



Newsletter

The United Cherokee Nation (UCN)
An International Tsalagi (Cherokee) Tribal Membership Organization
"Gathering The Lost Tsalagi (Cherokee) Into One Tribal Membership Organization"

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Ancient Tsalagi Superstitious Practices

ANCIENT TSALAGI SUPERSTITIOUS PRACTICES

By: Arkansas Clan Chief Terry Cherokee Warrior Evers

From the following we can learn a considerable amount about Tsalagi life and nature – what thoughts occupied their minds, what were their fears, how did they come to terms with the mysterious unknown and how did they solve problems they could not have solved any other way? Ancient Tsalagi superstitions together with other solutions available in their lives helped the ancient Tsalagi to achieve the inner peace required to cope with the adversities White European trespassers imposed upon the Tsalagi Nation.

- To eat deer sinew was believed to breed worms and other ailments in proportion to the number of sinew threads one ate. Thus a piece was cut from the thigh of every deer killed and was thrown away because it was believed to do otherwise would cause illness and other misfortune like spoiling their aim with their weapons.
- It was believed that thunder signaled the anger of the Great Chief of Thunder. Thus it was believed that the occurrence of thunderstorms indicated that the Above Beings were at war with the clouds.
- Immoral conduct of young Tsalagi was believed to be the cause of invisible darts pointed at the Tsalagi by whites that brought the foreign disease Smallpox upon the Tsalagi Nation.
- Language used in divine hymns while dancing around the Holy Fire were considered so sacred that such language was not repeated outside the ceremonial dances.
- To assure good happenings and to turn away evil, Tsalagi women threw a small part of the fattest meat into the fire before eating.
- Newly slaughtered venison was waved through the flame and smoke of the fire as a sacrifice to consume the dead animal's spirit which was never to be eaten.
- As an offering of thanks the first buck killed by a hunter, the entire carcass at times, was sacrificed as thanks for recovery from illness or injury and as a prayer for success in hunting.

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Special points of interest:

- *"Ancient Tsalagi Superstitious Practices by Arkansas Clan Chief Terry "Cherokee Warrior" Evers, page 1 and 2.*
- *"Information on Bioterrorism", by Kar-riem Muhammad, page 4.-5*
- *"Silence of Prayer", by Bright Sun Page 6.*

Ancient Tsalagi Superstitious Practices continued

- Frequent washing of the entire body in a river or creek was a religious duty of all Tsalagi rather than a sanitary practice. If the water was frozen over the ice was broken and immersion occurred anyway. Failure to adhere to this practice was considered by the Tsalagi to be so heinous a crime that the offenders arms and legs were raked with snake teeth scratchers.
- When a Tsalagi died the *u tse lv nv hi*, or spirits were believed to come to the deceased's house and made all kinds of strange noises. These were believed to be the souls of recent deceased. To fight these spirits the family would prepare food and carry it to the graves of their relatives where the spirits were believed to be able to find it. The spirits would then not cause further trouble.
- Witches were living persons that the Tsalagi believed were assisted by some evil spirit. The father of each house daily filled their pipes with old tobacco and smoked it inside and outside the house blowing smoke in every direction. The witches would immediately depart and died within seven days from inhaling the smoke.

These are just a few of the superstitions of our ancient Tsalagi relatives and shows us that religion and the Tsalagi priest played a prominent role in life and the Tsalagi life was inseparable from religious beliefs and practices. The ancient Tsalagi were willingly dependent and rather than shame found wisdom and their personal satisfaction was subordinate to their religious beliefs. The ancient Tsalagi believed their own well being was served when the Above Beings had control of their lives. Even during the tribulation of the smallpox epidemic the priest was depended upon. Although the results were failure and half the nation's population was wiped out this consequence was considered the divine will thus the deaths did not cause panic and was stoically accepted by the Tsalagi. Preparation for the unknown was the reason for the Tsalagi priest's constant divining with beads and crystals. The Tsalagi believed it gave them a way to combat disease, other adversities and even death before such things happened.

The ancient Tsalagi were human and thus as culpable and fallible as the rest of mankind. They had the same shortcomings and sometimes performed badly – even as we sometimes do today. We can say then that had we met a Tsalagi in some ancient time and place that ancient Tsalagi would exhibit dignity, serenity, competence, a sense of place and destiny with a firm grip on the realities of life. Their regalia were a testimony to all of this. Their attitude would be open and their dark eyes would be sharp to observe the opportunities that helped them shape a better world for us. Therefore it behooves and must always be important for us to learn from and respect the traditions and ancient cultural practices of our ancient relatives.

