MAY IS CELIAC AWARENESS MONTH
New for April

SCHAR ENTERTAINMENT CRACKERS & SOURDOUGH LOAVES
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CAULIPOWER PIZZA CRUST & VEGGIE PIZZA
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HOURS: Monday - Friday: 9am - 6:30pm Saturday: 9am - 5pm Sunday: 12pm - 5pm
President’s Message

Greetings to All!

As I write my first message as President to the Members of the Manitoba Chapter, I would like to acknowledge the continual good work that has been completed by the executive members of this Chapter. Dorothy and those executive members who have completed their tenure, will be missed and have left some big shoes to fill. I would personally like to thank you on behalf of the membership, for your work to keep Manitobans with Celiac Disease educated and up to date with safe options. You have helped so many people find their way, myself being one of them. Your hard work is very appreciated.

Moving forward, I am very excited to be a part of the Executive and your President. I have extensive experience working both on and with volunteer Boards, and chairing committees as a part of my occupation as an Educator in Northern Manitoba. I envision the work with the Canadian Celiac Association as the most important, having been diagnosed almost five years ago. I know we all have a story and we have all managed to find our way in a gluten filled world to the new normal and support is key to finding that way, which the Chapter provides to us. I have viewed the work that the Canadian Celiac Association does nationally to educate, advocate and have our voices heard which is a crucial part for us. I hope to ensure the voices in Manitoba continue to be heard nationally.

I am very excited with this new role in my life and look forward to sharing information on new findings, foods and support.

Christa Dubesky
President, Manitoba Chapter
Canadian Celiac Association

CHAPTER NEWS

The Canadian Celiac Association-Manitoba Chapter gratefully acknowledges the financial assistance of the Province of Manitoba, Municipal Relations Department. Through their Community Support Small Grant Program, we were awarded a grant of $2,100 in 2018. These funds enabled us to cover the cost of the meeting space where we have our Chapter meetings and to print informational brochures.

Products from Care Bakery in Calgary are now available in Co-op stores in Manitoba. Walmarts are carrying O’Doughs and Sobeys are carrying Promise brands. I haven’t found any one store with all the products, so you will still have to shop around.

In rural Manitoba, TaLLboys in St. Claude and Diner on 52 in Steinbach have been getting very good reviews on Facebook.

Next general meeting is on October 5th at Maranatha Evangelical Church on Sturgeon.

More details will be available in the Fall Issue.
Donalda Johnson  
Media Relations Coordinator  
Canadian Celiac Association, Manitoba Chapter  
204 - 825 Sherbrook Street  
Winnipeg, MB  R3A 1M5  
Email: djwjohnson@shaw.ca

Dear Donalda Johnson:

   It gives me great pleasure to proclaim May 2019 as Celiac Awareness Month in Manitoba.

   Our government commends the Canadian Celiac Association, Manitoba Chapter for the valuable work that it performs and for its many contributions to the health and well-being of those living with celiac, as well as their families.

   I wish you every success with the events you have planned during Celiac Awareness Month.

Sincerely,

Cameron Friesen

Enclosure
PROVINCE OF MANITOBA

PROCLAMATION

Celiac Awareness Month

WHEREAS celiac disease is an autoimmune disorder whereby affected individuals react negatively to the presence of gluten in the diet, causing damage to the inner lining of the small bowel, which reduces the person’s ability to absorb essential nutrients; and,

WHEREAS celiac disease affects nearly 1 in 100 Canadians; and,

WHEREAS celiac disease presently has no cure but is effectively treated with a life-long gluten-free diet; and,

WHEREAS if celiac disease is diagnosed and treated early, damaged tissue can heal, reducing the risk of many typical long-term effects, including osteoporosis (a weakening of the bones), lymphoma (tumors arising in the lymph nodes), and infertility; and

WHEREAS the Canadian Celiac Association is a volunteer-based, federally registered charitable organization dedicated to advancing the awareness of this disease and providing support and resources for the celiac community; and,

WHEREAS May is Celiac Awareness Month, with May 16 designated as National Celiac Day, during which organizations raise awareness of the daily challenges facing Canadians with celiac disease;

Now therefore let it be known that I, Cameron Friesen, Minister of Health, Seniors and Active Living, for the Province of Manitoba, do hereby proclaim May 2019 as Celiac Awareness Month in Manitoba and do commend its thoughtful observance to all the citizens of our province.

Minister

---

PROVINCE DU MANITOBA

PROCLAMATION

Mois de la sensibilisation à la maladie cœliaque

ATTENDU QUE la maladie cœliaque est une maladie auto-immune qui entraîne une mauvaise réaction à la présence de gluten dans l’alimentation, ce qui endommage la paroi interne de l’intestin grêle et altère la capacité de la personne touchée à absorber des nutriments essentiels;

ATTENDU QUE la maladie cœliaque touche près d’un Canadien sur 100;

ATTENDU QUE la maladie cœliaque est actuellement incurable mais peut être efficacement traitée au moyen d’un régime alimentaire sans gluten à vie;

ATTENDU QUE le diagnostic et le traitement précoce de la maladie cœliaque peuvent permettre la guérison des tissus endommagés et réduire le risque d’apparition de nombreux effets typiques à long terme, comme l’ostéoporose (affaiblissement des os), les lymphomes (tumeurs se formant dans les ganglions lymphatiques) et l’infertilité;

ATTENDU QUE l’Association canadienne de la maladie cœliaque est un organisme de bienfaisance enregistré auprès du gouvernement fédéral et composé de bénévoles, qui se consacre à l’appui de la sensibilisation à la maladie et à l’offre de soutien et de ressources aux personnes touchées;

ATTENDU QUE le mois de mai est le Mois de la sensibilisation à la maladie cœliaque, que le 16 mai est désigné comme la Journée nationale de la maladie cœliaque, et que durant cette période, les organismes sensibilisent la population aux défis quotidiens que doivent relever les Canadiens ayant cette maladie;

NOUS, Cameron Friesen, ministre de la Santé, des Aînés et de la Vie active de la Province du Manitoba, proclamons par la présente que le mois de mai 2019 sera le Mois de la sensibilisation à la maladie cœliaque au Manitoba, et recommandons que toute la population de notre province l’observe scrupuleusement.

