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Friday, August 05, 2011

TN: 213055



Patron: Jones, Desiree

Call #: **W1 OC613 v.17 1969**

Location:

Pages: 9-13

Journal Title: Occupational health nursing

Volume: 17

Issue: 9

Month/Year: 09 1969

Need by: 10/03/2011

Article Author: Williams EM



CUSTOMER INFORMATION:

Article Title: High rise nursing on Navajo land.

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High Rise Nursing on Navajo Land

Edith M. Williams, R.N.

On the Navajo Reservation in northwestern New Mexico, I've been labeled a "high rise nurse" because, at times, I find myself high in the air treating job injuries. Who would ever think that an occupational health nurse would find her job here? This is the public health nurse's territory, where she has been treating the Indian for years. But the Indian is now sharing his reservation with a modern, mechanical marvel of steel and concrete being constructed for six electric utilities by Bechtel Corporation.

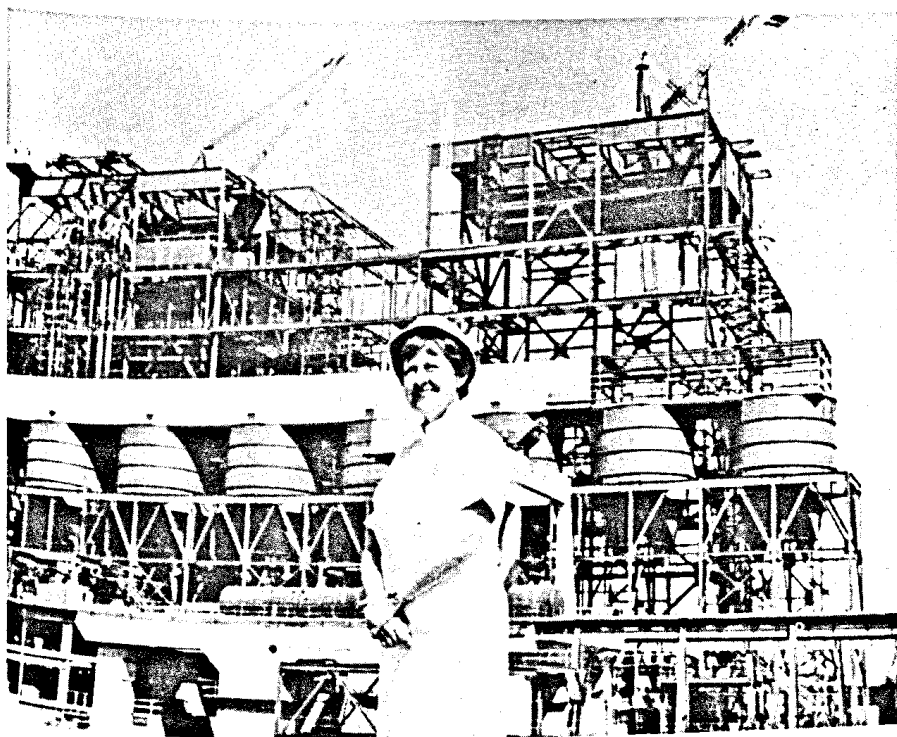
As job-site nurse for Bechtel (one of the largest world-wide companies in the heavy construction field), the company and I share a common goal: a sincere desire to reduce industrial accidents by keeping health and safety foremost in the consciousness of each employee.

Both weather and job conditions keep us on our toes, constantly on the lookout for potential trouble spots that can be corrected before an accident happens.

This job-site is located near the only area in the United States where four states, Arizona, Colorado, New Mexico and Utah, share a common corner, giving the plant its name: Four Corners Power Plant.

Most of this colossal, awe-inspiring Reservation is over a mile high. Due to the altitude, the winters are severe. Deep snow and near-zero temperatures are not unusual, and there are extremely strong winds. These weather conditions influence construction schedules and contribute to accidents.

Bechtel is constructing two large, coal-fired boiler units adjoining an existing three-unit plant that is presently producing electricity. When this gigantic power system is com-



Backed by the progression of huge steel structures which gave her the title of "High Rise Nurse," Miss Williams is proud of her part in lowering the accident rate.

High Rise Nursing on Navajo Land

continued



Sign at entrance to the Four Corners project urges the Navajo to "Let's all be careful". Nurse Edith Williams smiles her approval.

pleted, it will provide greater power output than at Grand Coulee Dam for the electrical systems of the participating utilities.

