this job. He would work 12 hours plus. I think he was scheduled to work six days and get one day off but he would choose to work on his day off as well to give more money to his family. He would often be there later because he was afraid he would lose his job if he didn't stay later. He was the nicest guy and very, very hard working and he wouldn't take a lunch break. Then I come back here and get five days off to do nothing if I want. It's a lot different.

I felt very guilty when I came back seeing everything I have that they didn't have. It's a really good reminder of what do you really need and what do you not

Q: It must have been hard for you.

A: We lost a lot of people. I'm pretty glad there was a separate hospital for cholera, so we didn't have to deal with the infection control risks. Quite often down there it can be a death sentence because you are malnourished to begin with and there are not enough supplies. If we did get someone in with cholera we would start an IV because we would be afraid they wouldn't make it to the cholera hospital without becoming severely dehydrated. The ex-



9 bed Med/Surg. Family responsible for sheets. No laundry facilities. You could hire women to hand-wash your clothes. Nursing students in green scrubs.

pectations we have here for what life should be like, they don't exist down there. We're pretty lucky.

Near the end all of my patients just seemed to blur into one. Seeing people lose somebody; here we see some of that, we see palliative cases, I'm sure the ER sees a lot more of the surprise cases, but seeing people lose the most important person in their life over and over everyday, that's hard to deal with. I couldn't imagine dealing with that constantly.

Q: Did you get to go out and see any of the country?

A: No, just the bus ride from the airport to the compound. They said it was too dangerous for us to be out. And with all of the gunshot wounds I saw I started not wanting to go outside of the fence.

The Dominican Republic is on the same island as Haiti, and I have been on vacation in the Dominican and the bus takes you and you drive by all these places, and I hear that the Dominican is a lot better off than Haiti, they have a different government system. They have all this beautiful sand and beautiful sun and they're just doing so poorly.

Q: Do you think you would do it again?

A: I don't know. I was starting to feel a little useless or abandoned, like we weren't treating the real problem. We got to go to a hotel one day where you could swim and buy food and I met these two older nurses and they were down there restructuring primary healthcare so it was nice to see that. It does take all kinds to fix a problem. And they were working on building a new school to teach people healthcare.

Q: Are you glad now that you did it?

A: Yes, other than when people complain about our hospital food, I get a little tick in my eye now. I kind of look at us as a little bit spoiled when it comes to our healthcare system and I'm glad we have it but it would be nice if everyone got reminded once in a while what everybody else doesn't have. Maybe that's why the veterans are always saying; remember what we didn't have in order to appreciate what we have. I am glad I went but I don't know if I would go back.

We did a lot of good stuff, but it's going to take a lot of system change before you can get a proper hospital.



Triage Tent. No one except the most emergent clients were brought to ER. Everyone else was sent to a day clinic (where there was a small fee) or treated in Triage, which was free.

~By Mary Spay
Programs/Administrative Assistant
Communications & Community Development

PSW Week **June 11th to the 15th.**

Chances are, if you are hospitalized, a resident of a long term care home, or a resident of an assisted living community, you will encounter a Personal Support Worker. A PSW is a person with a college certificate who has studied to become a valuable member of your health care team. We work in hospitals, long term care homes, retirement homes, nursing homes, and we even come to your home.

In our hospital setting, we are the support for the registered nurses (RN), and registered practical nurses (RPN). We are their eyes and ears and report to them such things as changes in behaviour or signs of illness. We assist patients with activities such as getting up and dressed, or having a shower. For patients unable to do this independently, we do most of these things for them. We are trained to properly transfer, or use a mechanical lift to assist the patient with mobility. We observe the patient from head to toe, making sure they are healthy. If we do observe anything out of the ordinary, we report it to the nurse responsible for the patient.

In our long term care setting, a PSW has an RPN as a partner. We are assigned 10 patients each shift. Together, the PSW and the RPN are responsible for all activities of daily living for their patients. The RPN administers medications and together with the PSW assists with activities for the remainder of the shift. A PSW assists a resident with many different things. We wake you up, we help you get up, we wash you, we dress you. We serve you your meals, or feed you

your meals. We assist you to walk or transfer. We observe you for signs of illness. We report any change in your status to the nurse in charge. We take your vitals and your weight. We ensure that you are safe in your environment at all times.

