Carolyn Kristensen Purcell 1974–1977

I arrived in Delano July of 1974, weeks after graduating from nursing school at University of San Francisco. My friend and mentor Sister Diane Donoghue, a Social Service Sister, had planted the idea of becoming a union nurse more that a year before. I was confident in my decision and considered no other path. Growing up listening to stories of my grandfather's involvement in the longshoreman's union in the 1930s and seeing our family's life improve as the sheet metal union grew in strength, it was clear that unions made a difference for workers and their families.

I arrived at the busy, full-service Rodrigo Terronez Memorial Clinic. To say that I was unprepared doesn't come close to describing my situation. My Spanish was almost nonexistent, my knowledge of the political reality thin, and I was a very young 22-year-old. Thank goodness for the patience and kindness of Ester Uranday, Dr. Dan Murphy, the staff, and the farmworker families. No one expected, least of all me, that I would stay for three years.

I. Dr. Dan Murphy and Learning

1. Dan Murphy, M.D.

Dan Murphy was the essential, indispensable core of the clinic. During the years that I was in the clinic, Dan was the only doctor, with very rare exceptions. He was an intelligent, hardworking doctor who demanded quality care for our patients. He established a clinic structure that was efficient and allowed us to see a large numbers of patients. Dan gave special attention to newborn health and control of communicable diseases, including STDs, schistosomiasis, valley fever (coccidioidosis), and TB. Dan also put a great emphasis on teaching and fit teachable moments into the day, either with a sit-down class or by inviting staff in to see important patient findings.

2. Clinic principles

The clinic was run on the principles that Dan set up and we all followed:

a. Be as comprehensive as possible; see every patient and all medical problems.

b. When problems were still being worked up or possibly serious, follow closely at home or in the clinic.

c. Always make a specific treatment plan and show your interest and confidence in the patient.

d. Write standardized medical notes (S-O-A-P method) and keep charts in order.

e. All medical staff learns to do everything; i.e.; take x-rays, do basic lab procedures, fill prescription, triage patients.

f. Do not close the clinic for one minute, ever.

3. Learning

We referred out only very serious cases. Dan was committed to having an extensive, recent-edition medical library and made it a priority. If folks wanted to give us anything, Dan asked for a medical textbook. We used all the books in the collection. Often patients waited while we looked something up. Besides Dan, Kate Colwell made the best use of this library. With no medical background, she read, studied, and learned everything in the classic OB textbook we had and started helping with deliveries, doing prenatal care, and following the babies. The adage "see one, do one, teach one" was in action always. We were all expected to learn all we could and to teach others.

4. The UC Davis family nurse practitioner (FNP) program

All of the nurses came to Delano unprepared to see patients by ourselves. There were never enough doctors, so our role kept expanding. The University of California at Davis FNP program found us and offered any nurse a full 100 percent scholarship that included tuition and books. The mission of the program was to train nurses in underserved rural areas to be FNPs. This program trained about six of us (Annie, Mary Lou, Peggy, among others) to be FNPs while we were in the UFW. After one week in Davis, I attended classes in Porterville (a satellite site for teaching) three days a week for 12 months. There were also requirements for seeing patients, not a problem for UFW nurses. We were so grateful for this program and made good use of the teaching. The clinic staff liked it when the faculty came by to observe us since they often bought us all take-out dinner.

II. Clinic Structure

1. Clinic hours

We were open for appointment six days a week. During those hours we had a fully functioning pharmacy, x-ray, and lab. Sister Aileen ran the pharmacy with no previous medical background. She filled prescriptions and did all the ordering while being especially attentive to details and treating everyone in a sweet and easygoing manner.

2. On call and emergency care

Since the clinic was never closed for one minute in six years, being on call was a way of life. A variety of nurses and health workers staffed the clinic at night and called Dan when there was an emergency or woman in labor. For a year and a half, I took "first call." That meant that anyone who staffed the clinic at night for urgent care (it was a drop-in clinic; sometimes families called first, but generally they just came in) called me first. I would try to help with over-the-phone advice or go out to the clinic so Dan would not have to be called so often.