Le ministre
Give us the Green Light

Celiac Awareness Month

The month of May has been designated Celiac Awareness Month and May 16th is Celiac Awareness Day.

Last year, the Canadian Celiac Association National Office was able to convince the powers that be to light up the CN tower in Toronto with a green light to mark this event. It was AMAZING!
This year, the Manitoba Chapter has convinced the Mayor to light up the “WINNIPEG” sign in green at the Forks for May 16th and there is a Provincial Government proclamation.

How wonderful is that!
We are asking you to show your community spirit by encouraging those who have celiac disease, those who are gluten sensitive, and those who support individuals who suffer from celiac disease to “Give Us the Green Light”!
Drag out those green Christmas lights, buy a green bulb, or put a candle in a green glass votive.

Be creative but do it! Light up your front entrance or window with a green light(s) that will let viewers know, on May 16th (or the whole month of May) that you support the spread of awareness of this difficult and painful disease.
In Canada, one percent of the population is affected by gluten. This translates to 369,500 persons with 13,100 living in Manitoba. Many more have not been yet diagnosed and the longer they suffer, the greater the number of secondary medical conditions. Please help us draw attention to the need for more expedient diagnosis, better educational assistance, better GF food production, and better dietary assistance for those in assisted living.
We’re counting on you to “GO GREEN”!

We are the one percent.

We have a disease that many don’t understand.
It’s a very real disease that isn’t just a fad diet.

MAY 16

#CeliacAwareDay
www.celiac.ca
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(James Harley in our GF Section)
“This morning James was actually excited to help pack his lunch
with foods we had picked up…” - James’ mom Michelle Harley

DON’T FORGET OUR GLUTEN FREE NIGHTS - FREE SAMPLES - SALES UP TO 50% OFF

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or at least try.

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*Breaded Pickarel Fillets
*Fennel Pasta
*And much more!

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for upcoming events,
- special discounts,
news & information
CONTACTS

CCA-MANITOBA CHAPTER

204-825 Sherbrook Street
Winnipeg, Manitoba R3A 1M5
Phone: 204-772-6979

Email: office@manitobaceliac.com
Website: www.manitobaceliac.com
EMAIL
Membership: membership@manitobaceliac.com
Newsletter: newsletter@manitobaceliac.com
Webmaster: webmaster@manitobaceliac.com
FaceBook page—Celiac in Winnipeg

GLUTEN FREE LIFESTYLE COMMITTEE
Here to help. Newly diagnosed. Looking for help with the gluten free diet?
Nancy Moffat 204-334-0547
Jeannelle Kovacs (children) 204-228-0878
Cheryl Fedorchuck (Morden) 204-822-1334
Judi Waldman 204-489-7813

COOKING HELP-LINE
Theresa Rozall 204-224-3668

NEWSLETTER EDITOR
Jennifer Arcand
Deadlines for submissions to Manitoba Celi-Yak are quarterly, Jan 1, Apr 1, Jul 1 and Oct 1. Please submit to newsletter@manitobaceliac.com

CANADIAN CELIAC ASSOCIATION
1450 Meyerside Dr., Suite 503
Mississauga, ON L5T 2N5
Phone: 905-507-6208
Toll Free: 1-800-363-7296
Fax: 905-507-4673
Email: info@celiac.ca
Website: www.celiac.ca

The Manitoba Chapter of the Canadian Celiac Association has no staff, but volunteers, Bonnie Pirch (207-772-6979) and Joy Plohman (office@manitobaceliac.com) are committed to responding to any inquiries in a timely manner.

LYALL MEYERS SUMMER CAMP SCHOLARSHIP

The Manitoba Chapter supports children with celiac disease to attend a summer camp experience. (1 child each year) This scholarship was named in memory of Lyall Meyers who was a strong supporter of the Canadian Celiac Association.

Parents choose the camp and do the work to ensure that the child will not be fed any gluten-containing food during the time they attend. This year, Samara Shur will attend BB Camp Kenora.

Have a wonderful time, Samara!

CELI-YAK NEWS

Deadlines for submissions to Manitoba Celi-Yak are quarterly, Jan 1, Apr 1, Jul 1 and Oct 1. Please submit to newsletter@manitobaceliac.com
The General Meeting of the Manitoba Chapter of the Canadian Celiac Association was held on February 2nd with a nearly 100 people in attendance. The pancake brunch was again a big hit and 83.5 pounds of gluten-free food was collected for Winnipeg Harvest. Epicure and Nosh On This had products available for purchase. Great job once again, David McComber and all your volunteers!

Speakers were Dr. Wael El-Matary, Professor, Department of Pediatrics and Child Health, Section Head, Pediatric Gastroenterology, Hepatology and Nutrition, Scientist, the Children’s Hospital Research Institute of Manitoba. He works with children with gastrointestinal and liver disorders and Nicole Aylward, Pediatric Dietitian at the Winnipeg Health Sciences Center. She joined the pediatric gastroenterology team at children’s hospital in Winnipeg in 2012.

From the power point presentation and my notes, here are the highlights:

**WHAT IS CELIAC DISEASE:**

Immune condition in which the small intestine mucosa is damaged by gluten
Inability of the body to absorb nutrients: protein, fat, carbohydrates, vitamins and minerals.

**Symptoms**
- Abdominal pain
- Bloating
- Chronic diarrhea
- Chronic Constipation
- Decreased appetite
- Irritability
- Weight loss or failure to thrive (FTT)
- Dermatitis Herpetiformis
- Vitamin and mineral deficiencies

How many do we want to list?

**Is it a common problem?**
- Incidence: One in 100 to 1 in 115
- Ethnic background
- Age
- Genetics – Just because you have the gene doesn’t mean you’ll develop Celiac Disease.

Neither the timing of gluten introduction nor the duration or maintenance of breastfeeding influence the risk of CD.