We ensure that your family is aware of any care that we have given you during our shift. We look after you mentally, physically, spiritually and emotionally. We rock your mom to sleep at night, and we assist with your loved one during their very last moments on earth. We support families, and create long lasting bonds with them.



PSW's have a lot of experience giving palliative care. We are experts in providing, kind compassionate care to patients and their families during this most difficult time. We create bonds within the health care setting and also outside of the setting that can last a lifetime. We are part of the team that truly cares for your loved one.

We participate in education opportunities provided by the hospital or outside agencies. We are educated in many different aspects and use each opportunity to assist us in giving the best care we are able to give.

Please join us in celebrating PSW week, and let a PSW know that you value their contribution to top quality health care in our community!!!

Submitted by: Lesli Marshall, PSW

News Item/Study Advertisement **Aboriginal Nurses Study**

Aboriginal Nurses Study Looking for Participants

Many Ontario residents are of Aboriginal heritage; yet, the number of Aboriginal nurses and nursing students is low. To increase the number of Aboriginal people in the nursing workforce requires providing supportive education and work environments. Thus, with funding from the Ontario Ministry of Health and Long-Term Care, researchers at the Centre for Rural and Northern Health Research are studying what constitutes supportive environments for Aboriginal nurses and nursing students.

The researchers will be interviewing Aboriginal

nurses and nursing students to explore what they believe is essential to make work and school places where Aboriginal nurses feel welcome, safe, and their cultural interpretations are acknowledged.

If you are a nurse or nursing student of First Nations, Inuit, or Métis heritage, the researchers would like to hear from you.

To share your views, or for more information about the study, please Shevaun Nadin, Project Researcher, Centre for Rural and Northern Health Research, collect: 807-766-7288, or snadin@lakeheadu.ca.

*~Submitted by Helen Cromarty,
Special Advisor First Nations Health*

Special Feature Story



**Emily Gregg, Elder in Residence,
Traditional Healing Program**

Emily Gregg lived in Big Trout Lake from childhood before moving to Kasbonika Lake in 1966 and making it her permanent home. She and her husband raised their three children there, and later adopted two children. In those days, there were no diesel powered generators to create electricity for the community and there was no running water. She remembers getting buckets of water from the lake and using a wash tub and wash board to do their laundry, and more water for bathing the children. There were coal oil lamps for lighting the family home in the evenings, a wood cook stove for cooking all their meals, and a wood stove for warmth during the winter months. This way of life was normal, and did not seem like hard work for Emily who was a strong, energetic young mother. This was the way of life in those days.

Back then, Kasabonika Lake was referred to as a satellite community of Big Trout Lake which had a nursing station staffed by one nurse. That meant the nurse would travel from Big Trout Lake into Kasabonika once a month to

give immunizations to babies and adults and see people who needed health care.

Emily remembers a time when she was still living in Big Trout Lake and was waiting in a long line up of people with her three year old daughter, and a nurse came to her and asked her if she would translate for her. Having done it once, she would be asked again and again. A chain of events began to occur. In Kasabonika, Emily was asked to set up a small room into "a dispensary", where she had a locker with a small supply of aspirin, cough syrup, First Aid kits and bandages. She provided this service 24/7 for a period of three years with no compensation and finally one day she received a cheque of \$3.50 from Medical Services.

In March 1969, Medical Services asked Emily to enroll in a ten month training program to become certified as a Community Health Representative. After successful completion of this training, she continued to work in her community providing health care. Over the next 20 years, she went for more training in many areas of the health field. Emily says with all of the training, she became very confident in taking care of emergencies and arranging for medivacs, delivering babies, IVs, performing sutures, assisting in the operating room when a visiting doctor had to perform minor surgery in the clinic, providing mental health counseling and helping all people with health care matters.

Emily would travel far away from Kasabonika Lake to attend training programs in places like Sudbury and Thunder Bay. She never grew tired of the travel because she knew she would have the opportunity to learn more and see and experience different places and cultures.