Each of the units rises to an elevation of 223 feet, the approximate height of a twenty-eight story building. It is interesting to watch a crane lift the huge steel top girders which weigh 112 tons each.

We nurses, trained in the weights and measures of milligrams and millimeters, find our conversion formulas inadequate to help us visualize 112 tons! My calculated approxi-



A Navajo stops in to accept the white man's preventive medicine, a routine tetanus booster.

mate equivalent to this would be sixteen full-grown elephants going up in the air in a cargo net—all at the same time.

On tremendously large construction jobs, the industrial nurse has the opportunity to be an active participant in teaching safety, and this is as it should be. We all know that safety measures are good preventive medicine. This involvement with safety is a challenging part of my job here. Fortunately, my work is closely geared with that of a highly experienced and respected safety engineer who is ever alert to the hazards we naturally have, and wastes no time in correcting unsafe conditions.

In this risky environment, the nurse soon becomes acquainted with the injuries most common to the various crafts. She learns that the main difference between job-site hazards and in-plant hazards is that men work over men, and each day brings a new set of hazards. One man's work or motion affects his co-workers as the construction progresses.

To make the most effective use of the weekly safety meetings conducted by many small groups of craftsmen, I have developed and recorded five-minute tape recordings covering subjects about health and safety.

In general, the taped topics cover my experience with electric shock, infections, eye injuries, ring-wearing accidents, the effect of emotional problems on the worker, and mouth-to-mouth resuscitation.

These tapes are used over and over as new employees are hired. The numerous craft foremen conducting their meetings consider them most helpful to amplify discussions on safety.

In a remote area such as this, the workmen appear to enjoy hearing their nurse's voice and listen attentively. Many men avail themselves of my taped invitations to help themselves to the free health pamphlets provided by the American Heart, Cancer, and Tuberculosis Associations—not realizing such literature has been printed for their use.

The first aid and emergency treatments rendered here would be similar to those any occupational health nurse encounters, but there are many additional hazards on an outdoor type of construction vs. the indoor type.

At times the crane is a handy method for transporting injured workmen from high elevations. When emergencies arise, the workmen and our emergency team are most helpful and efficient. Sometimes the nurse finds it expedient to enter and crawl through small places, such as thirty-inch-diameter tubes, to administer life-saving measures. It has been found most practical to wear jeans plus a white smock on this type of job-site. Daily laundering of soiled uniforms, to say nothing of torn stockings, converted me to this non-professional apparel.

The performance of my nursing duties is made easy by having a well-equipped First Aid Station where signed medi-

cal directives are followed as provided by our designated company doctor twenty miles away in Farmington, New Mexico. The effect of complete cooperation between the company doctor, nurse and safety engineer results in keeping the frequency and severity of accidents low. Most of our cases are treated in First Aid and immediately return to work. We are pleased that we have had no job-incurred infections over the past two years requiring time loss from work. Hundreds of welders work here so flash burns to workmen's eyes are common, but no one has been off work for this due to our available medical supplies and prompt treatments.

Another plus for safety is a Chevrolet van, converted into an ambulance equipped with two stretchers, the usual splints, bandages, and resuscitator. We are grateful that its use is minimal. With the variety of accidents which might occur, we could, if we weren't constantly alert, find use of the ambulance a daily event. The chief timekeeper, due to his availability, is assigned as driver. He is ordinarily the calmest of persons; however, he loses his "cool" when the Indians mistake the blinking red light and siren as "fun" things and continue to take their half of the road down the middle of a two-lane highway.

