

The Public Health Nurse in a Community-Wide Venereal Disease Control Program

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In peace or war the health of the peoples of a nation is paramount. However, in war, with its family dislocation the protection against and control of Venereal Diseases becomes more intense and urgent today. The leaders in the Public Health movement place the Public Health Nurse as a primary agent in health protection and health promotion. These workers are aware that acceleration of defense activities multiplies their obligations and responsibilities if adequate protection is to be maintained in concentrated civilian defense and Military areas.

The causative agents of these diseases, their way of attacking man and their scope are now well known, thus the V. D. Program in a community is centered in the need for:—

- (1) Continued education of the public through the individual and various organized groups within the community.
- (2) To provide sufficient treatment sources.
- (3) Holding the patients to treatment.
- (4) Locating the source and placing all infected contacts under treatment.

The liberalization on the view-point of the public toward genito infectious diseases has unleashed a large barrier in a community-wide program which is a part of a unified national program. Specialized and general Public Health Nurses are now available in most defense areas in the State. Legislation covering pre-natal Wassermans and Selective Service Medical Examinations has opened a still larger field. For the rich as well as poor marry and have babies, and the Selective Service Act is not limited to any economic stratum of society. In fact, any one who desires a free blood test may have

it at the Spokane Clinic, with guidance for treatment if needed.

The Spokane Clinic treats patients of all age groups both City and County residents for Syphilis and Gonorrhea, emphasis being made on those patients in the age group of 20-28 years. Private physicians of this community are making excellent use of the free arsenicals and Sulfonamides furnished through the Social Security Act.

During the year 1940, 440 Gonorrhea patients and 1,935 Syphilis patients were treated by the Spokane Clinic. The private physicians in the City reported 85 Gonorrhea and 103 Syphilis patients under their care for the same year.

The discovery of the disease creates both personal and environmental problems for the patient. Intelligent and sympathetic understanding of these problems by the Public Health Nurse is the first step in holding the patient to treatment and in discovering the contacts.

Immediately following diagnosis is the best time for the first interview by the Public Health Nurse. There is no standardized formula, therefore, the Public Health Nurse must know how to meet an emotionally up-set patient, one who is belligerent and uncooperative; one who has fear of the disease; or fear of consequences; as well as the informed patient who is anxious to cooperate.

The first interview should involve the development of a long time relationship, be well prepared, and speedily executed before the patients interest wanes:

- (1) Place the patient at ease and give encouragement for successful continuous treatment.
- (2) The interpretation of the disease, how it is contracted, and how it is transmitted.

- (3) Place the responsibility of contacts on the patient, persuading them to bring in their own contacts when possible.
- (4) Instruction in hygienic care at home and in the community.
- (5) Attempt to forestall lapse of treatment.
- (6) Aid in solving personal problems either by Clinic personel or other cooperating agencies.

Even a more tactful approach is essential for the contacts who may not have the disease, or be unaware of their exposure. Care is taken to protect the contact and patient by resourcefulness and intuition. Contacts living outside local jurisdiction are reported to the State Health Department and contacted in the area they reside.

For case holding, frequent interviews in cheerful surroundings and privacy of the Clinic are necessary to have a satisfied patient for a long period of treatment. The treatment given in the Spokane Clinic complies with that given in V. D. Clinics through-out the nation and uniform measures of reporting treatment and contacts are utilized to facilitate continuous services for patients moving to new localities. Regularity of treatment reflects the success of the first interview.

A few words about case finding which includes the following channels:

Pre-natal Clinics, Private Physicians, Selective Service Men, Junevile Court, Foodhandlers, Beauty Operators and other licenses, other Clinics, contacts of known cases, voluntary examina-

tions, Jail, Contacts reported by Fort George Wright and known prostitutes or street walkers. The latter group and their cohorts are registered in the City Identification Bureau, facilitating easier follow-up on merely descriptive contacts.

In conclusion: I have attempted briefly to show that in the eradication of Syphilis and Gonorrhea sweeping measures are uncovering unknown cases of infection.

That in Defense areas and mobilization of troops, the problem of control of genito infectious disease is intensified. That emphasis is made on contacts and treatment of the age group from 20-28 years of age.

That infected individuals need to know what the disease means to them, their family and friends, what treatment is required and how to get it.

The knowledge and skill in understanding human behavior with the art of help is a challenge and responsibility for the Public Health Nurse.

Finding cases and holding these cases until adequately treated and rendered non-infectious is the mainspring of the Venereal Disease Program.

In enumerating the major health problems of this country, Dr. Thomas Parran said in his paper "Public Health Nursing Marches On," presented to our Silver Jubilee in October, 1937, "The Public Health nurse must bear the brunt of the battle." Spokane is doing its part to meet this challenge in the Prevention and Control Program of Venereal Diseases.