Working outside of her home and raising her family of five children had its challenges, but she found a balance in making sure that every aspect of her life was taken care of. She juggled her weekends in baking bread and other goodies for a week, doing the laundry, taking care of her families' needs and going out on the land to gather food. She found peace and enjoyment in doing all of these things. Emily reminisces, with a far away look in her eyes and with a tender smile, she speaks softly, "Sometimes I wonder to myself, how did I do it? I have to say, it was my calling, I was interested in health care, providing health care to my people, all people. I also had the wonderful support and encouragement from my late husband and my whole family. Working in providing health care to our people has made my journey very meaningful and has given me great fulfillment." Looking back, Emily has 40 years experience of working in the health care field!

Con't on pg 7

In 2006, Emily was asked to join Sioux Lookout Meno Ya Win Health Centre as an Elder in Residence under the Traditional Healing Program. She was delighted to accept and thus became the first Elder in Residence. In her role, she has provided guidance and leadership in the development of the Medical Interpreter Program, the Traditional Healing Program, is an active member on the Elders Council, and continues to share her knowledge wherever she is called. Emily is also a board member on the Tikina-gan Child & Family Services Board of Directors.

Being a gifted story teller and an Oji-Cree and Cree language specialist, she shares her archive of stories in her language to anyone who is willing to listen. Imbedded in her stories are lessons of old, handed down through the generations that, when one listens with their heart, one

will find many lessons in life, tools to live a good life.

Today Emily continues to watch over her clan - her large family and extended family in her usual motherly way from a new den in Sioux Lookout.

In August 2009, Emily was awarded the highly respected NAN Elder Award during the Nishnawbe Aski Nation Chiefs Keewaywin Conference held in Chapleau, Ontario. What an honor!

At Sioux Lookout Meno Ya Win Health Centre, we are very proud, honored and privileged to have her on staff.

~ Renee Southwind, Manager, Communications & Community Development



SLMHC is a scent free environment



HAPPY RETIREMENT!



It is with mixed feelings of tremendous pride, and a bit of sadness, that I announce the retirement of Margie LeGros, Clinical Director Mental Health & Addiction Services at Sioux Lookout Community Counselling & Addiction Services.

Margie began her incredible career at Sioux Lookout CCAS as an administrative assistant on January 3, 1984. As the beginning years of her career progressed, Margie attended numerous university courses to become educated in the social sciences, counseling, mental health, and addictions. During the completion of her undergraduate studies, Margie still single-handedly managed all of the support staff functions in our office.

When the employment opportunity of a counselling position came about Margie applied and was hired in the early 1990's. During her counseling career with our organization I've estimated that Margie has counseled some 2000 clients over approximately 10,000 appointments. This does not include the numerous therapy groups, workshops, presentations, and crisis debriefings that she has done during her time at CCAS.

Margie worked with seven different directors during her 29 year-career at CCAS. Each time a director left, Margie held the program together both administratively and clinically while a new director was found. That meant that Margie was still carrying a full active clinical case load, while doing the budget, staff scheduling, payroll, clinical program planning, and clinical supervision. Amazing!

In 2007, Margie was hired as the Clinical Director of Mental Health & Addiction Services for CCAS, and it is no coincidence that is when CCAS services really started to become community-based, integrated, responsive and high performing. Under Margie's clinical watch CCAS has expanded its services to the Homeless, First Nation's Youth, hospital inpatients, people in the criminal justice system, seniors, and people with FASD and other developmental disabilities. Margie has also guided her clinical staff to penetrate other stakeholder organizations to do cross-professional staff training in all areas of counseling, mental health, and addictions.

Now, after nearly three decades of giving her heart, soul, and skills to the people of our area communities, it is time for a very well-deserved rest for Margie. Margie's last day at SLMHC / CCAS will be Friday August 31, 2012. Please join me in giving Margie your most whole-hearted congratulations for her years of dedicated service excellence, and to wish her a long happy, healthy retirement!

~Bruce Siciliano, BSW, SSW,
Director of Community Counselling & Addictions Services

HEALTH & WELLNESS COMMITTEE UPDATE

Meal Planning and Your Budget

When was the last time you did an inventory of your fridge, freezer, cupboards or pantry? If it has been more than six months, why not schedule an hour or two with your family to do just that. Chances are you have enough supplies to keep you going for a week or more. By doing an inventory of what's on hand you will be able to do some menu planning and use up those items before they expire and probably save yourself \$50 to \$100.

We often buy items when they are on sale stocking up on items we think we need. This may be considered budgeting, but, if you haven't used up the items and keep purchasing more, you end up throwing things out and the only one benefiting is the grocery store.

