

Lucretia Shafer  
Community Health Clinical Journal  
September 14, 2006

Today was our first day at Fort Lewis. As usual, we spent most of the day orienting to the hospital, and getting our paperwork in order. I am kind of interested in finding out how the army works when it comes to putting together a community. I already have had my horizons expanded regarding the actual “town” of Fort Lewis. I had no idea that it was so big and that it has stores, banks, gas stations, coffee shops, schools, churches, movie theaters and so on.

I am rather overwhelmed by the amount of work that lies ahead of me this semester. I think that if I make it through the first five weeks, I will be OK, but at this point it is questionable. When Ms. Ann gave us another group project, I just about cried. Even though it shouldn't take more than 3 or 4 hours to put together, I don't know if I have that much time to spare.

I wonder what our Community Health project will be? Unless we find one through our community assessment, I think that we will be working on Bird Flu readiness. I did not know that all the emergency rooms were overloaded after the last earthquake. People are funny. Dr. Shultz called them the worried well. That is a great name. I wonder if check up stations could be established at libraries or grocery stores—places where people normally go. It seems to me that they would be comforted by familiar surroundings.

I am looking forward to getting a grasp on the big project. They say that we won't even begin to comprehend and understand the scope of the project for another 5-6 weeks. I wonder why. I guess time will tell! One, two, three. Ready or not, here we come—badges and parking permits in hand!

Good start on the journaling process. The orientation week is always overwhelming! I remind you that I said that you won't “get it” until midterm. That also means don't worry. I think Ann is just trying to be “helpful” in requiring another assignment. When we left the discussion at the end of clinical the first week, we agreed (at least from my perspective and that is the crucial one) that the “presentation” to Ann would actually be a working session. Ann gets excited about “teaching.” I am managing your work load.

For your next journal, please begin to read the newspaper of your choice—lots happening in our world related to the public's health.

Lucretia Shafer  
Community Health Journal  
September 21, 2006

**Week 2**

Thursday was an interesting and very fun day. We met up at the school and carpooled to Ft. Lewis in two cars. Five of us are working on the Physical part of the Community Assessment and the other four are doing the Economic section. We split up and did the “windshield” survey. As we drove around, Kathy and I took pictures of things that we thought would work well with our presentation. I tried to climb into some lady’s car (which looked an awful lot like Bethany’s) at Madigan. I am sure she almost had a heart attack and most likely would have if I had of been a man. Our group probably would have got to see the inside of Ft. Lewis’ jail! I apologized profusely and quickly jumped into our car.

I have never been on the base except to go to Madigan and so it was kind of fun and exciting to drive around an area that I have always thought of as “restricted”. I was surprised at the ruralness of Ft. Lewis and also at how easy going it is once you get past the gates. We were able to walk up to a person’s desk or into offices that in the private world would be closed to us. One thing that was very “military” was that even though there were many people willing to talk to us and answer our questions, they all wanted to be “off the record” unless they held a job that involved giving out information.

We were able to talk to a variety of people, and could have done a lot more surveying except that we ran out of time. I think the ones that we interviewed gave us a good perspective of life in Ft. Lewis. We talked to enlisted men, retired army men, wives of soldiers, head of Public Affairs, and a school liaison person. They gave us various glimpses of the community from their points of view and those views were pretty different depending on whom we were talking to.

Driving around the community was like taking a step back in time. It reminded me of a town out of my childhood—small, safe, spread out, older houses, pro America, friends that plan together and work together. There is nothing there that is big and flashy and even though there is ethnic diversity, everyone seems to be the same. Perhaps it is because of the camouflage everywhere or the rigidity of military life. Or perhaps the diversity lives off-base. I am not sure. I get the feeling it would be hard to be an individual in Ft. Lewis.

Some of the themes that we heard regarding public health that are specific to Ft Lewis involved the effect the war and military life has on the children and medical care concerns--both good and bad--depending on who was speaking. I know that there are a lot more but those were the two that we heard from the people that we talked to. Most people do not understand what public health or community nursing is. When we asked them specifically about community health issues, nothing came to mind. However, if we put it in the context of, “How can we help your community?” or “What needs does your community have?”, they could easily answer.

We met up with the other group for lunch and exchanged stories and discoveries and headed back to PLU to put the presentation together. Our group seems to work together well. We have a nice blend of writers, artists, technicians, proofreaders, and idea people. We still have a few questions to work out but I think that next Thursday will be enough time to finalize them.

This project has been eye opening for me. I don't think I ever tried to define what makes up a community. I know that they differ but never thought about how that would affect the public health needs of a community before. What works for one community

may be a bust for another and furthermore, not every community needs the same thing. Public health nursing at this point in time seems way too big.

Excellent journaling here. You do express some interesting insights into the military community already. Remember, this is an entirely new culture for you, and a new language too. Isn't it amazing what a small group of people can do in a very limited time frame—gain much knowledge. I agree that Ft. Lewis is generally very open, if you have a good reason for asking. And also very careful—“off the record.” Please start reading the news and incorporating in the journal.