REFERENCES

Adair, *History of the American Indians*; Payne Papers, *Interviews with Nutwatsi and Candy*; Mooney, *Sacred Formulas of the Cherokees*; Wahnenauhi, *Historical Sketches of the Cherokee*; Kilpatrick and Kilpatrick, *Eastern Cherokee Folk Tales*, stories of the Little People, the origin of the fire, death etc.

Message from the Principal Chief

O'siyo Members, welcome to our thirteenth edition, Our One Year Anniversary, of The United Cherokee Nation (UCN) Newsletter.

I continue to travel and meet like minded Tsalagi. I urge each member to talk to and meet Cherokee People, in order to learn about our heritage, language and culture. We each need to be an Ambassador for The UCN and continue our mission of "The Gathering".

We hope to have this Newsletter on the website for printing each month and ask that any interested member please send all articles to Chief Katey Ross Lee our National Secretary at; kateyross@yahoo.com

Please visit our Forum and Website.

Tohidu.....Nvya Yona

Recipe of the Month—Leather Breeches

Leather Breeches

(A-Ni-Ka-Yo-Sv-Hi Tsu-Ya)

Gather green beans as soon as the beans in the pods mature. Break off the ends and string the pods on a thread or lay them out in a single layer on a sheet. Put the beans in

the sun for several days to dry, bringing them into the house at night and during rainy weather. Store for future use by hanging from the rafters or the wall. When ready for use, soak the beans overnight and cook all day the next day. Salt and grease may be put in them while they are cooking if available and desired.

Reminder

Dues are due each year as of January, please send them in, if you have not done so already. We remain a Membership supported Tribal Organization and do not have any other source of support to continue our cause.

Wado, SB

Cherokee Moons - November - The Trading Moon



November Moon
"Nu-da-do-qua"

The Trading Moon—Traditionally a time of trading and barter among different towns and tribes for manufactured goods, produce and goods from hunting.

The people traded with other nearby tribes as well as distant tribes, including those of Canada, Middle America and

South America. Also the customary time of the "Friendship Festival"

Adohuna = "new friends made". This was a time when all transgressions were forgiven, except for murder which traditionally was taken care of according to the law of blood by a clans person of a murdered person.

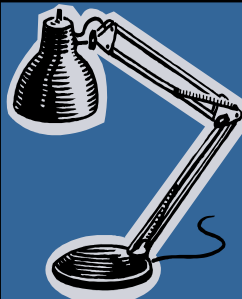
The festival recalls a time before "world selfishness and greed". This was a time also when the needy among the towns were given whatever they needed to help

Member Spotlight



I would like to introduce Elder and Chief David "Raven" Berlowitz of the Nebraska Clan. He was born in 1947 in Shenandoah Iowa and raised between Nebraska and Iowa on farms of his family as well as in the cities of Lincoln and Omaha.

Also he is a U. S. Army veteran of over four years active duty including Viet Nam and Europe service. He has always been inter-



Elder and Chief Raven of the Nebraska Clan.

ested in the REAL history of our people and tries to learn as much as he can, and continues to walk the "Red Road" in every aspect of his life.

He is proud to be a part of The United Cherokee Nation (UCN) and considers it an honor and a privilege to serve in the capacity of Tribal Elder on Tribal Council and Chief of the Nebraska Clan and Acting Chief of the Iowa Clan..

I am glad to call Chief Raven my Brother and thank him for his service to our Organization.

Wado, Nvya Yona

Information on Bioterrorism by Karriem Muhammad

BIOTERRORISM

This post addresses bioterrorism. In the event of a bioterrorist attack, the first level of response is emergency workers. Hospitals are where we depend upon for treatment and protection. But what shape are hospitals in - in terms of preparation to deal with bioterrorism?

A terse "be careful out there" ushered in each episode of television's bygone police drama "Hill Street Blues." It's a sage piece of advice for health care workers, too, as they go about their business - never more so than today.

Current events oblige us to think the unthinkable. The prospect of masses of people contaminated with anthrax spores or covered with pustules from the all-but-extinct smallpox virus has become the raw material of our nightmares. And it's only logical that the unfortunate victims carrying these highly infectious, potentially lethal bio-terroristic agents will arrive at your doors for help.

Of course, health care pre-Sept. 11 harbored its own share of dangers, and those dangers persist today. A hospital is for pathogens what a shopping mall is for teenagers: a place to congregate and hang out. Nosocomial infection threats lurk everywhere. One physician has described hospitals as having a "fecal veneer."

Cleanliness is the best defense, but even the very act of disinfecting entails risk: Some astringents used to sanitize hospital surfaces are linked to the growing caseload of adult-onset asthma in respiratory therapists and other hospital workers.

