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Yale Nurse: Yale University School of Nursing Newsletter, January 1988

Yale University School of Nursing

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From the Dean

I hope by now that many of you have seen or heard about the wonderful article entitled, "Nurse! Nurse!" in the November 1987 Yale Alumni Magazine. And we have a new YSN recruitment brochure which is quite elegant and puts our best features forward. As you know, I am touring the country on a Yale Club speaking circuit, having already visited Boston and Philadelphia. All of this activity is in the interest of keeping nursing, and especially the Yale School of Nursing, in the public eye – which sends an important message both inside and outside the University – that nursing is a viable, vital force in the health of the nation.

Speaking of visibility, I want to tell you about a special Scholarship Fund drive being sponsored by the YSN Bequest and Endowment Committee. The B & E Committee is launching a five year plan to establish five endowed reunion scholarships by 1992. A one-time appeal will be made to all of you as Yale School of Nursing Alumnae/i at the time of your reunion in 1988, 1989, 1990, 1991, or 1992. A contribution to this fund in your reunion year will be a separate gift from your annual fund contribution which we depend on each year. An endowed scholarship generates financial aid in perpetuity and is a fine way to make a lasting tribute to your class. It is also a strong and visible statement of your support for the School, its students, and for Nursing. As Dean, this is the kind of message I like to send to the President of Yale and the Corporation.

I hope that in honoring your reunion class you will stretch your giving for this initiative. Do make a personal pledge now so that you can give generously when you are approached on behalf of your reunion. I am grateful to the Bequest and Endowment Committee for making this scholarship effort and I am grateful to you, in advance, for supporting it!

– Judy Krauss

From the Editors

With this issue of Yale Nurse, we are inaugurating major changes in appearance and content. Graphic designer, Jeff Starkes, worked with us to design the new format and will help us with each issue, laying out the copy and working with the printer to make sure Yale Nurse looks good.

In addition to the usual newsy items about the school and alumnae/i, each issue will target a health issue and carry several articles featuring YSN faculty, students and/or alums who are working in the area. This month we chose AIDS; in our next issue, we’ll talk about the nursing shortage.

We welcome ideas, short articles – research, interesting case studies, reprints – or letters from alums. Deadline for the next issue is March 1, 1988. Do let us hear from you.

– Judy and Mary
Report from the Student Organization Office
Robyn Miller, President

The Student Organization has gotten off to an active start this year thanks to the careful planning by last year’s group. We now have five elected officers to split up the work. Our meetings on the first Tuesday of each month have been well attended.

The Organization has two major goals this year. The first is to help promote more fun and social time among YSN students and between faculty and students. Taking an idea from many other graduate schools, we have started weekly THANK GOODNESS IT IS... parties. The norm is to celebrate on Fridays but since the majority of YSN students are around on Thursdays we are sponsoring TGIT parties each Thursday from 4:30 to 7 p.m. in the Atrium at YSN. It has been great to see people from all the programs mingle, talk, relax and get to know each other. The parties are open to all students, faculty staff, ALUMNAE/I and friends. We ask for a $1.00 donation at the door to help with the cost of wine, beer and munchies. We really look forward to seeing you all at least once, or every week and be a “regular”

Our second goal is to promote and sponsor special interest groups at YSN. It seems that even with our incredibly busy schedules, folks still have time to devote to political and social causes. We now have a human rights group, a health care policy group, and a Nicaraguan Sister Nursing School Task Force. And second semester we hope to help organize a group of students interested in AIDS policy and education, and sponsor a survey of student needs in this area.

The Student Organization would like to hear suggestions and comments from Alumnae/i – especially concerning ways we all can meet and communicate. For those of you who are still in this area, please join us from 4:30 to 7 p.m. for our THANK GOODNESS IT’S THURSDAY parties!

A Birthday Celebration Is Planned

The Sybil Palmer Bellos lecture in April will honor Virginia Henderson, whose 90th birthday was on November 30, 1987. Her very special contributions to the nursing profession and to YSN will be celebrated by these lectures and the reception following.