Lucretia Shafer  
Community Health Journal  
September 28, 2006

### **Week 3**

I think it is interesting that I am still not too sure of what a community nurse should be involved with. We did the Strong Bonds program with the Public Health nurse this week and the five mini-seminars that we were involved in were definitely related to what I think of as public health. I think what surprised me was that they were a part of a Marriage Retreat put on by the chaplains at Ft. Lewis. I like the interaction of mind, body and spirit but I wonder if it could be done “off base”, in the real world. Perhaps that is what parish nursing is. I wonder if parish nursing is only for the people involved in the church that the nursing is tied to?

Anyway, in my search for a newspaper article, I again realized that I am not too sure of the realm of Public Health. I found a story about WalMart going green which really interested me. I think it is a public health issue but on the other hand it may be a business issue. The Seattle Times reported that WalMart, the “world's biggest retailer” (Fetterman, 2006, p. A3) is implementing strategies that aim to provide consumers with products that do not harm the environment and encourage sustainability of the world's resources. Among other things, they began selling organic foods last spring and will continue to add to their line as products become available (Fetterman, 2006).

On the same day the Seattle Times also reported that two children who drank raw milk from a dairy in Whatcom County were sickened by e. coli. All of the offending milk has been pulled from stores and the dairy is closed until the source of the infection is located. The article goes on to talk about the nationwide problem of the e. coli infection of spinach which has been narrowed to three counties in California. Spinach is now back on store shelves with none of it coming from the three problem counties. Federal health officials are still trying to pinpoint the source of contamination of the spinach (King,

2006).

When the world's largest retailer goes looking for organic food, the agricultural industry takes notice. Americans are eating more veggies thanks to promotional campaigns and education supported by Public Health. The core functions of assessment (American's need more fruit, veggies, etc in their diet), policy (Food pyramid, recommended daily values, food label guidelines, food stamps, WIC, etc), and assurance (Are all American's eating right?) can be followed and their results tracked. But now, we are getting sick because of the drive for fresh food. Our food supply has to be safe. New guidelines need to be developed and implemented and the public needs to be assured that the food they consume is not going to make them sick.

Is this a public health issue? I say, "yes", but I am not sure when it becomes one. Should they be involved in developing the guidelines? Should they lead the discussion that highlights the need? Or do they track the offending parties and shut them down until the source of infection is isolated and fixed? I have a feeling that it is yes to all of the above questions. If that is so, it makes me tired. Public Health Nursing is too big for me.

I don't see how Ms. Ann, the retired PH nurse at MANC, Sarah Swett, or any other public health nurse can keep from becoming overwhelmed in their work. At least my pts in a med/surg setting, heal and go home (usually). The issues that PH nurses are confronted with are big and mushy and way too dependent on behavior changes. There were a number of people at Strong Bonds who did not want to be there and an even larger number who really did not care about nutrition, etc. I think that I would have to become a total optimist to be a good PH nurse--always see the good in people and their innate ability to change if the opportunity arises. I don't know if I could hold on for long....

Humm, I ended on a bit of a downer. Our Geographic Assessment went way better than expected thanks to Dr. Schultz. What would have taken us hours to do, she helped us accomplished in a quarter of the time. The information was in our brains somewhere—she knew how to help us pull it out and get it organized.

## References

Fetterman, M. (2006, Sept. 29). Wal-Mart goes green. *The Seattle Times*. p. A3.

King, W. (2006, Sept. 29). E. coli sickens 2 kids who drank raw milk. *The Seattle Times*, p. B1.

Good journaling—yes, public health is huge, but the only place where real, significant societal changes really take place. I agree, being an optimist helps. I think this week you will start to see the APHNs “specialize”—one in CD, the LTC in community preparedness, etc. That is one way to maintain sanity. You are correct—all those issues you read about are public health issues—public health effects every single one of us every single day and E. coli infected food sources is a huge problem—can you see that we need to prevent contaminated food instead of treating infected kids in hospitals?

Lucretia Shafer  
Community Health Journal  
October 5, 2006

### Week 4

I think it is interesting that the two produce companies involved in the contaminated spinach outbreak will be charged under a 1938 federal Food, Drug and Cosmetic Act, which makes it a crime to sell or distribute any products that are unsafe for human or animal consumption. Federal agents are investigating Natural Selection Foods and Growers Express, looking for negligence on the part of the companies in their handling of the spinach. They are quick to say that criminal intent is not suspected. However, according to this law, companies can be held liable if it can be proved that they did not take appropriate steps to make sure their products were safe to eat (Leff, 2006).

The Seattle Times reported that the Odwalla and Sara Lee companies were both heavily fined in the recent past using this same law because of food poisonings that killed 16 people. So far, the tainted spinach has been linked to 2 deaths and the sickening of at

least 190 others. According to the Seattle Times, FBI and Food and Drug Administration agents spent 11 hours at the spinach packaging plants looking for evidence indicating that proper food handling procedures were not followed (Leff, 2006).