Before going to the grocery store, look through the flyer and discuss with your family what they would like to eat that week. Plan your menus around the items on sale along with what you have in the freezer and pantry. If vegetables are getting old and soft, a great way to use them up is in stews, soups and casseroles. Make a large batch of soup and take servings to work or send it to school with kids for lunches. Sometimes menu planning can take a bit of effort. Try to use the Canada Food Guide as a reference, use recipes you have on hand or chat with friends to find out what are they cooking and how they plan meals.

Remember to shop the perimeter of the grocery store which contain your fruit, vegetables, bread, meats and dairy, rather than the junk food and highly processed food aisles.

Make a list of what you need and stick to it. For the next month try to go to the grocery store for one main shopping trip a week and only go again if you need milk or bread.

Every time you go to the grocery store unprepared you will spend more than expected. Have you thought about just using cash when shopping? When you use only cash, every time you buy something you actually see the amount of money in your wallet getting smaller. When using credit cards you may think you are tracking your spending better, but you can easily overspend.

It can be a fun family experience to get your partner and children involved in the planning and cooking of meals. This is also a wonderful way to teach children about cooking and budgeting so when they head out on their own they will be prepared and appreciate the skills that you have taught them.

We know these are not new ideas but try some of them for a month. Be creative in your menu planning and see if it makes a difference in your spending habits. If nothing else, you will have cleaned a few items out of your freezer.

Check out the coupon board across from the locker rooms on the lower level!

~Submitted by Sharon Yule,
Special Projects & Volunteer Coordinator

WAY TO GO!

Congratulations to Sonya Berze, Tegan Lemmon and Faye Jonasson for competing the half marathon in Winnipeg.

To all our other walkers and runners that have completed other special events in the area or continue to go out on Wednesday night training with Melissa Zarecki, keep up the good work.



FUN FACTS

The dietary department has prepared food & served 91,800 patients meals since we moved in. Plus since we moved in 136,000 meals have been prepared for the hostel. That's a whopping 227, 800 meals!

If you ate 3 meals a day, it would take you 208 years to eat that many meals!!!

On top of that they serve staff & visitors 7 days a week in the cafeteria.

WOW! Let's give a hand to the dietary department for all their good work.

WAY TO GO!

Working Hand in Hand with Our Communities to Build a Healthier Future

Γησ υς- νλγδ·(σρλ) σ(σγδ·σε) ρδρ Δελβυ Γ-δλ Δ· Δ"Δν·ησβ.

Travailler main dans la main avec nos communautés pour construire un future plus sain.

Question of the Month

"What are your plans for the July long weekend?"



Dave Kulchyski (Materials Management) - "Playing hockey in Ignace and bartending at the Centennial Social on Saturday night."



Norah Laverty (CCDC) - "Attending the Knit-in at Centennial Park on Saturday to help reach the goal of knitting 500 hats for 2012 SLMHC newborns."
Kathryn Davidson (Foundation) - "Spending time with my family."



Mariea Spray (Professional Practice Leader) - "I will be moving to Saskatchewan."



Josh Hopko (I.T.) - "Fishing and being with my family and friends."



John Sayers (Materials Management) - "Going up to camp for a family fishing weekend."



Terry Adam (Admin Assistant) - "Hopefully I will be relaxing!"



Scott Dell (Materials Management) - "Working at my business."



Mary Spray (C&CD) - "Watching the fireworks with friends and participating in the parade on Sunday."

Anishinaabemodaa

Lesson: There are 2 kinds of vowels in the Ojibway language: long and short vowels. It's important to recognize the difference between these 2 sets of vowel sounds so that you can follow the set grammar rules.

Short vowels: i as in pit (**abin**—sit)

o as in book (**ozaam**—too much)

a as in cup (**animooosh**—dog)

Long vowels:

e as in bed (**miigwech**—thank you)

ii as in peek (**niin**—me)

oo as in between soup and soap (**boozhoo**)

aa as in doctor's "say ah" (**omaa**—here)

Reference: *Talking Gookom's Language*, by Patricia M. Ningewance

REVIEW PREVIOUS WORDS

1. *Wawiadendagozi* ...he is funny
2. *Minwendam*he is happy
3. *Debishkine*.....he is full
4. *Giige*he heals,
5. *Gizhewaadizi*he is kind, warm hearted,
6. *Wiibaa mino ayaan* .get well soon
7. *Gimino ayaana*Are you well?
8. *Shawiigwenin*.....smile
9. *Baapin*laugh
10. *Gizshawenimin*I care about you.