Three speakers will present lectures to be held in Harkness Auditorium at three o’clock on April 8th: Trevor Clay, F.E.C.N., M.Phil., R.G.N., R.M.N. General Secretary, Royal College of Nursing, United Kingdom; Edward Halloran, R.N., Ph.D., Senior Vice President, Director of Nursing at University Hospitals of Cleveland and Associate Professor of Nursing at Case Western Reserve University; Susan Reverby, Ph.D., Director, Women’s Studies Program and Assistant Professor at Wellesley College.

Louise Roberts Honored

At a YSN staff luncheon in October, Louise Roberts, Senior Administrative Secretary in the Maternal-Newborn Nursing Program, was recognized for her 20 years of service at the Yale School of Nursing! The Dean offered congratulations and appreciation to Louise for her faithful and loyal support of the School over these years.
YSN Adopts A Sister School

On October 20, 1987 Judy Krauss sponsored a Dean's Colloquium: "Nursing and Nursing Education in Nicaragua." The guest speaker was Nubia Herrera Perez, R.N., M.P.H from the National University in Managua, Nicaragua. Nubia began her talk with a synopsis of the restructuring of the health care system in her country since the Revolution in 1979. The new health policy is based on the principle that health care is the right of every Nicaraguan, and that it is the responsibility of the government to provide free, quality health care to all citizens. She emphasized the change in focus from curative, acute care medicine centered in hospitals in the larger cities, to primary care and public health education campaigns in the rural as well as urban areas of Nicaragua. Nubia then described the most common health problems facing Nicaragua. As in most underdeveloped Third World countries, these include contaminated drinking water, inadequate sewage disposal, malnutrition, infectious diseases, dehydration, diarrhea, parasites, and respiratory and skin infections. She further explained that the health status of the general population has deteriorated due to the Contra war, as has the ability of the government to deliver health care services, especially in the northern zones most affected by the war.

According to Nubia, there are both similarities and differences between nursing education in Nicaragua and the U.S. There are presently two types of nursing degrees offered in Nicaragua. The auxiliary nurse possesses a 6th grade education plus 1 year of nursing training; a general nurse has completed 9th grade and then a 3 year training program in nursing. In a hospital setting, a general nurse often supervises a small group of auxiliary nurses. However, in rural health centers there is little role differentiation between auxiliary and general nurses. Many small rural health outposts are run entirely by nurses with weekly physician consultation. Thus, their role is much like that of a nurse practitioner in this country. To make optimum use of skilled personnel, experienced nurses in outpatient health clinics serve as clinical preceptors for medical students doing their primary care rotations. Nicaragua's plan for the future is to have university trained nurses, as well as nurses with advanced specialty degrees. Nursing educators are presently involved in developing curriculum materials for the first specialty program in maternal-newborn nursing, which they hope to begin in two years.

YSN students and faculty attending the Colloquium were at times amazed to hear of the responsibilities and accomplishments of Nicaraguan nurses, many of whom are very young women with as little as 1 year of formal training. Nubia told the story of a 17 year old nursing student who last year was doing her clinical practicum in a village that was attacked by Contra forces. She described how the local people disguised this student, hid her, and denied the presence of any health personnel in the village, in order to save her from capture.

As a national nursing educator, Nubia is closely associated with the nursing school in the city of León. La Escuela Politécnica Perla Maria Norosi trains auxiliary and general nurses, as well as laboratory and surgical technicians. León is New Haven's Sister City in Nicaragua, and the nursing school in León has recently "sistered" with the Yale School of Nursing. La Politécnica has nine professors and 200 students. The education is paid for by the Nicaraguan government and is entirely free to students, including room and board for the 120 students who live at the school. Upon graduation every student is required to fulfill a 2 year social service commitment. This is a salaried nursing position in an area of great need, often in previously underserved areas of the countryside. The nursing school in León is functioning under extreme shortages of all types of education and clinical supplies, from paper, pens, textbooks and visual aids to nursing tools such as wristwatches, stethoscopes and blood pressure cuffs.