There are two things that interest me about this article. One is that the law to be used was enacted in 1938, almost 70 years ago. That is a long time ago and it is still working! It is reassuring to know that people in the past had the time and forethought to forge strong, binding regulations regarding public safety. The second thing is the idea of “proper food handling procedures”. I think that we will be hearing a lot more about these procedures in the near future. Just as the meat packing industry had to revamp their safety guidelines for meat handling and the restaurants had to follow established cooking procedures after the Jack In the Box E. coli outbreak, I hope the produce industry will be investigated with a fine toothed comb to identify and rectify any unsafe practices. It will be interesting to find out where the E. coli on the spinach is coming from. Check back for further news!

Food safety is public health on a very large scale, with the “community” being the country. However, the local public health organizations had to do their part or this problem would never have surfaced. Less than 200 people in a country of 300 million is like finding a needle in a haystack but because of the mandatory reporting to the CDC, the problem was identified quickly and great effort is being made to stop and fix the problem. I am beginning to get a grasp on how big public health is!

And now, on to my very tiny part in the big picture! We heard about three different programs that are carried out by Ft. Lewis public health dept. on Thursday—STD prevention, screening and treatment; daycare site inspections; and global

epidemic preparations. The people talking about these programs were informative but I would much rather spend the day actually seeing what they do rather than hearing about it. I am not sure it was the best use of our time. I am anxious to be let loose on our project. Preparation and background is definitely necessary but I would like to know what we will be doing and then to plug it into the theoretical framework. Ms Ann knows what she wants to have happen, but she is trying to make us think that we are deciding for ourselves. We have nine more clinical days to get this project done and looking at the schedule, I see more of the same. Hmm, that makes me kind of anxious.

It will really all work out—I think Ann is leading you through an important process—it may be that the process will be of more significant learning than what your group might come up with for the project. I really do not think she knows what she wants you to do—or at least didn't until the end of last week. You may very well, as a group, need to spend some time outside of a Thursday—for example, I would not have given you Thursday afternoon off to study for med/surg! Excellent journaling—I think the spinach articles are interesting too—must have been in the water used for irrigation—where else?

#### References

Leff, L. (2006, Oct. 6). Firms face liability in deaths from E. coli. *The Seattle*

*Times*. p. A4.

Lucretia Shafer  
Community Health Journal  
October 12, 2006

## **Week 5**

I am not going to talk about the spinach contamination problem very much today because there is nothing in the newspaper about it. I heard on the radio yesterday morning (NPR, Morning Edition, Oct. 13, 2006) that the FDA has located a cattle farm close to the fields of spinach that has cows that have tested positive for the strain of E. coli that has caused the illness of 199 people and 3 deaths. I have done some research on the Internet that I will write about next week, but have I found another Public Health problem that hits right in my backyard—literally!

According to the Seattle Times (Song, 2006) the West Nile virus is now in my neighborhood. A dead crow infected with it was found in Kent's East Hill neighborhood. That's where I live! The rest of the alarming news is that a couple in Pierce County (that's where I attend school!) have been confirmed as the first human cases of West Nile disease in Washington State. In total, nine dead, infected crows have been found within the state and three confirmed cases of West Nile disease in humans have been reported. The article goes on to report that until now, Washington had "largely escaped the virus that has killed 882 people nationwide since its first U.S. detection in 1999" (Song, 2006). Maine is now the only state that has not had a confirmed human case.

Since we talked about epidemiology in class yesterday and the briefing that we received about pandemic flu at clinical last week, I found myself reading this article in a new light. It went on to talk about the fact that the virus is here to stay but that it probably won't be a problem until the mosquito season hits next May since colder fall weather is wrapping up this year's season. The Times also included a reprint of "How to avoid West Nile virus" from their archives which answered questions about the virus, how to protect oneself, the signs and symptoms of the disease, and who to contact to report dead birds. It made me think about the "worried well" and their response to this news. I do not often find myself in this category, but as a lover of the outdoors and one who loves to sit outside on a lovely summer evening, I fit it to a "T".

I think the Times did a good job of providing information about the problem, what I can do about it, and whom I can talk to or go to for further information. They listed websites for the WA State Dept. of Health, the CDC, and Public Health--Seattle, King, and Snohomish Counties. I also think that these departments will be fielding a lot of calls. I wonder if they are ready.

In clinical we had the opportunity to hear about home health visits conducted by APHN. I was surprised that they cover a 50-mile radius around Ft. Lewis. It makes sense when I think about it because of the large population of soldier's families who live off base and the retiree population that is not allowed to live on base. The problems dealt with sounded like any other public health department's issues. I am pretty sure that that is one area of nursing that I do not want to do. I think it would be frustrating and depressing to see such huge problems and know that I could not do much to change the situation. On the other hand, it would be rewarding when my involvement did actually make a change for the better and that the change came about because I cared enough to get upfront and personal.

We then heard from a PH nurse who is doing a CVD risk screening for I Corps. I am very excited to help with that next week. She was so appreciative for the help and we are so appreciative for the chance to make a difference and to do some "real" public health nursing. I don't quite understand the nuts and bolts of the screening but I am sure that it will be clarified next week. I wonder if there is a project in this screening for a couple of us?