USEFUL EXPRESSIONS:

Dipaabaawehe is wet.

Ganawaabihe watches.

Goshkozihe wakes up.

Bimosehe walks.

Niinamizihe is weak.

Obidoonhe brings it.



ARE YOU A VOLUNTEER?

It has often been said that Sioux Lookout runs on volunteers. In the last 28 days I have been involved in our Community Health and Wellness Showcase and Safety Night, the Relay for Life, our own SLMHC memory garden, Walleye Weekend, Brownie Camp, and the Bearskin Classic. Many of these functions involved a lot of volunteers.

Sometimes the housework had to wait or maybe that book and personal projects are on hold for a while, but, boy, did I have fun and feel a sense of accomplishment.

Some of these events in Sioux Lookout wouldn't have happened, if it wasn't for the community-spirited volunteers. Over the summer there will be the centennial parade and celebrations, including fireworks and, of course, the Blueberry festival.

Can you imagine what kind of town Sioux Lookout

would be, without these events? What programs for children wouldn't happen without the volunteer leaders and coaches? Can you imagine what Canada would be like, or the world, without volunteers? People sometimes say they have no time, but we all have the same 168 hours a week. If you look at many of the volunteers, they all manage to find time. Many work full time, raise families and still volunteer. If you are not currently a volunteer please try it and see how rewarding it can be. If you are one of the many volunteers in Sioux Lookout that is making a difference for organizations and to people's lives - **THANK YOU.**



~Submitted by Sharon Yule
Special Projects/Volunteer Coordinator

INTERPRETER SERVICES ARE AVAILABLE 24 HOURS A DAY

Ask for an interpreter if:

- You do not speak or understand English.
- You speak and understand English but do not understand the medical language.
- You are at Emergency or Admitting / Registration and do not know anyone.
- You do not know what to do or where to go.

An interpreter will help you:

- Understand the doctors, nurses and other health care workers in the hospital.
- Talk to the doctors and nurses.
- Understand your illness and your treatment.
- Understand the tests such as ultrasound, x-ray, labs, etc.
- And be with you while you have tests.

Interpreters are also available to interpret at the following clinics:

- Appointment Clinic
- Prenatal Clinic
- Hugh Allen Clinic
- Diabetes Clinic

The Interpreter Services are provided in 3 distinct languages:

- Oji-Cree
- Cree
- Ojibway

The Meno Ya Win News is prepared by the Communications & Community Development Department, SLMHC.

If you have a story or announcement you want to share, please contact:

Mary at 737- 6586 or email at:

mspray@slmhc.on.ca

Is there something that you would like to see in the newsletter?

Let us know and we will do our best to answer your questions in the next newsletter. Submit your requests to mspray@slmhc.on.ca Or call and leave a message at 737-6586



SIoux LOOKOUT
Meno Ya Win
HEALTH CENTRE

Slogan:

Working Hand in Hand with our communities to build a healthier future.

Mission:

We are more than a hospital!

We provide culturally responsive acute, long term and ambulatory care, mental health and addiction services, community-based and traditional healing services to the Sioux Lookout area and to the northern First Nations.

We are Meno Ya Win:

We stand for: *Health
Wellness
Well-being
Wholeness*

Vision:

We will be a *Center of Excellence* for health through

*Enhanced Services
Partnerships*

and Care that is

*Patient Centered
Service Oriented
Performance Focused*

Values:

We value compassion, fairness, integrity and teamwork.

We celebrate diversity.

We recognize different pathways to health.

... We do care!

Photo Gallery



Bobbi Beerthuzian (Housekeeping) and Darlene Wier (Dietary)



Dave Murray (CEO) takes a few shots at the putting fundraiser



Neil Michlin (Dietary) serves up traditional foods for SLMHC staff during National Aboriginal Day.