**Diagnosis**
- EMA or TTG: IgA based tests (screen)
- Gold standard: Upper endoscopy and intestinal biopsy on a NORMAL DIET
- Do NOT start patients with + screen on a gluten-free diet before referral!
- New Criteria for diagnosis (2012)

Do we have to scope?
*Editor note* (This scope information applies only to children. A gastroscopy with biopsy remains the gold standard for diagnosing adults with celiac disease.)
If blood test is high enough, symptoms are present and patient responds well to a GF diet, a biopsy is not necessary.
If the tests are negative, they should be repeated every 3 years or sooner if symptoms develop.

**Treatment and Diagnosis**
- Gluten-free for life!
- Medications coming your way (Larazotide acetate, Latiglutensase, Vaccination (NexVax2) BUT THEY’RE NOT HERE YET!
- Left untreated, patients’ risks increase for:
  - FTT, osteoporosis, autoimmune, gastrointestinal malignancy, infertility
  - Malnutrition
  - Loss of calcium and bone density (osteoporosis).
  - Infertility and miscarriage.
  - Lactose intolerance.
  - Malignancy (intestinal lymphoma and small bowel cancer)

**Associated Conditions**
- Type 1 diabetes (3-12%)
- Autoimmune thyroid disease (3%)
- IgA deficiency (3%)
- IgA nephropathy (4%)
- Turner Syndrome (6.5%)
- Williams Syndrome (9.5%)
- Autoimmune liver disease (13.5%)

**Treatment: Nutrition Goals**
- Correction of nutrient deficiencies
- Normal growth and development
- Symptom relief
- Balanced gluten free diet
  - Gluten free grain products are not fortified and often contain less fiber.
What is Known
- Untreated celiac disease may lead to vitamin and mineral deficiencies.
- Screening for vitamin and mineral deficiencies at diagnosis has been recommended.

What is New
- In children with celiac disease, vitamin D is the most common deficient vitamin at diagnosis and should be checked as part of the annual assessment for these children.
- Vitamin and mineral deficiencies at diagnosis do not correlate with the degree of villous atrophy or serum levels of antitissue transglutaminase immunoglobulin A antibody titers.
- Once normalized, and with adherence to a gluten-free diet, the majority of vitamins and minerals remain within normal ranges at 18 months after diagnosis.

Common Problems are Lactose Intolerance which may disappear when the bowel heals, and constipation. Tips to deal with the latter included taking your time and sitting up straight with feet slightly elevated, if possible.

Currently, the program for celiac children at Children’s Hospital is short-staffed, and wait times for the biopsy are 2-3 months. After the initial investigations and diagnosis, patients return for a 6-month and annual visit and yearly blood testing.

Normal Growth and Development
Children and adolescents should be measured once per year at MD office.
- Children grow at different rates.
- Avoid comparing to other children.
At home, parents can monitor growth by the fit of
- Clothes
- Shoes

---

Eat well. Live well.

Eat a variety of healthy foods each day

- Have plenty of vegetables and fruits
- Eat protein foods
- Make water your drink of choice
- Choose whole-grain foods

Discover your food guide at Canada.ca/FoodGuide
Anemia is sometimes the cause for diagnostic investigations. Iron, Folate, and Vitamin B 12 are necessary to improve the condition and rebuild hemoglobin.

IRON
- **Heme iron sources**: meat, fish, poultry.
- **Non-Heme sources**: nuts, seeds, legumes, dark green vegetables, dried fruit (apricots, prunes, raisins), eggs, amaranth, bean flours, quinoa, rice bran, soy flour, black strap molasses.

Can add fortified infant rice cereal to baking (muffins, pancakes, etc.)

FOLATE
- Folate rich sources: legumes, green leafy vegetables, broccoli, asparagus, orange juice, liver, peanuts, walnuts, sesame seeds, sunflower seeds, bean flour, amaranth, flax.
- Recommend enriched and whole grain gluten free products.

VITAMIN B12
- B12 rich sources: liver, eggs, milk, meat, poultry, fish, seafood, fortified nutritional yeast.
- B12 supplementation may be required if inadequate dietary intake and strict vegan diet.

Vitamin Supplementation
If the diet is balanced (food from each food group), a multivitamin is not necessary. It is often difficult to reach the recommended Vitamin D and Calcium levels.

**Daily Recommended Elemental Calcium and Vitamin D intake**

<table>
<thead>
<tr>
<th>Age</th>
<th>Elemental Calcium (mg)</th>
<th>Vitamin D (IU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 months</td>
<td>200</td>
<td>400</td>
</tr>
<tr>
<td>7-12 months</td>
<td>260</td>
<td>400</td>
</tr>
<tr>
<td>1-3 years</td>
<td>700</td>
<td>600</td>
</tr>
<tr>
<td>4-8 years</td>
<td>1000</td>
<td>600</td>
</tr>
<tr>
<td>9-18 years</td>
<td>1300</td>
<td>600</td>
</tr>
</tbody>
</table>

**Calcium**
- Milk (300mg per 250ml)
- Cheese (337mg per 50g)
- Yogurt (320mg per 100g)
- Fortified Milk alternatives (300mg per 250ml)
- Canned sardines with bones (400mg per can)
- Calcium fortified orange juice (185mg per 125ml)
- Almonds (45mg per ounce)
- Blackstrap molasses (44mg per 15ml)
- Baked beans (45mg per 125ml)
- Broccoli (22mg per 125ml)
**Vitamin D**
- Milk (100 IU per 250 ml)
- Yogurt (50-70 IU per 100g)
- Milk alternatives (100 IU per 250ml)
- Eggs (30-40 IU per egg)
- Salmon, Sockeye (200-280 per ounce)
- Tuna, albacore (35-42 IU per ounce)

**Fibre**
- Gluten free grains can be lower in fibre.
- Choose higher fibre gluten free flours/starches.
- Add corn bran, ground flax, rice bran to cereals, pancakes, baked products.
- Use brown rice or wild rice.
- Add chickpeas or other beans to salads, soups and casseroles.
- If needed some fibre supplements are gluten free – Benefibre® and Metamucil®

**Other Caregivers**
There will be times when your child is in the care of other people during snack or mealtimes – relatives, school, day care, friends. In every case, open communication is key. There is a handout on the Canadian Celiac Association website specifically for teachers.