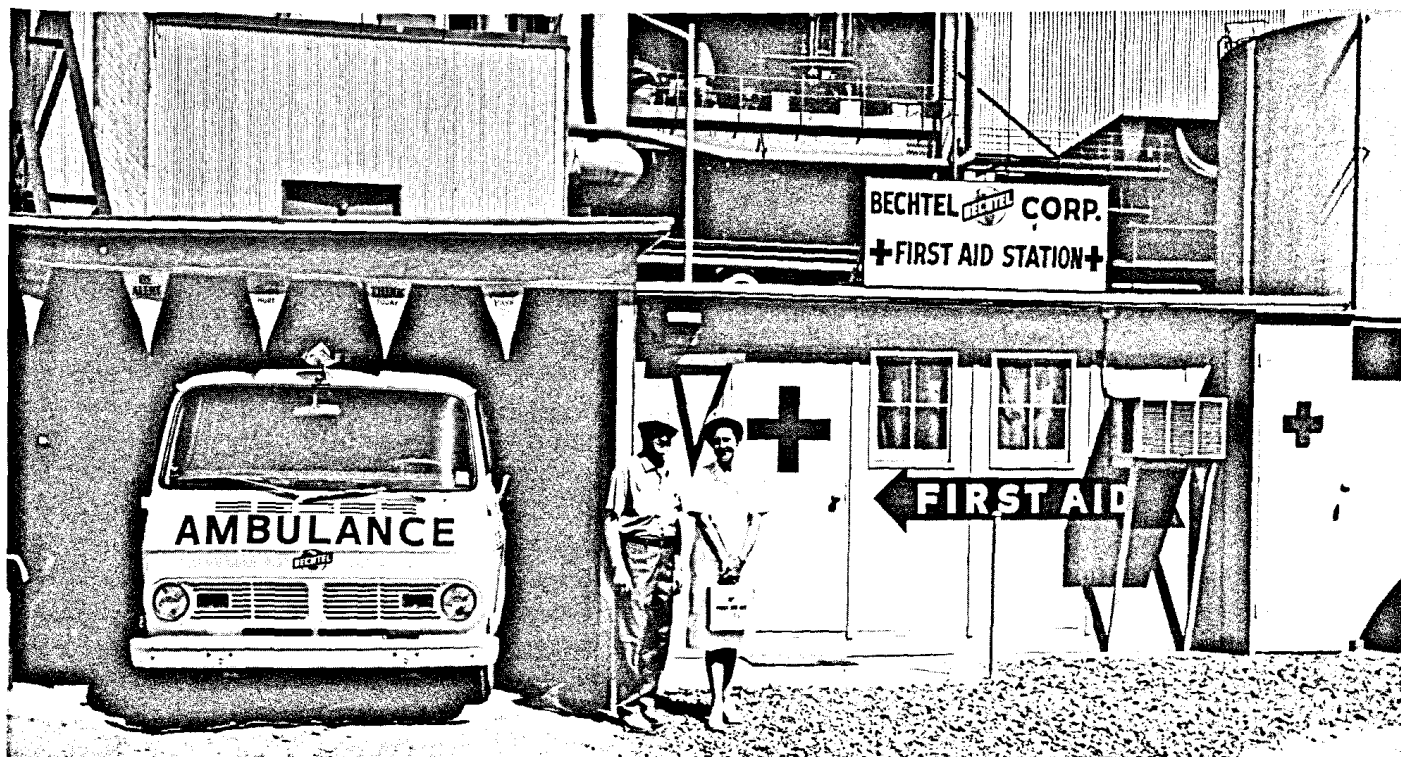
On these heavy construction jobs, field personnel include: superintendents, engineers, and many craftsmen, such as skilled boilermakers, carpenters, electricians and linemen, cement masons, millwrights, pipefitters, plumbers, ironworkers, operating engineers, painters, laborers and

teamsters. Our employment is reaching a peak of one thousand men, including many subcontractors. During the course of this job, more than three hundred Indians will have worked here. We have apprenticeship programs for boilermakers, pipefitters, electricians, ironworkers, painters and carpenters, in which the Indians participate.

Construction men make the finest patients; they are rough and tough and have been accustomed to take their injuries lightly. They show a kindness to their fellow co-workers which cannot be duplicated in any other industrial setting. They appreciate having the safety engineer and myself on this job. Many have said they "never had it so good." Some have never been on a job which provided an adequate first aid facility. We thought we "had it good" when, at one time, a total of two hundred and fifty-one days without a lost-time injury was attained. Then, at the snap of a finger, this achievement was interrupted following a careless act by a chagrined workman.

The Navajo's job-accident rate has been amazingly low. Of course, it is common knowledge the Indian is "sure-footed," and it is interesting to note he still endures pain without flinching. Perhaps our knowledge of their injuries is low because they do not always desire to report an injury. Sometimes they prefer to go to their medicine man; although we have instructed them to report job injuries immediately to First Aid. It is marvelous, however, the cooperation given us by the Indians.