When I think now that we stayed alone at the clinic and opened the door to anyone who knocked, I am amazed that nothing ever happened to us.

We saw individuals (not farmworkers) with heroin overdoses. Individuals always came in at night, carried or dragged in by a group of friends. The friends were calm and in fact pretty helpful most of the time. The scary part was seeing a person breathing at a rate of about

four or five breaths a minute and hoping that I could get the Narcan (narcotic blocker) in a vein before the respirations went down to zero. We were successful, and the friends cooperated by whisking away the individual before he started coming at us for taking away his high. The only other time we saw these folks was when they came in to have their abscesses drained, a challenging task as well.

3. Referrals

For very serious problems, specialists visited us, or the patient went to supportive physicians in teaching hospitals. The pediatric oncology doctors at UCLA were especially generous and invaluable. Also the Stanford plastic surgery department was very generous. "Grand rounds" were scheduled a few times a year with a variety of visiting specialists. For those events, we would bring in a set of six to 12 patients who suffered from problems in a given specialist's field, and he would see the patient with us all. I am sure that we had at least an ophthalmologist, plastic surgeon, and a cardiologist. These specialists liked coming to visit us in part because we had very interesting cases, medical problems that were rarely seen even in teaching hospitals. Minor surgery was done during some of those "grand rounds" in the treatment room. I remember watching the ophthalmologist repair weak eye muscles to treat "lazy eye" in an adult. The plastic surgeons saw farmworkers with hand deformities, often the result of injuries in the field, and arranged for teaching funds to correct the deformity. Patients who needed biopsies came in while the plastic surgeons were on site. We did these biopsies ourselves while the surgeons watched. One day I was assigned to remove a large mole on a man's face with the doctors observing and directing me. As I started, my kind patient saw my nervous state and did his best to calm *me* down.

When we did have a patient who had to be admitted to the hospital, Dan called first to talk to the admitting doctor and then we brought the patient in to the hospital ourselves. I remember driving very sick babies to Visalia late at night, hoping and praying that we would make it before the baby's breathing got more labored. We did not use hospitals in Bakersfield.

Considering the number of patients that we saw, there were relatively few patients that Dan sent on to the hospital. Dan said in his essay that our admit rate was one-twentieth the national average**.**

4. Babies born in the clinic

For about a year, Dan delivered babies in the clinic. We had up to 30 births a month! They were delivered in a little exam room with barely enough space for Dan, the mother, a nurse, a support person, two rolling carts (one with supplies and one for the newborn). Of course the babies came when they were ready, whether the clinic was full of patients or not.

We did not intentionally deliver twins in the clinic, but one day in November they came to us unexpectedly. I think that I had encouraged some medical staff to go away for the weekend because it was Thanksgiving. When the mother of the soon-to-be-born twins came in, labor was under way and there was no chance to send her to the hospital. The

immediate concern for me to worry about was warmth. The babies were going to be small and susceptible to hypothermia. The clinic was not very warm. Dan decided that we would use gooseneck lamps directed down toward the little rolling Plexiglas bassinets. We started warming the blankets under the lights. The delivery of the babies went well, and I think that they were at least 4 pounds each. We quickly wrapped them up tightly in blankets and put them under the lights. One of us stayed at their side to be sure the heat was just right. The next concern was the indoor temperature in the family home. While mom and the twins stayed at the clinic, I went to check out the house with the dad. They were living on an orange ranch in a wooden house with single wall construction and gaps in the planks of wood. It was very cold. I went to the parish priest and asked for money to buy plastic sheeting and a floor heater. I did get some money (I think that the union gave me money too). After shopping, the dad and I "wallpapered" the wooden walls with thick black plastic and turned on the floor heater. Mom and babies were ready to come home. I visited those babies daily for the first five days or so. They did very well and grew up to be healthy little girls.

5. Home visits

Home visits were essential to our medical care in Delano. We did as much treatment as possible at home so that patients infrequently went to the hospital. Of course the most wonderful visits were to newborns and their mothers. As Kate explained in her essay, clinic staff (mostly Kate Colwell and Rosemary Occhiogrosso) visited the babies daily for three days after they were born at the clinic. These visits could be to Porterville, Shafter, Arvin, or points in between.