Accidental needle sticks now carry grave undertones with the coming of the human immunodeficiency virus, as does skin-testing positive for tuberculosis - very common in health care workers - with the advent of multidrug resistant strains of that bacillus. And a subset of practitioners can asphyxiate from donning powdered latex gloves, a phenomenon well documented in everything from peer reviewed journals to the perennially popular TV show "ER."

With airborne pathogens, fatal allergies and other occupational hazards in mind, WE devote a serious series of articles to respiratory risks facing health care workers and how to mitigate them. Hopefully, this information, culled from a recent seminar presented by officials from the National Institute of Occupational Safety and Health, among other sources, will help readers "be careful out there."

Here is a report to the respiratory therapy field :

PREPARING FOR CRISIS

Early and accurate diagnosis is key in a terrorist climate. Clinical staff must know the symptoms that could present in a victim of nuclear, biological or chemical terrorism:

- * Nuclear: nausea, fatigue, non healing burns
- * Biological: flu-like symptoms (high fever, headache, exhaustion) that worsen and cause respiratory failure within days, rash that progresses to pustule vesicles
- * Chemical: pinpoint pupils, vomiting, salivating, choking, redness and blisters, gastric emptying

DECONTAMINATION

Hazmat experts should be called in to educate staff in this area. Drills of decontamination procedures should be conducted to train staff in putting on protective gear, following specific procedures and avoiding further contamination. Staff also should learn how to explain decontamination procedures to patients to make them more comfortable and compliant with the process.

[Source - Special Issue. Joint Commission Perspectives. 2001.21(12).]

IT'S A SCARY TIME AS TERRORISM LOOMS

For the first two weeks or so, while it incubates in your system, you won't feel anything happening. Then it hits you with a burst of symptoms: high fever, fatigue, severe headache, backache, rashes that turn to pus-filled lesions, delirium, vomiting, diarrhea and excessive bleeding.

In a savagely short time, you're close to death from smallpox.

Smallpox was close to death from us a scant few years ago. So sure medical science had eradicated this ancient plague, the United States destroyed its last remaining vials of smallpox vaccine in 1972. The World Health Organization followed suit in 1980. Now, the rush is on to churn out new antidote. Sept. 11 has made the improbable probable - even an attack on Americans by terrorists in possession of smallpox virus, a pathogen that can remain stable and viable in aerosol form up to 24 hours in favorable conditions.

"It's strange to be up here talking about smallpox," Scott Deitchman, MD, MPH, a senior scientist at the National Institute of Occupational Safety and Health (NIOSH), began as he addressed the bioterrorism threat to health care workers. "I graduated from Medical school 20 years ago and considered smallpox to be a historical curiosity."

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Information on Bioterrorism by Karriem Muhammad

Speaking at the American Thoracic Society conference in Atlanta in May, Dr. Deitchman had some reassuring news at first. Transmission of the smallpox-variola virus is by direct deposit of ineffective droplets onto nasal or oral mucosa or the alveoli of susceptible people. It requires close contact for prolonged periods. In 1972, he said, during a 20-year period in a hospital in India that had a smallpox ward, only seven cases of nosocomial transmission occurred among 130,000 patients.

Then Dr. Deitchman lowered the ka-boom. In 1969, a German returning from Pakistan presented with symptoms, was transferred to a smallpox hospital, and there infected 20 people, causing four deaths. It turned out that airflow traveling from his room up a stairwell, had infiltrated several patient rooms.

React with the utmost expediency, Dr. Deitchman advised. Put possibly infected patients in isolation rooms, restrict access to them, and assign to them only vaccinated workers. (The U.S. government has announced it will vaccinate 500,000 health care workers for smallpox.) Follow infection control practices for handling waste and laundry; some hospital housekeepers have become infected by handling contaminated linens.

Test the negative pressure feature of isolation rooms daily. Stand outside the room with a smoke tube to see if the fan on the wall outside the room sucks the smoke up and into the room. Dr. Deitchman inspected one isolation room and found the fan blowing air outward instead of inward. NIOSH officials have discovered about 28 percent of isolation rooms to be flawed in some way, he said.

HOSPITALS ARE NOT PREPARED TO HANDLE SMALLPOX CASES. WHAT ARE YOUR CHANCES?

Protective Gear

Outfitting first responders with proper protective gear against smallpox, anthrax, Ebola, and other biological agents of terror isn't as clear-cut as it sounds.

"Not all respirators are created equally," noted Kevin Fennelly, MD, PH, who followed Dr. Deitchman to the podium.

Disposable particulate respirators have a 20 percent leakage rate, he said, and laboratory fit testing of disposable respirators is a continuous issue. "We don't understand the ability of these laboratory fit tests to predict workplace protection," said Dr. Fennelly, a NIOSH official based at New Jersey Medical School, Newark, N.J.