The last thing that we heard about was tuberculosis screening and treatment. While we were learning the "textbook" stuff and using fake arms to check indurations, a soldier back from Iraq came in with a PPD reaction that measured 16 mm. She graciously agreed to let us feel her arm and the whole thing became much more real to me. I then got to give my first-ever intradermal injection! Ah, the joys of being a new nurse....

#### References

Song, K. (2006, Oct. 14, 2006). West Nile found in 7 more dead crows, state reports. *The Seattle Times*. p. B1.

Seattle Times Archives (2006, October 14, 2006). How to avoid West Nile virus. *The Seattle Times*. p.

B6.

Excellent journaling this week as usual—amazing how much more we know about communicable disease now! I am one of those folks that mosquitoes just love to eat. I get really tired of “wear long sleeves and don’t go out at night” advice. I really would like to know why some of us are much more susceptible to bites! I certainly do not expect all of you to love CHN, but at least now you will understand and perhaps make some referrals. Agreed, the screening should be interesting and I agree, we can do it—whatever “it” actually turns out to be!

Lucretia Shafer  
Community Health Journal  
October 19, 2006

Week 6

We screened I Corps 40 and above volunteers for CHD (Coronary Heart Disease) risk factors this past week at clinical. I know this is not the politically correct way to do it but I am going to list the negatives first. The day was way too slow. I think we could have had everyone screened in the morning rather than using all day to do it. The form was full of acronyms—but not army acronyms. I don’t know if the soldiers knew what they were saying yes to. It was also confusing to fill out, very easy to make mistakes on and missing boxes for some of the measurements. I think that the use of the BMI for determining weight problems should be investigated. One of the nurses said that it was pretty worthless. If that is true then find an instrument that works. The last big problem that I saw concerned the blood pressure machines. I wondered about them last week when she told us that we would be taking BPs because I remembered from research that all instruments in a research study need to be tested for accuracy and interrater reliability. We discovered that the machines were widely variable both against themselves, when compared to each other and when compared to manual BPs.

Nonetheless, it was a good day! As soldiers wandered in, we measured BP, abdominal girth, and weight, did a 3 lead ECG (looking for atrial fibrillation), and a carotid artery scan (looking for plaque buildup). Based on lipid and fasting glucose levels, the results of the measurements and the info from their questionnaires, they were given their risk for developing CHD with in the next 10 years. If they were diagnosed with metabolic syndrome an arterial dilation test was performed. They got to talk with a doctor and then with public health nurses for counseling. If needed, they were told to follow up with their primary care doctors. I sat in on a couple of counseling sessions and was glad that the people were appreciative of the chance to be screened. One guy was pretty blown away by his results since he had no idea that he was at risk for anything. He said that there was no way he would not go see his doctor.

I think that this type of screening should be available to the general public. I don’t know what my risk level is but I sure would like to! My husband and I switched to a healthcare savings plan last year, wanting to be good Americans for once. What a fiasco—the theory behind the idea is fine (we should know how much we pay for things) but just try to find out how much various drs charge for different procedures and where to go for things that you need/want. I don’t even know where to start looking. Needless to say we are going back to Group Health ASAP! Oops, I got sidetracked. All of that to say, I would not know where to go to get this kind of screening done. I think that we under-rate the American

public. If it were available and accessible, people would want to be screened. I liked this screening because the participants ended up with visual results, verbal follow-up from health professionals, and printed results that they could take home. If nothing else, they are better educated for being screened.

I decided to play Public Health Nurse on Friday. I was at a road opening celebration (with balloons, ribbon cutting, cub scouts and politicians (including Patty Murray and Ron Sims) and hors d'oeuvres—the works—who would have guessed! Anyway I was hanging out with the surveyors, and after the festivities they pulled out their cigarettes for a smoke. They all know that I am in nursing school and so I told them that since I was currently in community health I had the responsibility to remind them that smoking was bad for their health. We talked about scare tactics that are being used currently in the antismoking campaigns. They all brushed it aside. One of the guys (who wasn't smoking) said that there was no way he would ever smoke again because it had been so hard to quit his 3.5 pack a day habit that he never wanted to go through that again. What struck me about all this is that everyone knows how bad smoking is for one's health. That was not always true, but it is now. Now what is needed is a variety of ways to make it incredibly hard to smoke. We need to accentuate the driving forces to quit or not start and poke holes in the resisting forces one by one until it becomes very hard to even begin to smoke. Anyway, it was fun. Maybe behind their bravo, they heard something....

I read an article in the Seattle Times (Tuinstra, 2006) about a food bank in Kirkland having to move from its current location because of a rat problem. Either they are not providing all the facts or someone in Kirkland is not thinking straight. The food bank, which serves 250 people a month, is moving out to Bridle Trails neighborhood, to another city owned location because construction in the city has caused the rats to find new shelter. Currently, Hopelink pays \$1 a year in rent. The new facility, which is bigger, will cost \$3000 a month. The neighborhood is not happy that they are moving in, claiming that it is a high-volume business and not appropriate for the location. They also say, perhaps rightly so, that it is too far from downtown Kirkland where most of the food bank's customers live.