We also visited the medical patients to avoid referring patients out or sending them to the hospital to be admitted. This must have saved a huge amount of money. I especially remember visiting the active TB patients who needed shots for treatment. We went to them because we could not risk poor compliance and TB spreading through the family or neighborhood. I also visited labor camps late at night to check on and treat babies with bronchitis or pneumonia. We were all young women in our 20s who would pull into a labor camp, find some guys outside talking, maybe around a fire, explain that we were from the union, and ask for help to find a certain family. When we found the family, we would knock lightly on the door and once it opened step over the many folks sleeping on the floor to get to the kitchen and check out the baby under one of the few bare hanging light bulbs. I have thought many times over the years how amazingly safe we were in all these situations and how much farmworkers looked out for us.

III. Reflections as "Head Nurse": Our Role Managing the Clinic

1. Head nurse

After I had been in the clinic a year and a half, the head nurse, Annie Morales, left. She was wonderful and had taught me a great deal, but I was still very underprepared. There was no other nurse in the clinic besides me, so the job fell to me.

2. Patient care

In Dan's essay he says that:

"When I was the only doctor there, the paramedical people would take care of all the routine things, all the viral infections, prenatal and postpartum care, hypertension, routine fractures, putting on casts and sewing up lacerations. Then many of the complex kind of problems such as valley fever, tuberculosis, and things we commonly saw. The paramedical people just got used to taking care of that kind of thing and many times would only have to come to me for an occasional question and they would handle the entire case … over time they took on more and more of the functioning of the clinic and accepted more and more responsibility…"

This constantly expanded role was a major challenge. It was not always easy for me to take on new responsibilities and persuade others to do the same. One way we coped with the challenge was to observe patients in the two beds in the back of the clinic for a few hours if we had to before they went on their way. Some of our patients lived up to 60 miles away from Delano.

I often saw patients who needed a procedure or treatment (lacerations stitched, casts applied, asthma medication, and amphotericin-B (1) for valley fever treatment) that took some time so Dan could see more patients in the clinic.

2. Triage

We had large numbers of patients to see, and the responsibility started when they came through the front door. We had to keep a valiant eye on the status of people in the waiting room and try to notice who was the sickest and who needed the most immediate attention. I remember a baby with sunken eyes who was under a big blanket in the waiting room. She was severely dehydrated and we brought her to the hospital.

3. All UFW volunteers were patients

We provided health care for the retired farmworkers living at Agbayani Village (in their 70s and 80s at the time), UFW volunteers and their families (living nearby or passing through), and each other. This certainly did connect us in a special way to the many wonderful folks in the union.

4.Clinic health workers

I once counted. From 1974 to 1977, there were 50 health care folks who came for various amounts of time to work in the clinic. Some were exceedingly qualified, but most needed significant training and/or orienting. Training staff and keeping everyone positively engaged was a major effort in my day. A great perk for working at the clinic was having delicious lunches made in the clinic for us by Maria Rifo, a lovely woman from Chile who was staying at the Agbayani Village. I think that she even grew the vegetables.

5.Summers

We had a variety of summer volunteer doctors, physician assistants, and medical students come during the summer. There we some excellent folks who were exceptionally valuable like Dr. Hope Ewing and Dr. Ken Sapphire from Cook County in Chicago. Ken and Hope were willing to do any task and taught us anything we wanted to learn. Then there were the other set of volunteers, arrogant and just plain exhausting. I remember a physician's assistant who could not take the slightest direction from me or any nurse.

There were also busloads of students who came by to see Forty Acres, and I was sometimes asked to show them around. Once Dolores Huerta happened to be showing a group of college students and brought them by the clinic. When she introduced me as head nurse, a young Chicano asked her why she let a non-Latina (me) be the head of the clinic staff. Dolores gave it to that guy. I was so grateful to her for standing up to him like that for me!