In contrast, the fully hooded protective outfits called powered air purifying respirators (PAPRs) have only a 2-percent to 4-percent leakage rate, he pointed out. Resembling intergalactic spacesuits, PAPRs come with strap-on tanks around back that blow supplied air across the wearer's face.

A forensic pathologist performing an autopsy of a TB victim should wear a PAPR, Dr. Fennelly said. So should caregivers working closely with patients possibly contaminated with bioterrorism agents, although PAPRs are expensive, noisy and some say they interfere with proper patient care.

"We need to figure out how to maintain verbal and nonverbal communication with our patients while still protecting ourselves," he admitted.

O'siyo My Relations:

I am Karriem Muhammad, member of The United Cherokee Nation (UCN) Arizona Clan. I am offering my services of wisdom, knowledge and understanding in this field. I would like to present my credentials for service to our The United Cherokee Nation (UCN).

Karriem Muhammad is certified through the Federal Emergency Management Agency (FEMA) in the Multi-Hazard Safety Program for Schools. He has completed advanced FEMA training to become a member of the Community Emergency Response Team (CERT). Mr. Muhammad has also earned certification in Domestic Preparedness through the Arizona Division of Emergency Management, Department of Emergency and Military Affairs. This certification includes an awareness of the issues and concerns related to threats of terrorism and weapons of mass destruction.

Mr. Muhammad has also completed training for Disaster Management and Guidelines for Trainers Leading Disaster Management Workshops, both of which were administered through the United Nations Disaster Training program. He is American Red Cross certified with the Disaster Action Team (DAT) and in the areas of Emergency Response Vehicles; Mass Care Overview; Shelter Simulations; Shelter Operations; and Damage Assessment. Mr. Muhammad is a local disaster volunteer and a certified Public Information Officer (PIO) for the American Red Cross.

Karriem Muhammad has also completed training as a respiratory care practitioner and has worked in the intensive care units and the emergency rooms of private and county hospitals. He has treated patients in trauma units from pediatrics to geriatrics and is no stranger to mass casualty incidents or the management of pain and suffering in a clinical setting.

Mr. Muhammad is the author of *Incident Command Systems* for Ashworth College, Norcross, Georgia. This was a learning guide to an Associates Degree program for those aspiring to become Incident Commanders. Mr. Muhammad was Chief Instructor of this course.

Karriem Muhammad has been an educator, education consultant and charter school principal over the past 20+ years.

I am including an article posted as a blog. If you find it suitable for your newsletter you may publish it. It is contributed from the Academy 4 Better Self.

Thank you (Wado) Karriem Muhammad, M.Ed, Arizona Clan of The UCN

“Gathering the Lost Tsalagi (Cherokee) into One Tribal Membership

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Silence of Prayer by Bright Sun

Silence of Prayer

The story I am sharing with you, is one of deep sacredness to me. I hope you take this within your Native Heart and know this comes from our ancestor's, as a sign of over 100 years of our medicine men and holy men of our tribes, only in this case, Mother Earth, Nature's Wisdom, seems to be sending me these messages.

He came about the first of August, my son and I saw him at the same moment and stopped on our walking steps in our yard. He had his little hands together and he was rocking back and forth, I knew he was in prayer with the spirits. He made our yard his peaceful home, where no harm could come to him. With the full moon of August 24 and my son dancing in honor of Elder Willy Whitefeather's birthday, he stood on our fence straight up toward Grandmother moon and he prayed as I have never witnessed before. I could hardly move or breathe, watching this sacred sight of beauty. He then let us pet his long back and I talked to him honorably as he listened.

Two nights later my son Robert and I were watching the television, Robert said, "Mom don't move", I slowly turned to look and he was there sitting on my shoulder. How he ever got into the house was my next question as Robert gently took him off of my shoulder. He then took him outside on our porch and placed him slowly on our flower table. When Robert came back in he was speechless and just stared at him through the window. To our knowledge it is rare to just see one, much less have one come and sit on your shoulder, this I believe is sacred and holy. Then I saw him again outside and believe he is here watching over me.

I wonder if by know you have guessed that this blessing was from a Praying Mantis. This was my first personal interaction with one. Robert had studied lately upon the spirituality of a Praying Mantis. Good luck is their gift and their message is meditation. It is against the law to knowingly kill one in Virginia.

I believe our ancestor's have sent this holy man to me in Mother Earth's special way. I listen to and watch all of our brother and sister animals for messages. I feel blessed and will continue to pray with this holy man that was sent to teach me.

Prayers from my Heart
Bright Sun
Virginia Clan