



## **EAGLE FEATHER RESEARCH NEWSLETTER**

**VOL 2, NO. 1, JANUARY, 2009**

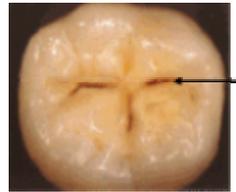
Welcome, Willkommen, Bienvenue, Bienvenidos, Benvenuto. Welcome to our January issue for 2009. In this issue we will call your attention to several pieces that appear in another section. We refer to three articles that reveal some important information we feel you should be informed about. The first concerns hospitals and your health at risk. Are you really safer in the hospital than at home? Dr. Ranit Mishori clarifies the question for us. It appears that millions of medical errors are committed each year. Did you know that over 98,000 people die each year due to medical complications? Certainly, not all doctors or nurses are negligent although clearly mistakes are preventable. While iatrogenic illness is a reality, it is the deficient healthcare system which is at fault. It is not only the patient that suffers but also the Health Care System that costs Medicare billions of dollars. One of the problems is fatigue. Understaffing and long hours by both doctors and nurses invites errors in the daily medical practice. At the bottom of this is money. Trying to spend less with less is not a formula for quality care. It is however, common in the majority of business practices, from construction to federal bids on contracts. Sanitation has been lacking in hospitals where there is airborne germs in every floor. It has been documented that too many health care professionals do not wash their hands as they go from one patient to another. Then there is the problem of communication. This is particularly critical when it comes to doses and the right medications. What is started in one shift may not be communicated to the other. Doctors not putting limits on patient load can lead not only to undue stress but fatigue during operations. Having efficiency experts analyze the office each year leads to squeezing out the most for each dollar and too often shortcuts that will affect patient quality and overall performance by the doctor. Another problem is the questionable practice of mixing 4-8 drugs with serious adverse

complications. Surgical instruments are still being left in the body of operated patients. Blood clots, pressure ulcers and secondary infections are common. In short, you are at risk each time you spend time at a hospital. See News, 11-01-08 for the complete article.

The second of the articles concerns Indigenous influences as it relates to Aztec and Mayan imagery in museums. (Latest News, 10-01-08) The example we use takes place in Mexic-Arte Museum in Austin, Texas. The problem is not the fine selections of artifacts collected by the Museum but rather the information that is used to describe and document the aforementioned artifacts. One of the very serious problems that still pervade this society is the continuation of long held bias and a total lack of comprehension of pre-Columbian cultures. It is an educational problem. The books used in schools still reflect prejudicial and stereotypic nineteenth century attitudes. Here, most of the characterizations are by the journalist covering the story. Some of the objectionable characterizations include comparing sacred sculptures to Rock Stars, spreading the myth of the multiple Gods which is clearly Western in origin, referring to Cuauhtemoc as a King, speaking of modern myths as history. What is clearly lacking is an historical and philosophical base that can provide the media with correct information. Curators are not specialists or experts in archeology, anthropology or cosmology of ancient civilizations. They need to research and contact Native experts that have a native understanding of these cultures. Most universities do not qualify since they have accepted and adapted to Inquisitional sources left by the Spanish. Case in point is the voluminous work by Friar Sahagun, who was persecuted by his order and stripped of informants; this post-conquest work disappeared and was censored and tampered with for the next 200 years. This not only is not pre-Columbian but is used as the definitive source by Academia today. It was bad education in colonial times and it is bad education today.

The third article mentioned concerns Dentistry, tooth decay and tooth regeneration. While it is a lucrative field for the doctors, it remains mired in practices that have changed little or progressed much in the last 50 years. The resins used for tooth cavities fall off after 3-5 years. Dentures as well as bridges for seniors are a nuisance. Did you know that the Aztecs had resins for tooth cavities that lasted a lifetime? While fluoridation has improved tooth decay, there are still areas in the U.S. that has 46% of the population toothless by age 65. The need not only for proper maintenance via brushing, flossing or better yet, irrigation is apparent but excess sugar and junk food diets have led to a thriving business for dentists. The future with stem cell research is bright. There is now a dialogue concerning the regeneration of teeth. Creating the root is the first

stage. While it is at the experimental stage, we may have regeneration of teeth by 2020 if theory gives way to reality. For more information see .Latest News, 12-01-08.



Happy and Insightful Reading,

Arnoldo Carlos Vento, PhD