6. Making do with what we had

We were very good at being inventive and figuring out how to do things ourselves. Fortunately we had a washing machine and dryer at the clinic so we could wash the bedding ourselves. One day the dryer did not work and we really needed to put clean sheets on the bed. We did not have many extra sheets. Since there was no clothesline, we hung them on the bushes behind the clinic. This totally flabbergasted a visiting doctor.

7. The garbage dump

I was afraid many, many days at the clinic. I had so much responsibility and very often felt underprepared. My refuge was the garbage dump, a short walk away from the clinic. I could go there, cry and scream for a while, and then get back to work.

IV. The Clinic and the Union

The clinic staff attended the Friday night union meetings in the hiring hall and went on all marches. We were on picket lines for the McFarland Rose strike. I appreciate the lessons that I learned from the strikers, many from one particular town in Michoacan, Tangansicuaro. They not only taught me about rose grafting (the work done on their bellies pushing themselves along on a flat cart with wheels), but also how to pronounce Tangansicuaro.

The role of the clinic in the UFW was up to Ester and the union leadership. There are many, many ways Ester took care of me and the nurses and health workers. She gave me excellent advice about sensitive issues in the union and prevented me from naïvely walking into politically dubious situations. I could always trust Ester's confidentiality and was always treated fairly. Antonia ("*da le gas*!") and Janey were also wonderful to me and kept us upbeat and moving.

I did not know about the tensions and challenges outside the clinic and was focused on the patients. One night I was at the clinic alone. One of my favorite people, a tall man from

Agbayani Village who grew beautiful lavender roses, came in with a terrible asthma attack. I gave him some epinephrine and waited desperately for him to get better. The phone rang and I answered it in the procedure/emergency room while watching him. The caller said that there was a bomb in the gas tank at Forty Acres and he was going to blow the place up. I told him to leave me alone and stop calling. I went back to the wheezing patient that I was so worried about and put the call out of my mind. A few minutes later Ben Mattock came by and asked me if I had gotten any calls about a bomb. He had gotten the same call. Ben was justifiably angry with me for not calling him. Fortunately, these calls were meant to scare us and no bomb ever was found.

Another time, a few of us had our houses broken into and robbed during a Friday night union meeting. I was living with the St. Joseph Sisters at that time. Even though they just took small stuff and the little bit of cash we had, it did serve to make us feel uneasy.

V. Conclusion

I have written this essay on my life 30 years ago. Many of my experiences in the UFW are crystal clear in my mind to this day, not only because of the profound impression they made on me at the time, but also because of many times that I have accessed the lessons learned from those experiences. I know that working families are competent people worthy of respect and able to solve their own problems. I know that overwhelming difficulties and injustices can be confronted when we come together in unity. I know that people of various backgrounds can successfully work together with mutual respect. I know that good-quality, affordable health care can be provided for all.

In the 25 years since I left the UFW, I have worked in community clinics, participated in health and human right projects in Latin America, and helped organize nonprofit community-based groups. Every step of the way I have been guided by the very formative years in the UFW. I am grateful to the farmworkers and their families for letting me into their lives with such grace, openness, and care.

Footnotes

1. The most effective medication for the treatment of valley fever infections is amphotericin-B - a drug that has been in use against fungus infections since the 1950s. However, there are drawbacks and side effects with use of amphotericin-B. This drug is not effective when taken orally. It must be given intravenously or into the spinal fluid or into valley fever abscess cavities. When receiving amphotericin-B, most patients experience side effects that are quite bothersome. These include a feeling of being weak and ill ("malaise"), along with the development of fever, chills, sweats, nausea, vomiting, joint pains, and muscle cramps. Medications such as steroids, antihistamines, antiemetics (drugs to treat nausea), and tranquilizers are often given at the same time as the amphotericin-B to decrease the intensity of side effects and allow patients to be more comfortable while receiving intravenous amphotericin-B.

2. 2. The most serious side effect of amphotericin-B administration is decreased kidney function. Amphotericin-B causes damage to kidney cells, and this decreases the kidney's ability to filter waste chemicals from the blood. It is very important to perform frequent blood tests to check kidney function during amphotericin-B therapy. http://www.valleyfever.com/primer.htm