Team members Dave Kulchyski, John Sayers (both materials management), Peter Winlove-Smith and Yolanda Winlove-Smith (Ultrasound)



Kathryn Davidson (Foundation), takes a shot in the rain during the Bearskin Tournament June 21



Aramark District Manager, Mike Fernandez, jumps for joy at the Bearskin Golf Tournament



SLMHC Relay for life team "Holy Walkamolies"



SLMHC Relay for life team "The Lifesavers"



SLMHC Relay for life team "DI Diyas" light up the night at Relay for Life



Mariaea Spray (Professional Practice Leader) lines up for a shot



VP Health Services, Barb Linkewich and husband Ed enjoy festivities at Relay for Life



Rita Demetzer (Admin Assistant to CEO) and Dean Osmond (VP Corporate Services)



SLMHC volunteers and staff at the Walleye Weekend Fish Fry, June 9





SIoux LOOKOUT
MENO YA WIN HEALTH CENTRE

Foundation

A Tradition of Caring...A Tradition of Sharing

We give for many reasons but one thing remains the same, the money we give does make a difference.

The Sioux Lookout Meno Ya Win Health Centre Foundation is dedicated to raising funds for the Sioux Lookout Meno Ya Win Health Centre and the William A. "Bill" George Extended Care Facility in order to enhance health care in our communities.

A contribution to the Sioux Lookout Meno Ya Win Health Centre Foundation is an investment in a healthy future for you, your family, and our communities. Invest in the Sioux Lookout Meno Ya Win Health Centre and help us make a difference – **Now, and for the Future.**

Ways to Give

General Gift – support the Sioux Lookout Meno Ya Win Health Centre’s vision with a one-time gift

Pledge – Make a pledge with payments over three to five years, and you will be recognized for the full amount in the year you make your pledge.

Tribute Donations – Celebrate a special occasion, or honour or remember a loved one with a donation in their name.

Planned Giving – What is your legacy? There are many ways to leave a gift to the Sioux Lookout Meno Ya Win Health Centre Foundation. Whether it is a gift in your will, a gift of life insurance, a gift from your retirement assets, or a gift of securities, you can rest assured knowing your gift today will continue to give long into the future.

Monthly Giving - Help us secure a stable source of funding by providing a gift each month.

Annual Giving - Support our Annual Tree of Hearts Campaign and help us light the lights in honour or in memory of someone special to you.

Third Party Fundraising - Donate the proceeds from your event to one of our funds.

Volunteer - Join in our efforts to enhance healthcare in the north.

Donate in person at the Foundation Office or send donation to: SLMHC Foundation Box 909 Sioux Lookout, ON P8T 1B4

Donate on line at www.slmhc.on.ca/foundation

Where you can direct your funds

Diagnostic Imaging (DI) Fund – Help to fund diagnostic imaging needs at SLMHC. We are currently raising funds for the purchase of an additional ultrasound machine estimated at \$300,000 to support current services and to allow SLMHC to enhance its cardiac imaging.

Women’s Health Fund – Donations to the Women’s Health Fund help to support SLMHC’s mammography unit and raise funds in support of programs, services and equipment needs to enhance healthcare for women in our region.

Chemotherapy Services – Your donations help to support cancer care at SLMHC.

Palliative Care Fund – Help to enhance end of life care with a contribution to the Palliative Care Fund.

Extended Care Fund –Your gift helps to fund program and equipment needs at the William A. Bill George Extended Care Facility.

General Equipment Fund – Assist with ongoing equipment needs at the Sioux Lookout Meno Ya Win Health Centre.

Community Counseling and Addiction Services (CCAS)

Youth Programs Fund – Invest in our youth to ensure a healthier future for our communities.

Janelle Wesley Fund – Your contributions help to fund programming and equipment needs for the Janelle Wesley Room, a gathering place for children and families, named in memory of Janelle Miranda Wesley who lost her battle to cancer at the age of seven.

DONATION FORM: Yes I would like to make a donation in the amount of \$_____.

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Payment method:

Cheque payable to SLMHC Foundation

MasterCard or Visa Card # _____ Exp Date: _____ Signature: _____

I would like to direct my donation to: CCAS Youth Programs Fund General Equipment Fund Chemotherapy Services
 Diagnostic Imaging Fund Women’s Health Fund Extended Care Fund Palliative Care Janelle Wesley Fund

Is this an “In Memory” or “In Honour” of a special occasion donation? If yes please provide the following information:

In Memory of : _____ or In Honour of : _____

Name and address of person to be notified:

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____