**School**
When your child is diagnosed, arrange a meeting with the school or day care to share information. Offer to send gluten-free (gluten free cupcakes, gf cookies, candy etc.) to keep on hand for an “eating” event or unexpected party. Explain the importance of not sharing your child’s lunch with other children. Identify other possible sources – eg Play-Doh.

“Mishaps can be a learning opportunity”.

**Parties/Sleepovers**
- Talk with the child’s parent(s) ahead of time to go over menu.
- Can send along same food items, if necessary.
- Be prepared to review cross-contamination.
- Send along treats that your child care can share with others.

**Empower the Child**
- Start reading labels early
  - Start with wheat (as reading skills improve add barley, rye, triticale).
- Involve the child in meal planning and preparation.
  - Grocery shopping (pick produce)
  - Set the table
  - Wash fruits and vegetables
- Role Play (difficult to say no to adults)
  - No thank you, I am on a gluten free diet.
- Identify “look-alike” foods (cupcakes, cookies).

It is important for parents to maintain a positive attitude.

**Gluten Identification in the Home**
- Stickers or check marks on gluten-free items
- gf shelf
- List of gf snacks

Let the child be part of the process.
Modeling
- Children learn about eating not only through their own experiences but also watching others.
- Children are more willing to sample unfamiliar food when they see a family member eating it.
- Children model dieting behaviors.
- Peers are considered to be particularly influential in adolescent eating behaviour.

Mealtime Structure
- Children who eat meals with other family members consume more healthy foods and nutrients.
- TV viewing has been linked to children’s food consumption patterns.
  - Tend to eat less fruit and vegetables.
  - Consume more pizza, snack food and soda.
  - Over-consumption of foods that are advertised on TV.

Division of Responsibility in Feeding
- Children will eat.
- They will eat the amount they need.
- They will learn to eat the food their parents eat.
- They will grow predictably.
- They will learn to behave well at mealtime.

<table>
<thead>
<tr>
<th>Satter’s Division of Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent’s Job</strong></td>
</tr>
<tr>
<td>Decide what to serve while considering child’s food preferences</td>
</tr>
<tr>
<td>Decide when the family eats and where, such as the kitchen table</td>
</tr>
</tbody>
</table>

Samantha Long
Functional Diagnostic Nutrition® Practitioner
Integrative Nutrition® Health Coach
M.F.C. Certified Fitness Leader
Usui Reiki Practitioner
Vitaljuwel® Dealer

One on One Health Coaching:
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INDEPENDENT AUDITOR’S REPORT

To the Directors of
The Canadian Celiac Association (Manitoba Chapter) Inc.:

I have audited the accompanying financial statements of The Canadian Celiac Association (Manitoba Chapter) Inc., which comprise the statement of financial position as at December 31, 2018 and the statement of operations for the year then ended.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of The Canadian Celiac Association (Manitoba Chapter) Inc. as at December 31, 2018 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Hart Kapitoler, CPA, CA
March 2, 2019
The Canadian Celiac Association (Manitoba Chapter) Inc.

Statement of Financial Position
December 31, 2018

ASSETS
Current
Petty cash

$ 350.00

Cash - operating

11,766.97

GIC’s - various interest rates maturing at various dates

27,004.35

Accounts receivable

218.00

Accrued interest receivable

520.28

GST receivable

109.16

Prepaid expenses

112.75

$ 42,697.52

December 31, 2018

LIABILITIES
Current
Accounts payable

$ 262.50

December 31, 2017

$ 40,090.91

NET ASSETS

$ 42,697.52

December 31, 2018

$ 39,828.41

December 31, 2017

APPROVED BY THE BOARD

Director

Director

The Canadian Celiac Association (Manitoba Chapter) Inc.

Statement of Operations
Year ended December 31, 2018

REVENUE
Advertising

$ 2,868.70

Bank interest

565.18

Donations:
Directed

2,059.70

Other

647.60

In Memorial

816.60

Walkathon

3,784.80

Mentorship

600.60

Miscellaneous

69.61

Pancake lunch

305.00

Sale of books

16,052.55

Total

11,050.13

December 31, 2018

$ 208,074.80

December 31, 2017

$ 42,697.52

December 31, 2018

OPERATING EXPENSES
Advertising

227.30

Awareness events

79.04

Bank charges

28.00

Charitable contributions

1,000.00

Conference costs

712.65

Education

25.00

Hall Rent

900.00

Insurance

783.88

Meeting costs

107.63

Membership: 
Newsletter

887.97

Phone

152.73

Office rent

2,432.99

Office supplies

1,805.73

Publications

297.38

Pancake lunch

318.31

Professional fees

252.00

Ramp scholarship

420.00

Volunteer appreciation costs

800.00

Walkathon costs

2,006.11

Total

42,425.92

NET ASSETS - BEGINNING OF YEAR

$ 39,828.41

December 31, 2017

NET ASSETS - END OF YEAR

$ 39,828.41

16 Celi-Yak Summer 2019
SAFETY OF PRODUCTS THAT DO NOT CARRY A GLUTEN-FREE CLAIM

You need to think about risk when you decide how much to worry about contamination from gluten grains in food products.

*** RISK LEVELS ***

Super High Risk - products containing gluten-free oats which may have barley and wheat mixed in with the oats when they are harvested.

High Risk - products that contain a significant amount of non-gluten grain products, especially flour. Non gluten products that are processed into flour form in the same facilities that process gluten flours.

Lower Risk - products that do not contain gluten ingredients and do not fall into product categories where gluten grains are commonly used.

* RECOMMENDED ACTIONS for various types of food risks*

Super High Risk - products made with gluten-free oats.

The CCA recommends that you consume only gluten-free oats grown under the purity protocol (isolated from wheat and barley from seed to processing equipment) or cleaned-oat products that have been certified by the Gluten-Free Certification Program (GFCP), no matter what the package claims.

High Risk - gluten-free flour, gluten-free baked goods, breakfast cereal, processed nuts, processed seeds that may be exposed to wheat, barley or rye during processing (hemp, flax).

The CCA recommends that you look for a "gluten-free" claim on products in this category. Products in Canada that carry this claim must be made using specific practices to prevent gluten contamination.

In general, this means that these products are produced in dedicated gluten-free facilities. Dedicated facilities are essential for flour-based products.