What bothers me about this article is that it cannot cost \$3000 a month to get rid of rats. Besides, even after the food bank leaves, the rats still need to be exterminated. Perhaps the real story is what is going to be done about the rats. Surely, that is a serious public health issue! Also, I hope that an assessment was completed to determine the needs of the food bank customers and the needs of the Bridle Trail neighborhood where it is going to relocate. It would be a shame if the clients could not get to the new location easily. It sounds to me like someone freaked out about the rats and did not think before leaping.

#### References

Tuinstra, R. (2006, October 19). Food bank moving to flee rats. *The Seattle Times*. p. B3.

Excellent work here—much insight and excellent suggestions; I hope the nurse in charge (not a PHN) will think of all those things. I agree—all of the confusion could have been avoided by doing some PLANNING first! I think there must be a public health nurse lurking inside of you.

Lucretia Shafer  
Community Health Journal  
October 26, 2006

Week 7

Today was the kind of day that I am sure every clinical professor wants every clinical day to be like. Kathy and I worked at the allergy and immunization clinic at MAMC in the morning. We were talking about how we used to look forward to clinicals but that now we were getting tired of being in the way and trying to make ourselves useful in an office where we knew that there was a far greater chance that we were in the way than any hope of being useful. Anyway, we walked in and before we could introduce ourselves, everyone had introduced themselves to us! They showed us where to put our stuff

(amazing in itself!), pretty much put a cup of fresh coffee in our hands and happily showed us around the clinic.

When the first client walked in, the nurse put the frozen vial in my hand, told me to thaw it and preceded to walk me through giving the vaccination to the soldier. Next, Kathy did the same thing! The whole morning was like that. They answered our questions, let us help as much as we wanted (or could) and seemed to enjoy having us with them. It was a refreshing morning, because they all seemed to like their jobs and really liked working with each other. Not that their jobs were wonderful. They showed us the computer work needed to enter just one soldier's flu shot. It was incredibly labor intensive, requiring I don't know how many screens to complete. Then they said that they gave over 10,000 flu shots last year and over 28,000 other vaccinations. I think that I would become a computer programmer if that was my job or else keep some kind of record of what one shot cost in terms of record keeping and make sure that anyone higher up the ladder got a copy of the results!

We got to watch allergy testing for foods and for bee venom. The guy getting tested for bee stings was very nervous because he had had a pretty severe reaction the last time he had been stung. He did not want to go through that again! They were testing him for five different types of bees and when we left he was doing fine, not reacting badly (yet) to any of the spots. They had 5 different strengths of bee venom and were working from the weakest to the strongest. Even the strongest was diluted 10Xs as compared to real bee venom. The girl being tested for food allergies was hoping to find something that would help her figure out what was aggravating her IBS. She admitted that she was grasping at straws, but really wanted to get the disease under control in her life. The 36 food allergy tests on her arms did not react, and as we left she was having more tests done on her back.

The afternoon truly lifted my spirits! I had not realized how much this community health project was weighing me down. I was prepared for more ambiguity and pats on the hands about the project but we finally have a direction to go! It was great to talk to Col Hollandsworth and get a picture of the Strong Bonds program—where it came from, where it is now and where it needs to go from here. I think that we can help her begin to accomplish her goal of reevaluating the program and retooling it for an army at war. I hope that the chaplain is willing and able to talk to us and provide information and insight into the program as it currently stands.

I am going to be short and sweet regarding the news article. Today's Seattle Times published the 2004 vital statistics from the Washington state Dept of Health (Gilmore, 2006) and for the first time ever, deaths from cancer (10,968 or 24.6%) replaced heart disease (10,624 or 23.8%) as the leading cause of death in the state. They attributed the change to a decrease in smoking, which has dropped by 21% since 2000. (It looks like our anti-smoking campaigning and legislation are working! Now, on to fast food!) Deaths from stroke (7.2%), suicide (1.8%), and Alzheimer's disease (5.0%) are higher in WA than in the rest of the country. Influenza and pneumonia cause 1.6% of the deaths. (I

wonder how many of those people should have had a flu shot or a pneumonia shot and did not get one...)

As a side note, the most popular names are Emma, Emily, Olivia, Isabella and Hannah for girls and Jacob, Ethan, Andrew, Alexander, and Daniel for boys. My new granddaughter's name is Hannah....

Dr. Schultz, thank you for humoring me today. You are really good at letting us get to the end of our ropes and pulling us back in just before we hang ourselves! Stress does weird things to our minds and bodies and somehow, it manages to sneak up on us when we least expect it. I thought that things would be fine when Med/Surg clinicals finished and we gained 2 extra days a week for our other projects. Instead, what happened was that we took a good look at what we had to do and we panicked. I was on the verge of tears and had very little patience or tolerance with those around me on Tuesday and Wednesday—hence the cookies. I think that is why today was such a relief—people who appreciated us and direction on our project.

#### References

Gilmore, S. (2006, October 26). Cancer top cause of death in state. *The Seattle Times*. p. B6.

Excellent journaling on all counts. I had not seen the news article that in WA State, CA had surpassed heart disease--thank you. I really try to reassure students that it will all work out, but stress occurs each semester--I thought it was wonderful to have both cols and Ann really get involved with our three projects! Real public health work here! I am proud of all of you!