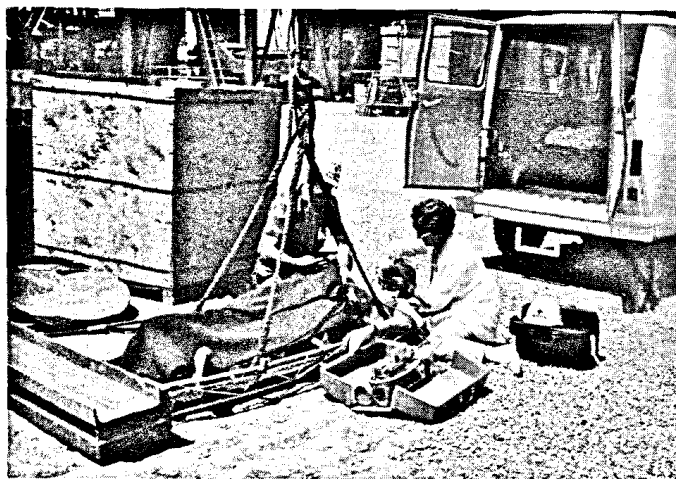
A Navajo was off work recently for a non-occupational



Here's where safety begins. With complete cooperation between the company and nurse, Bechtel provides its employees with a well-equipped first aid station and an ambulance for any emergency. Alert Edlund, Safety Supervisor, with Edith Williams, R.N.

High Rise Nursing on Navajo Land

continued



A crane has lowered a simulated patient in stretcher from a high area. Miss Williams sits on the ground to administer oxygen prior to a twenty-mile trip to town. Mr. Edlund, Safety Engineer, assists.

condition. When he returned and was asked if he had a release slip, he said, "Medicine man no give releases."

My initial encounter with these delightful Navajo people was my first day on the job. The telephone rang and an Indian voice said, "Welcome to the Land of Enchantment. How you like?" As he spoke, the enchantment was blowing loose sand and dirt around the job. Visibility was zero. The station was packed with workmen, their eyes full of dirt. I said, "It's different." He replied, "You no see this in California? If you want wind to go away, you tell me. I talk to witch doctor." This was our labor foreman and interpreter—always a great source of amusement plus possessing excellent knowledge in the field of safety. We learned his sense of humor was typical of the fun-loving Navajos. He often comes to First Aid, pointing to his head and saying, "My computer off. Need aspirin."

In remote areas, the Indians still eat wild prairie dogs, rabbits and other game. The Public Health Service, through the Division of Indian Health, is presently urging the Indians to exclude this form of protein from their diets. Bubonic plague in humans is being reported on the Reservation. Needless to say, one must be well acquainted with the local Public Health Service and their functions, as well as their modern seventy-five bed hospital in Shiprock which provides health services for Indians in the Four Corners area.

There is no word for germ in the Navajo language. By knowing this, we understand why the Indian has had trouble understanding sickness. My request for information about Indian health programs brought many fine publications from the United States Public Health Service. It is interesting to read how some medicine men have explained why a person, ill with tuberculosis, coughs and spits up blood. According to stories learned from their ancestors,

tuberculosis is caused by lightning. If lightning struck a tree and a person used that tree for firewood or anything, it would make him sick, cause blisters to develop in his throat and abscesses in his lungs. It is difficult for many Navajo people to believe that tuberculosis is not caused by lightning, but by a germ that multiplies.

The Indian has developed many remedies over the years. Some are still in use today. A label on an old one pound peanut butter jar briefly describes its brown contents as "Piñon salve." We keep the salve on hand as a good will gesture and, even though we don't use it, the Indians are pleased we show an interest in their medicine. Old timers, Indian and non-Indian, say this medicine is a very useful remedy to help reduce wound infections, hasten healing and to rub on aching muscles. Remembering that the observations of Pasteur, Lister and Koch were ridiculed, I try very hard to maintain an open mind as to the treatments of the medicine man.

Navajos are friendly people, but with strangers they show a quiet reserve which is often mistaken for aloofness or stupidity. They have a keen sense of humor and love a joke. When they pretend not to understand English, a humorous thought expressed while treating them usually elicits a slow, amicable smile. This is an indication of appreciation and results in better understanding and communication. They now call me their "pale faced medicine woman."