Many people choose to consume only GFCP products in this category. In order to gain this certification, products must demonstrate to an external auditor that they have adequate processes in place to avoid gluten contamination.

Lower Risk - single ingredient foods and products that do not normally contain gluten ingredients.

The CCA recommends that you make your decision based on the ingredient list and package information. Many people unnecessarily exclude many safe food choices by requiring a GF label on all processed foods they consume. In Canada, you can trust the food label to provide accurate information.

Created by Sue Newell for the CCA Facebook page
THE LINK BETWEEN CELIAC DISEASE, GLUTEN SENSITIVITY AND FODMAPS

By: Alice Past President and CEO of the Beyond Celiac organization (US)

Originally appeared on AllergicLiving.com

It’s the most dreaded phrase among patients of all kinds: “I don’t know.” When it comes to our health, we find comfort in answers and seek definitive causes with proven treatments. But sometimes, uncertainty can be a good thing. It’s a sign that we’re asking questions, exploring every angle, and never taking one solution as an absolute truth.

Such is the case with non-celiac gluten sensitivity. Virtually unrecognized a decade ago, gluten sensitivity is now a baffling puzzle that has prompted nearly 200 studies in the past two years alone. Today, we have more questions than ever, but that’s proof of our increasing research and knowledge, not the lack of it.

While it can be frustrating to have so many unknowns, it’s important to note that we’re not alone. Doctors and researchers are grappling with these questions, and they have a steadfast commitment to answering them. As Dr. David Sanders, chairman of the health advisory committee for Coeliac UK, reminded us recently: “We are still on a learning curve ourselves about this condition and its natural history, and patients need to understand that.”

One of the biggest questions to emerge recently – and an item of hot debate at the International Celiac Disease Symposium in late 2013 – is whether the explosive prevalence of gluten sensitivity is truly due to gluten, or whether other factors and food culprits could be part of the cause.

A link between gluten sensitivity and irritable bowel syndrome (IBS) has long been suspected, and new studies continue to reinforce the association. Recent research reveals that gluten or wheat sensitivity occurs in 28 to 30 percent of people with IBS, a prevalence rate that is much higher than in the general population.

What this tells us is that some people with IBS may benefit by removing gluten from their diets, and it may help to explain why gluten sensitivity appears to be more widespread than celiac disease. But at the same time, researchers emphasize that a gluten-free diet isn’t the solution for all people with IBS, and there are other factors to uncover.

Another key area of research interest is FODMAPs, or Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polys. FODMAPs include a variety of foods like onions, broccoli, beans, apples and milk that can be difficult for some people to digest.

Dietitian Susan Shepherd developed the low FODMAP diet in 1999 as a treatment for IBS, and over the last several years it has gained significant attention among both patients and researchers for effectiveness.

What’s particularly notable is that wheat, barley and rye are also on the list of FODMAPs, so there’s a crossover between the low FODMAP diet and the gluten-free diet. Researchers are curious whether the benefits of the gluten-free diet among people with gluten sensitivity may actually be a result of reducing FODMAP intake.

A study published in June 2013 found that, in some people with gluten sensitivity and IBS, reducing the intake of FODMAPs alleviated symptoms better than the gluten-free diet. However, other studies found that people with IBS and gluten sensitivity reported improved symptoms on a gluten-free diet, and the benefits remained even when high FODMAP foods like beans were reintroduced.

So what does this mean? Are FODMAPs the problem, or is it just gluten? Is IBS a part of the gluten-related disorders spectrum, or does it fall somewhere on its own separate branch?

It’s not necessarily one or the other. What these studies do reinforce is that we have a lot left to learn, and choosing absolutes will only limit our progress.

In the past, we have made the mistake of discounting a person’s symptoms simply because they didn’t fit the mold. But now, there’s a movement toward “personalized medicine,” which embraces the whole, individual person and considers everything from genetics to diet to symptoms in developing a specialized treatment.

Personalized medicine understands that what works for one person may not work for another, which is just what these studies on IBS and FODMAPs demonstrate. It’s the same reason we at NFCA always recommend that you make food and nutrition choices based on your individual health needs.

As we move along this learning curve, I guarantee that researchers will find new connections, surprising contradictions and even more questions about gluten-related disorders. Our role as patients will be to keep an open mind and embrace the shifting landscape.
News and Information

WHAT NEEDS TO HAVE INGREDIENT LISTS?
From the Calgary newsletter

In your shopping adventures, you have no doubt noticed that some products do not have ingredient lists. Here is some information from the Government of Canada confirming which types of products do not require ingredient lists:

1. Pre-packaged products that are packed on retail premises from bulk, including candies, flour, salt, spices, single ingredient nuts, in store baked breads, etc.
2. Pre-packaged individual portions of food served with meals or snacks by restaurants, airlines, etc.
3. Pre-packaged individual servings of food prepared by commissaries and sold in mobile canteens or vending machines.
4. Pre-packaged meat and meat by-products that are barbequed, roasted or broiled on the retail premises.
5. Pre-packaged poultry and poultry meat or poultry by-products that are barbequed, roasted or broiled on the retail premises.
6. Bourbon whiskey and standardized alcoholic beverages. Standardized alcoholic beverages include whisky, rum, vodka, gin, wine, liquors, beer, malt, liquor.
7. Standardized vinegars. Standardized vinegars include wine vinegar, white vinegar, malt vinegar, cider vinegar, blended vinegar, etc.

More information: http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/list-of-ingredients-andallergens/eng/1383612857522/1383612932341?chap=1#s2c1

FOOD RECALL

A recall has been added to the CFIA's Food Recall Report.

Class 3 - Low Risk
Reason for Recall: Allergen - gluten
Product: Queen of Hearts Joyful Jellies
Recalling Firm: TJX Canada
Distribution: national

NEW CANADA'S FOOD GUIDE:
WHAT DOES THIS MEAN IF YOU’RE GLUTEN-FREE?

January 23, 2019 - Mississauga, ON. Health Canada released its new Food Guide recently with some key updates. The content was created using the most up to date and evidence-based research. In this food guide, there is a renewed focus on plant-based foods, lower intakes of processed foods which contain higher levels of sugar, saturated fat and sodium with less direct emphasis on dairy product as the dairy and meat categories were combined into one group labelled protein. The Food Guide also has a guiding statement that if Canadians have a specific health condition, such as celiac disease then they should consult further with a dietitian for their specific nutritional requirements.