Dr. Schultz

Lucretia Shafer  
Community Health Journal  
November 2, 2006

#### Week 8

This week I wanted to talk about the environment since we covered it in class last week. This is an area that I could see myself getting involved with except that it seems so fruitless most of the time. King County is working a deal with the Port of Seattle that sounds great. In exchange for management of Seattle's Boeing Field, the Port would give the County 47 miles of an eastside rail corridor (from Renton to Everett) for recreational use. If done right, the exchange is a win-win proposition for both the Port and the people. Why then do I fear that it probably won't be done right?

Probably for two reasons that are in the paper this morning. The first is an article about another trail, the East Lake Sammamish Trail that recently opened. According to Krishnan (2006) the land was purchased in 1998 but the trail was not opened until March 2006 mainly because of more than 20 lawsuits filed by “residents whose high-value homes sit near Lake Sammamish”. They claimed that the trail “would invade their privacy and attract crime” (Krishnan, B2). After losing in federal court, the trail was able to open.

The other article is about a 27 year old who has modified his diesel Mercedes to run on used vegetable oil (Valdes, 2006). He gets 1200 miles per tank of diesel fuel (about 85 miles per gallon) when he combines it with the vegetable oil that he gets free from restaurants. There are some drawbacks for the regular person on the street, which the article is quick to point out. First, it only works with diesel engines. Second, the kit costs \$900 to \$1500 and needs to be installed. Third, you then need to collect the vegetable oil and have it on hand to fill your tank. No mention was made about the wear and tear on the engine.

Here’s the kicker—Wayne Elson of EPA’s Air Quality division in Seattle says that the EPA is not able to confirm whether vegetable oil conversion kits are better for the environment and the WA state dept of Licensing said it is concerned that since they have no way of knowing who is using the kits, they don’t know how to make they pay their fair share of the state fuel tax.

In both stories, the complexity of “saving the environment” becomes clear. Sometimes it is the little person who stops progress, other times it is the government and other times it is business interests. I think that it is clear that there is no lack of ingenuity or ideas, just lots of driving and opposing forces. When collaboration is thrown into the mix, I keep thinking about the “dream house” that neither the husband or the wife liked when it was finished.

On Thursday, we met with Chaplain Schmitt, and learned about the Strong Bonds program. It was interesting to get his view of the program after talking with Col Hollandsworth the week before. She said that the program had been “bastardized”, while the chaplain said that it had “morphed”. My guess is that the changes that have occurred over the past 8-10 years are somewhere between the two viewpoints. I think we have a handle on the project and hopefully by next week, we will have the bulk of the research done. One problem is that the Col can’t put her hands on her papers since she just moved here. Everything is still in boxes.

In the afternoon we had the chance to spend time with an occupational nurse and a National Guard helicopter pilot. We thought that we were going to inspect an airfield, with some of us thinking that we were going to literally walk the airstrip and look for “things”. Since it was cold and rainy, we weren’t terribly enthused. However, it turned into a wonderful afternoon. We learned a lot about the hazards of being a helicopter pilot, from hearing problems to back problems. We learned about their protective gear, how and why some of it was developed and got to try it on. (I want some night vision

goggles for Christmas!) Their protective gear adds about 65 lbs of weight to each pilot. It sure seems that there needs to be more thought given to that! We also got to crawl around a couple of helicopters (Black Hawk and a Chinook) and a very funny looking airplane. Did you know that the army names all it's helicopters after Native American tribes? I can see how companies could benefit from occupational nurses in a number of ways!

Dr Schultz, I hope that you are on the mend. The dean did fine but we missed your particular mannerisms during the lecture—especially on the slide about how collaboration is like teenage sex!

### References

Krishnan, S. (2006, November 4). Options weighed for final trail plan. *The Seattle Times*, p. B2.

Valdes, M. (2006, November 4). Cooking up an economically, environmentally friendly ride. *The Seattle Times*, p. B2.

Lucretia,

OI am doing well--I will be in class on Wednesday. I hear there was significant confusion about clinical last week--we will all talk about it!

Your journaling is super! I am appalled that the issue with a bright kid using a new fuel is that "we don't know who to charge for the fuel tax." What an idioc thing to say--that really encourages everyone. With bureaucrats like that it is no wonder why we are in the mess we are in Dr. Schultz

Lucretia Shafer  
Community Health Journal  
November 8, 2006

Week 9

This week we had the opportunity to hear about the Pregnant Soldier's program at Fort Lewis. It is run by APHNs. The nurse in charge is pregnant. I liked that. I had heard that if you got pregnant while in the military, you were kicked out and so I was happy to hear that that is not the case. It sounds like a good program that keeps the ladies in good physical condition, which is what the army wants and also gathers all the pregnant soldiers into one geographic location. This is probably very beneficial from both the healthcare aspect of pregnancy and also for the social needs of the pregnant women. Friendships and support groups would hopefully be a natural outcome of the program. I imagine these are hard to establish since the population of Fort Lewis is so transitory. It also gives the nurses the perfect chance to give a captive audience a lot of information

and education about pregnancy, childbirth and infant care.