My medical records reveal that "Yazzie" and "Begay" are names as common to the Indian as Smith and Jones are to the white man. Expressive last names encountered are intriguing, such as Manygoats, Footracer, Silentman, Denetclaw (means left handed) and Bitsilly. Recently an Indian came in who had splashed cement all over his face and into his eyes. He gave his name as John Pete, but his name could not be found in my medical file. By checking with the timekeeper, it was discovered we know him as Pete John. Record keeping can be very difficult at times. Mailing addresses, such as Waterflow Trading Post, Hogback Store, Teec Nos Pos, and Dzilth-Na-O-Dith-Hle School, cause me to respect a visiting nurse and her problems.

There is an Indian woman, Emma, who visits me from her nearby hogan. She wears many long, full skirts, a velvet blouse held together by a big safety pin (a dress ornament to the Navajo Indian women), rings and necklaces of turquoise, and well-worn tennis shoes, the "in" type of foot gear on the Reservation. Emma tends her sheep and goats on the vast areas surrounding our job and is a very colorful Indian. Her face reflects the hardships she has borne over the years in this rugged country.

Once when Emma was visiting, she asked me to help her with what appeared to be a minor infection of a finger. As we talked, she soaked it in a pan of hot Epsom salts water.

The following day she returned to tell me she had passed the word to her Navajo friends that the "good nurse" cured her finger over-night! A fortunate "cure" for me and such a simple act to help gain the confidence of these American Indians. But friendship and kindness usually result in dividends among all peoples.

When treating reservation Indians, we do not suggest a warm-water soak at their homes until we first determine if the man has the convenience of abundant water in his hogan. Water has always been a scarce commodity for the Indians. A Navajo came in one day with a note written by his foreman saying he had dropped a board on his right foot. I could not find evidence of a bruise, limited motion, or pain, but decided it better not to dismiss him lightly. He was given a warm soak for this foot. As I proceeded to treat others, he decided this was great, put his other foot into the pan, and had a good time bathing both feet. The water situation on the Reservation is improving, and last year the Governor of New Mexico participated in the Navajo Irrigation Project ceremony, at which time a valve was turned, sending water from Farmington to Shiprock and thence to remote areas of the Reservation and into many hogans.

The Indian worker is quite diligent and cooperative about reporting when he will be absent from work. His penmanship, spelling, and letter composition are often superior to the educated white man. For example, "Good morning: Would you please let me off for today because I have to take my little girl to the hospital in Shiprock. Thank you." Or, "Sir: Would you please let my sister have my check because I can't work until tomorrow morning. I'm sick. Thank you." Short and to the point?

Besides hearing the special jargon of construction men, the rumble of heavy equipment and the talk of anticipated turbine roll dates, you hear much talk around here about boating trips on Navajo Lake, trout limits, rockhounding, deer hunting and the excitement of finding an arrowhead. Our "fringe benefits" are many enjoyable weekends visiting such places as Canyon de Chelly, Monument Valley, Chaco Canyon, Aztec Ruins, Shiprock, Mesa Verde and rides from

Durango to Silverton, Colorado, on the old narrow-gauge railroad.

It is impossible to live here without sensing the area's rich history and promising future. The Navajos are presently celebrating a century of progress. This centennial marks the one-hundredth anniversary of the signing of a peace treaty between the Navajo Tribe and the United States Government.

During the past century, the Navajo people have undergone drastic and far reaching changes in their economy, self-government, social status, education, and living conditions. The many arid expanses of the Reservation would be worthless were it not for the oil and gas rigs, pumping stations and storage tanks which dot the landscape. Great sources of helium gas and uranium have been discovered on the Reservation also. The Navajo Coal Mine, adjacent to this power plant, will produce sufficient coal to supply the plant's boilers for about one hundred years. Through royalties, the development of their coal resource alone will help the Navajo nation of nearly 125,000 (largest Indian tribe in America) rise to economic prominence.

It is, indeed, a rich and rewarding experience to nurse here—contributing in a small way to the health education and medical treatment of the Navajo people as well as our non-Indian workmen. When this job is completed it will be most difficult to find a position as challenging and unique.

We ponder the past and present—see the ancient ways slowly fading away—hogans nearby being replaced with modern houses. Besides providing Indian employment, we know that some of our electric power will be available to their hogans and houses. One cannot help admiring the Navajo, who in the coming years will continue to honor their heritage. The Navajo tribe seems determined to make their present centennial anniversary the start of a new era of progress, growth, promotion and development of their beloved country. As a result of scientific development on their land and increased job opportunities, they will be preparing themselves with vigor for the second one hundred years.