So, what does this mean for Canadians required to eat a gluten-free diet?

Folate
One of the first considerations includes the differences in folate fortification of gluten-free grains and processed grains which can result in lower folate intakes of children and adults with CD(1). While folate fortification of gluten containing flours is mandatory in Canada, folate fortification of gluten-free flours and processed grains is voluntary in Canada. This places Canadians consuming the GFD at risk for suboptimal folate intake(1). While the increasing emphasis of plant sources of protein (such as lentils, beans) and fruits and vegetable may be potentially beneficial to increasing folate intake in Canadians on the GFD, it will be challenging for children and woman of child-bearing potential with CD to eat sufficient quantities of these foods to meet their folate needs. Suboptimal folate status has important growth and developmental implications for both the child and woman of child-bearing potential and hence needs to be addressed when developing nutrition guidelines for Canadians with CD. Consultation with a registered dietitian regarding the need for routine folate supplementation is an important consideration for Canadians with CD and highlights the need for consideration of a folate fortification policy for gluten-free grains in Canada. Development of evidenced based nutrition guidelines for Canadians with CD will also be important in this process.

Vitamin D

Another nutrient of concern for children with CD is vitamin D, which is predominantly found in fatty fish, vitamin D fortified cow’s milk and fortified margarine. Vitamin D is an important nutrient for bone health, particularly at time of CD diagnosis due to the potential for malabsorption of vitamin D related to gastrointestinal damage caused by gluten exposure. This is particularly important for children and youth as peak bone mass is achieved in adolescence and early adulthood. Vitamin D can also be obtained by exposure to sunlight as the sun stimulates the skin to produce and synthesize vitamin D. However, as Canadians have reduced sunlight exposure due to our long winters, suboptimal vitamin D status can occur throughout the year if Canadians do not consume sufficient quantities of vitamin D-fortified foods. As a Canadian with CD, it will be important to eat and drink sufficient quantities of vitamin D-rich foods and to consider the need for routine supplementation during the long winter months. Choosing lower fat, dairy choices that are fortified with vitamin D will also be important for Canadians with CD to ensure they meet their vitamin D needs.
Lowering saturated fat and added sugars

Lastly, the final consideration of the new guidelines regarding lowering your intakes of saturated fat and added sugars is an important message for Canadians. It is noteworthy to highlight that Health Canada is placing a stronger and more direct message regarding this point. Increasing intakes of fruits and vegetables and lower fat dairy and meat and alternatives (protein choices) as a healthy way to accomplish this is being emphasized in the new guide. However, for the child and adult with CD this can be challenging since many of the processed GF-grain products are a lot higher in saturated fat and added sugars. A recent Canadian study by Elliot et al(2), has shown that gluten-free foods marketed to children were higher in added fats and sugars. This is particularly concerning for children and adults with CD as this may increase the risk for obesity and chronic diseases and thus highlights the need for nutrition guidelines to emphasize ways for Canadians with CD on the gluten-free diet to address this concern.

Meeting nutritional needs on a GF diet

One of the ways is for specific evidenced-based nutrition guidelines focused on the GFD to be developed. This is currently being done by a team lead by Dr Diana Mager PhD RD at the University of Alberta. Currently Dr Mager and her team are developing a GF food guide for children and youth with CD and hope to extend this work in the future by developing a GF food guide for adults. This endeavor is important because specific consideration of the nutritional challenges associated with eating a gluten-free diet is being addressed in these guidelines. This work has been supported by a Canadian Celiac Association J.A Campbell Research Award and with help from the Edmonton and Calgary Chapters of the Canadian Celiac Association.

For more information regarding Gluten-free Food Guide for Canadian Children and Youth, contact Dr Diana Mager PhD RD, Associate Professor, Clinical Nutrition, Department of Agricultural, Food and Nutritional Science, University of Alberta, Edmonton Alberta; mager@ualberta.ca

For more information regarding the folate, vitamin D content of foods and other nutrient concerns, go to: https://www.celiac.ca/living-gluten-free/diet-nutrition/get-nutrients-into-your-gf-diet/

For more on Canada’s updated food guide: Click here

Food and Product info

Get ready for cannabis beer!

According to numerous sources, scientists in Canada are working on marijuana beer. Canadian company Province Brands, out of Toronto, has filed a provisional patent for "the world's first beers brewed from the cannabis plant".

And they will be gluten-free!

While there are already beers and wine out there that are laced with cannabis, this will be a first in that it will be entirely brewed from cannabis. The company says its product will be "alcohol-free, yet highly intoxicating", and low in sugar and calories. And no gluten - instead of barley, the beer is brewed from the stalks, stem and roots of the cannabis plant - which offers the added benefit of using what is essentially a waste product for the industry.

According to company spokesperson Dooma Wendschuh, "The flavor is dry, savory, less sweet than a typical beer flavor. The beer hits you very quickly, which is not common for a marijuana edible."

After various “horrible ... rotten broccoli” taste-test rounds, the flavor was perfected with the help of a chemist. They eventually hit on the right combination of hops, water, yeast – and cannabis. The aim is to create a product that, when consumed, will be roughly equivalent to a single dose of alcohol.

And it won't just be beer! The company wants to also spin off, according to a Wine business report, “to make alcohol-free cannabis drinks like sodas, coffees and fruit-based drinks.” At Canopy Growth, North America’s first publicly traded cannabis company, researchers are already developing a line of cannabis-infused cocktails.

Sources:
https://www.highsnobiety.com/p/cannabis-beer-canada/

The above article was taken from the Calgary chapter February newsletter. A few paragraphs were deleted due to time relevance.
**GF101 HAS MOVED **

GF101 information sessions for the newly diagnosed celiac will now be available throughout the year at the SMD building at 825 Sherbrook, Rm. 203. Previously they were held before general meetings. Evening parking is available in the SMD parking lot close to the corner of Sherbrook and McDermot

A GF101 was held on April 2\textsuperscript{nd} and the next will be held June 3\textsuperscript{rd} and August 12\textsuperscript{th}.