She also said that the program emphasizes breastfeeding. This surprised me because the soldiers are back to work 6 weeks after having the baby. Breastfeeding is difficult even under the best of circumstances. I am glad that this program encourages breastfeeding and gives the reasons why moms should consider it. With the group support that is available from the program and the education received during their pregnancy, hopefully a majority choose to give it a try. Sometimes the army surprises me!

I have a remote chance of going to Africa during J-term and so I dropped by the immunization/allergy clinic to get some information about yellow fever, typhoid, and meningitis vaccinations. They are so nice! I think that is the best clinical location that I have had my whole nursing school experience. They gave me printed information and also recommended a website for more information and wished me well on my endeavor.

The newspaper article I found has to do with a U. N. Development Program report just released on Thursday. The conference was held in Johannesburg, South Africa where wealthy citizens wash their driveways, water lush lawns and keep swimming pools while their neighbors who are living in slums often pay much more per gallon for what little of this crucial resource they can get. The report's main point is that if countries would upgrade access to clean water and sanitation both, the rates of child survival in developing countries would sky rocket almost over night. (Dixon, 2006). Here are some of the facts as stated in the article:

- ⊖ Dirty water is the 2nd leading cause of death among children (respiratory infections are 1<sup>st</sup>)
- ⊖ It kills more kids under 5 than HIV/AIDS, malaria, war or car accidents
- ⊖ Globally, 2.6 billion people have no access to proper sanitation
- ⊖ 1.1 billion people lack clean water
- ⊖ Those who lack water use 1.3 gallons a day as compared to 40 gallons used by the average American daily
- ⊖ Pakistan (118,000 deaths from diarrhea c/b dirty water yearly) spends .1% of budget on water and sanitation and 4.7% on it's military.
- ⊖ India (450,000 deaths from diarrhea c/b dirty water yearly) spends 8 times more on it's military than on water resources.

The article also states that collecting water is an incredible burden on the people, esp women and children. They estimated that in Sub-Saharan Africa about **40 billion** hours a year are spent walking and lining up to collect water—the equivalent to a year's labor for the entire workforce in France (Dixon, 2006).

The report calls for a global action plan led by the Group of 8 leading industrial countries to boost the focus on water and sanitation. It recommends that each developing country spend at least 1% of its GDP on sanitation and sewage. By doing so, the improvements would pay for themselves in increased production and lives saved.

I wonder in what ways I mindlessly “wash my driveway” and “fill my swimming pool” while I am blind to those who are dying around me. I suspect it would have something to do with mental health issues based on class yesterday....

## References

Dixon, R., (2006, Nov 10). Targeting “water apartheid”. *The Seattle Times*. p A12.

Yes. Well global health needs to be a concern of all of us. It is very often difficult to accomplish because governments use the aid money for their own purposes, and not the clean water the money was designated for; take Almada and her shoes! Excellent journaling!

Lucretia Shafer  
Community Health Clinical Journal  
November 16, 2006

### Week 10

I have been thinking about the flu, mostly about the pandemic flu. “It’s coming! Its just a matter of when, not if!” according to our “flu experts” in the clinical group. I have always taken pride in the fact that I don’t get sick. In fact, my whole family is pretty immune to most things that go around. I am the only one in my family that has even considered getting a flu shot. Note the word, “considered”. I am currently unprotected for this season’s best guess flu strain and will probably continue to rely on my trusty immune system to get me through once again. I am one of those students who cover their ears and sing, “La la la la” when the professor is lecturing on the evils of not getting the shot.

However, my classmate “flu experts” gave us a little heads up on the characteristics of bird flu—the one that will wreak havoc through out the world soon unless a vaccination is developed to stop it. It stopped me in my tracks. It made me shut my mouth. It gave me a reason to get a flu shot. They said that the virus attacks and uses the person’s immune system—the healthier you are the more likely this flu will lay you low—maybe as low as 8 feet under.

There is an article in the Kent Reporter, a small community news magazine published twice monthly by King County Journal Newspapers about the coming flu season. It has quotes from Public Health—Seattle and King County, the CDC and the WA State Dept of Health. After reading it, I still don’t want to get the shot because it started out by saying that I might feel “as lousy as the menacing virus itself” (Wood, p 27, 2006). I am not sure if the writer was referring to the possible side effects of the shot or the flu itself, but I don’t like feeling bad and besides that, I don’t have time to be sick.

I then went to Healthy People 2010 website to see if I could find out if there are any goals regarding annual flu shots. I could not find anything about influenza vaccinations. Next I checked the CDC. They recommend that children between 6 mths and 5 years get the shot, chronically ill of all ages, anyone above 50 years and all healthcare workers. Humm, that’s me.

I do know how a good way to make me want to get the shot. When the vaccination for the pandemic flu becomes available, priority should go to those who have consistently and regularly followed the CDC guidelines and gotten their annual flu shots.

This week at clinical we watched a 2 hour CDC presentation about HIV/AIDS in the African American community with MAJ Sims. The actual presentation was pretty dull, but there were a few interesting moments. We had a good discussion about a statement that was made—“Today in America, HIV is a black disease.” MAJ Sims said it is not good to marginalize or disenfranchise any disease. It is everyone’s problem--it touches every ethnicity without discrimination.