Joy is looking into holding some of these sessions at other locations. As they are scheduled, dates and times will be posted on our website at www.manitobaceliac.com

For members of the Canadian Celiac Association, it is also provided as a webinar from the national website www.celiac.ca

We can all remember how challenging those first few years were, so if you know someone who has been recently diagnosed, please put them in touch with us at 1-204-772-6979 or e-mail: office@manitobaceliac.com

It helps to know how much material to prepare.
Restaurants

Jane’s Restaurant at Red River College culinary art program.

Mushroom Risotto

Gluten-free French Onion Soup

Susan Finlay enjoyed lunch there with Dr. Jocelyn Silvester, our guest speaker at the December Meeting. Both enjoyed Chocolate Mousse with Raspberry Sorbet and Crispy Mint Meringues, with a candle for Jocelyn’s birthday the next day.

Dining out at Chaise Cafe on Provencher March 26, 2019

There were 8 of us, including 1 non-celiac. Despite the good company, the pictures are all about the food. What does that tell you?
CHILDHOOD RESPIRATORY INFECTIONS LINKED WITH CELIAC DISEASE

Findings published recently in the journal Pediatrics reported that the number of at-risk children - or those with relatives who have celiac disease - who go on to develop celiac disease seems to be increasing. And recently, Dr. Renata Auricchio, from the University of Naples Federico II in Italy, set out to understand why this might be the case.

Studies have pointed toward infections in childhood as a potential trigger of celiac disease in those who are genetically susceptible. For instance, a 2013 study found that the presence of rotavirus antibodies could predict the onset of celiac disease.

Similarly, in the Norwegian Mother and Child Cohort Study, children who had experienced 10 or more infections before reaching the age of 18 months had a significantly increased risk of developing celiac disease than children who had had four or fewer.

Many earlier investigations into infections and celiac disease relied on parental recall of infections and have included a general cross-section of the population. However, to gather more detailed information, the new study used a prospective cohort. In other words, the team studied a group of infants known to be at risk of developing celiac disease and followed them for 6 years.

As the authors explain, the study's aim was "to explore the relationship between early clinical events (including infections) and the development of CD [celiac disease] in a prospective cohort of genetically predisposed infants. Across the study, 6 percent of the children were diagnosed with celiac disease at the age of 3, 13.5 percent at age 5, and 14 percent by age 6. They also found that "[compared with gastroenteritis, respiratory infections during the first 2 years of life conferred a twofold increase in the risk of developing CD [celiac disease]."

When discussing how early infections might impact the later development of celiac disease, the authors write: "It is possible that [...] early infection stimulates a genetically predisposed immune profile, which contributes to the switch from tolerance to intolerance to gluten."

More info: https://www.medicalnewstoday.com/articles/319702.php

EDITORIAL

The Summer Edition of Manitoba Celi-Yak News will be my last as editor, but I have a few more things to say!

Recently, my little granddaughter in Calgary has been diagnosed with celiac disease. She’s not terribly sick, but awareness of a grandma with celiac disease ensured an early diagnosis. It also means help is only a text away and her parents are well-aware of the gluten-free diet from my visits. They already have toast-a-bags in their pantry! The hardest part is that you can’t take a break from it, and I will do everything I can to make that easier for her. I would not have that knowledge without my involvement with the Canadian Celiac Association, so I am more grateful than ever for this organization.

That gratitude isn’t new, but every now and then, it hits me. I am in a very busy phase of my life right now and debated attending the AGM, then realized that the Manitoba Chapter is my support group. I learn from the speakers, I enjoy eating SAFE food, and am happy to listen to and encourage people for whom this is a whole new world!

Welcome to Jennifer Arcand who is the new Editor. She also lives a busy life; don’t we all? I hope that she enjoys the work as much as I have!

Wishing everyone a happy and healthy gluten-free summer!

Pat Sparling
RECIPES

TORTILLA CHIP DIP  Gert Neufeld

Ingredients:
1 pkg Philadelphia Cream Cheese – softened
¼ cup Miracle Whip
½ cup Sour Cream
1 cup salsa
2 cups Tex Mex Shredded Cheese
2 tomatoes (chopped) – optional
1 red pepper (chopped) – optional
1 green pepper (chopped) – optional

Directions:
Beat cream cheese and add Miracle Whip and sour cream. Spread on a plate about ½ inch thick. Spread light layer of salsa over top. Sprinkle cheese over top and add chopped tomatoes and peppers, if using. Serve with Tortilla chips.
Strawberry Shortcake Mousse

This light and refreshing mousse is packed full of strawberries. created by Kinnikinnick Corporate Chef Lori Grein

**Ingredients for base:**
1 pkg. Kinnikinnick White Cake Mix (500 g)
4 eggs (224 g)
¼ cup water (180 g)
¼ cup vegetable oil (180 g)

**Ingredients for filling:**
10 oz white chocolate (chopped) (296 g)
1 cup cream 10% (240 g)
1 pkg. gelatin (7 g)
¼ cup hot water (50 g)
2 cups cream 33% (whipped) (480 g)
2 lb strawberries (divided) (stems removed/thinly sliced) (908 g)
Shaved dark chocolate (optional garnish)
Whipping cream (optional garnish)

**Directions:**

**Cake Base:**
Preheat oven to 350° F (176 °C). Lightly spray a 9” round spring form cake pan. Set aside.
Combine eggs, oil and water in a bowl and mix until combined. Add Kinnikinnick White Cake Mix and mix with an electric mixer on medium speed, for 2 minutes until combined. Pour batter into prepared cake pan and bake for 25-30 minutes (check that the cake is done-cake will spring back when touched lightly on top). Remove from oven, and let cool for 10 minutes. Remove cake from pan and finish cooling.

**Filling:**
In a small bowl dissolve gelatin in ¼ cup hot water. Set aside.
Using a Bain-Marie, combine white chocolate and 1 cup cream. Stir continually until chocolate has melted completely. Remove from heat and add dissolved gelatin to chocolate mixture, stir just until combined. Set bowl of melted chocolate on counter to cool.
Mix 2 cups whipping cream in a medium bowl until stiff peak. Fold in cooled melted chocolate just until combined. Set aside.