I realized that I have made an about face between Health Promotion class two years ago and now. At that time I read an article calling for routine HIV testing for all Americans. Just like they test for various cancers, or screen for scoliosis and eye problems, everyone should be screened for HIV. The article was actually showing how it would be cost effective to implement such a program. Anyway, I was against it. I felt that since I had no reason to worry about HIV why should I be tested.

On Sept 26, 2006, the CDC recommended that routine HIV screening become the norm. Instead of having to ask to be tested, a person would have to ask not to be tested (opt out). I am now in favor of this approach because of the number of people that will be helped by finding out early that they are infected. (It seems that I have changed from a libertarian point of view to an egalitarian point of view.)

There was one thing said that I have a hard time believing. “Many black youth in America do not know how HIV is transmitted.”

The last, very shocking thing that was discussed was that HIV is now seen as a chronic disease, not a killer and so many people think that they should just go a head and get infected so they don’t have to worry about it anymore. Once they are infected they no longer have to take precautions and life is much less stressful. Take your pills and enjoy!

I don’t think that any of us truly understand the burden of disease—from health care workers who will not get their flu shots to people who intentionally pass on HIV—we are all messed up.

Insightful journaling—amazing how our values change throughout life and education! I got my flu shot, and I did feel punky for a couple of days—but, than I ended up having surgery—I wonder??!!

Lucretia Shafer  
Community Health Clinical  
Nov 30, 2006

Week 11

Today we toured the Sim Center—short for simulation center. It was pretty interesting but I don't think I got the full effect because really all we got to do was look at mannequins. The one that was breathing was pretty amazing. Ms. Stillsmoking kept talking about how initially most people were skeptical about the value of the center but once they had the chance to try it out they turned into believers. I wish that I had the change to become a believer. It reminded me of the Templeton family from lab and I don't think that I ever learned much from them.

She said that simulation training is beginning to replace some clinical experience requirements in nursing school. I don't think that I have a problem with that concept but what I don't understand is why there is a shortage of clinical locations. I think that nursing schools need to do some thinking out of the box. If they are such believers in the need for health care transformation then perhaps that is where the majority of clinicals should be located—not in hospitals but in community settings. Why don't we have clinicals in doctors' offices, doc-in-a-box locations, in urgent care clinics, assisted living places of care, skilled nursing facilities? The list could go on and on but the fact is most people do not end up in the hospital anymore.

Out of my four children, only one has been in the hospital and that was overnight for an appendectomy. However, that does not mean that they did not need nursing care. We learned in class that the future of nursing is not in hospitals—the majority of the nursing jobs will be in community settings. Nursing school clinicals need to reflect that.

After the Sim center, we worked on our paper/poster for a couple of hours. I cannot wait until it is all over. I like the actual projects but I am really tired of the papers. If writing came more easily for me I think that it would not bother me so much. Words do not flow from my core and I don't seem to be able to write what I want to say. I want to be sure that what I say is true and that I understand where the concept came from and where it is going. I think I am way too aware of all that I don't understand.

Finally, we were briefed on the WA State National Guard's response to Hurricane Katrina. I have seen and heard so much about that disaster that I was pretty sure it would be a review. However, I had not heard about it from an occupational nurse's point of view. The toxicity of the water, the alligators, the condition of the hospitals, the choices that each person in the middle of the rescue effort had to make—they were overwhelming to me. This talk tied in with class on Friday about the Incidence Command System (ICS). I am glad that this system is being implemented across the nation and I hope that it works!

I do not feel confident in my ability to handle even minor emergencies and the scenarios for the course overwhelmed me. With so much wrong, where do you start to fix it? If I don't get sidetracked, I am going to get certified in the courses so that I will be more useful than I am currently! I think I will get my husband to do it with me since he works for the city of Kent Public Works and will be called when an incident happens that involves the city.

I found an article in the Seattle Times from Nov 14, 2006 that is directly tied to the ICS. Now that most communication equipment has been improved so that first responders can communicate with each other, work needs to be done so that they can understand each other. The article says that the federal Homeland Security office requires first responders to use plain English in events involving other agencies since Sept. 11. However, old habits are hard to break and Virginia's governor is worried that

first responders might forget to talk English in the stress of a disaster. He is urging all first responders to switch to plain language full time.

The article does a good job of explaining some of the driving and resisting forces for the change. "...getting rid of 10 codes has met considerable resistance from some officers. At stake are efficiency, safety and professionalism. Not to mention cool" (Sheridan, Nov 14, 2006, p. A4). These are some of the resisting forces.

The possibility of confusion is a definite driving force. "To Arlington police, "10-13" means "officer in trouble." To police in one Maryland county, the same code means "request wrecker." In Alexandria, "10-54" refers to an alcohol sensor; for Virginia State Police, it's livestock on the highway" (Sheridan, Nov 14, 2006, p. A4).

This article shows that change is tough, even when it's a good idea!

#### References

Sheridan, M. B., (2006, November 14). Virginia state police swap "10-4" for "message understood". *The Seattle Times*. p. A4.