**Assemble:**
Prepare a 9” spring form pan by lining the cake pan inside edge with parchment paper. Parchment should cover entire side and have a height of 2” above edge of cake pan.
Cake layer- Trim prepared cake to create an even top. Cut cake into two layers (one layer is 2/3 of the cakes height and one layer is 1/3 of the cakes height). Place the thicker layer in the base of prepared spring form pan.
Place a layer of sliced strawberries on cake layer. Cut the thinner layer of cake into cubes and arrange on top of strawberry layer. Slowly pour white chocolate filling over top of prepared cake layer. Spread the top evenly. Place prepared mousse cake in the refrigerator to set over night.

**Finish:**
Remove set mousse cake from refrigerator and carefully remove outer cake ring. Peel parchment off cake edge. Carefully lift off cake pan base and place on serving tray. Layer the top of the mousse with sliced strawberries. Garnish with fresh whipping cream and chocolate shavings.

**Tip- Bain-Marie- pot of water with a bowl that fits snug on top. Used for even melting of chocolate and helps avoid burning/overheating**
**CHOCOLATE OATMEAL SLICE**

(This recipe was picked up after one of our meetings; there was no name on it)

**Ingredients:**
- 1 cup peanut butter
- ½ cup honey
- ½ cup coconut oil
- 1 tsp. Vanilla
- 2 cups certified gluten-free oats
- 1 cup shredded coconut
- 1 ½ cups chocolate chips
- ½ cup chopped walnuts

**Directions:**
Melt peanut butter, honey, vanilla and coconut oil over low heat. Remove from heat, add oats, coconut and chocolate chips. Stir to melt chocolate chips. Grease 9 x 13 pan. Spread mixture and cool.

**PEANUT BUTTER COOKIES**  It doesn’t get much easier than this!

**Ingredients:**
- ½ cup white sugar
- 1 cup smooth peanut butter
- 1 egg
- Miniature chocolate chips

**Directions:**
Mix altogether, roll into 1” balls, press with a fork and bake at 350° for 8 – 10 minutes.

Editor’s note: There were actually 2 recipes for this. The other used up to 1 cup of sugar. But the Kraft PB jar says ½. It also says to cook at 325° for up to 20 minutes.
Use your culinary discretion!

**COMING EVENTS**

*From Beyond Celiac newsletter:*

**May 30th** we’ll give Celiac Awareness Month a magnificent sendoff with our 3rd Annual Research Symposium at the University of Pennsylvania in Philadelphia. The symposium will be moderated by our own Chief Scientific Officer Marie Robert MD, and feature panelists Joseph Murray, MD, of The Mayo Clinic; Sonia Kupfer, MD, of University of Chicago; and Linda S. Deal, MS, of Pfizer, discussing the latest in celiac disease research.

Topics will include the intricacies of non-celiac gluten sensitivity, and the ways that patients can help drive research towards a cure for this serious autoimmune disease. Not to mention that the entire event, including a gluten-free reception with food, wine, and the chance to mingle with the Beyond Celiac team, is completely FREE (while tickets last)!

For those who want to join the festivities but can’t make it to Philadelphia, don’t worry, we’ll be hosting a live webcast of the event too.
TRAVEL

Colombia and Ecuador 2019  Submitted by Susan Finlay

For three weeks in January I was fortunate to relocate from chilly Manitoba to South America's northwestern countries, Colombia and Ecuador. Both countries were more modern than I anticipated. That included their offerings of gluten-free food. As usual I had let both tour companies know about my diet in advance, had taken several copies of the gluten-free diet in Spanish, and had packed a variety of non-perishable gluten-free items like cookies, crackers, and granola bars. Leon, our tour guide in Colombia, was phenomenal. He understood the gluten-free diet and was always thinking ahead. As a result I barely had to tell anyone about my diet. My gluten-free food would just appear when everyone else's food appeared. Sometimes I would be disappointed because I think the restaurants erred on the side of caution - like the day everyone else was having creme caramel and I got a fruit plate... But then when you are eating exotic fruits in an exotic location, even a fruit plate isn't a big hardship - never mind the health benefits.

WiFi was widely available so one could have logged onto Google Translate or www.celiactravel.com if needed. Potatoes and other foods are often prepared in oil there so asking about what else the oil might be used for is a valid question. The good news is that potatoes, rice and corn are staples of the Colombian diet. Most of the time corn is prepared as arepas. We sampled many different kinds of arepas. The tastiest ones I found were at an open air roadside cafe up in the Andes mountains near Medellin.

In Ecuador, the food was similar to that of Colombia. However both the Canadian tour director and the local Ecuadorian guide leading the group were less versed in the gluten-free diet. (The Canadian tour director had been leading tours all over the world for 21 years. She thought that cooking the food removed the gluten. After spending 10 days with me, both she and the local guide became better informed about the diet and its ramifications.)
Only our hotel in Quito, Ecuador had the lovely South American tapioca cheese buns on the breakfast buffet every morning, but they were available in various other places we went on our tour. I didn’t take toastabags with me. A few places did have gluten-free bread, but they only had the big conveyer belt industrial type of toaster so toastabags would not have been useful.

Air Canada, Avianca and American airlines all provided gluten-free food as I had requested. It tended to be more ham, cheese and fruit than I could possibly eat - but it was all gluten-free and I got to take the leftovers with me.

So where can you find arepas and cheese buns here in Winnipeg? El Izalco on Sargent has ready-made arepas from Quebec’s Les Fromages Latino Inc. in its frozen food selections. British Colombia’s Otimo brand Brazilian style cheese puffs are available in the freezer section at Save On Foods.

If you would like to make your own, Chebe original cheese bread mix is available at Meyers on William. And if you have deep pockets and a big appetite splurge on baskets of cheese buns at Carnaval Brazilian BBQ on Waterfront Drive. Enjoy!
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- Mixes
- Coffee
- Loose-Leaf Tea
- Beer

SIT DOWN
TAKE-AWAY
FROZEN MEALS TO-GO
SPECIAL ORDERS

GF shouldn’t be RISKY . BLAND or BORING

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