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Practice Issues

AIDS Case Study

CR is a 27 year old white male in good general health who presents to a primary care clinic for a routine physical. He has a history of intravenous heroin and cocaine use and is currently enrolled in a methadone maintenance treatment program. Although his drug use has decreased considerably while in treatment he has continued to use intravenous cocaine sporadically.

CR reports that, after being tested for antibody to the AIDS virus (HIV-Ab) and being told he was "negative" or not exposed, he shared that information with his wife and she subsequently became pregnant. She will deliver in a few months. His wife has never used drugs.

CR has shared needles (used after someone else) but cannot remember when the last time might have been. He and his wife do not practice "safer sex." He believes that his wife is not aware of his continued illicit drug use, and she has not discussed her husband's history of intravenous drug use with her prenatal care provider. He fears that to discuss the possibility of continued risk of HIV exposure with his wife now, while she's pregnant, might make her very anxious and jeopardize the pregnancy. Therefore, he does not wish to be retested or institute safer sex practices nor will he discuss the issue with his wife (or her care provider) until after the baby is born.

Ann McNelly, MSN, RN-C
Clinical Research Nurse Practitioner
Yale University Dept. of Psychiatry

Commentary

Another issue raised by this case concerns HIV-Ab testing. It is now known that it takes most people six to twelve weeks after exposure to HIV to develop detectable levels of antibody (for some it may take considerably longer). A clear understanding of this window period is not widespread, and can lead to over-interpretation of negative test results. In the case here, a single negative test, in the context of high-risk behavior in the months prior to testing, was interpreted by CR and his wife as evidence that he was not infected with HIV.

With improving technology it may become possible to shorten the window period during which someone who has been exposed to HIV and is infectious will have a negative test. Meanwhile it is crucial that those at risk for acquiring HIV through their own or their partner's risk behavior understand the limits of the current test and the implications of those limits. Finally, the availability of testing for HIV exposure must never be seen as a substitute for the provision of adequate education, counseling, and supportive services to assist those at risk and their contacts in making and maintaining the behavior changes necessary to protect themselves and others from HIV infection.

— Ann McNelly

Commentary

This case highlights several important and difficult areas of AIDS prevention and education. Seventeen percent of all the reported AIDS cases in the United States have occurred in persons who inject drugs intravenously. A major focus of prevention efforts has been to encourage intravenous drug abusers to seek treatment for the addiction. Most addicts are heroin dependent and the primary treatment modality is methadone maintenance. Methadone can be an effective and life saving treatment but many clients, such as the man in this case, "relapse" and occasionally inject drugs, often sharing equipment. Since it is the sharing of needles and not the drugs themselves which are responsible for the transmission of HIV virus, drug treatment can probably slow but not completely halt the AIDS epidemic among drug abusers and their sexual partners. Educational programs must thus include information about the dangers of needle sharing and instructions on effective needle cleaning, even for

Ann Williams, MSN, RN-C
Assistant Professor
Community Health Program
We have excerpted below portions of an article sent to us by the author, Katharine Rich Dreyfuss '58. She won a Fund for Advancement of Camping/Camping Magazine writing award for this article. We have tried to print as much of it as possible as it appeared in Camping Magazine's May 1987 issue. Katharine is coordinating nurse in Santa Monica Unified School District, Assistant Clinical Professor at UCLA School of Nursing, and a former camp director.

What About AIDS?

In June 1986, a five-year-old child, armed with a physician's affidavit of fitness for summer camp, applied for enrollment in a California day camp. The camp director turned him down. The reason? The child had AIDS.

Was the camp director's response appropriate? In this instance, probably not. According to the National Center for Disease Control, AIDS is not regarded as a condition necessitating exclusion from public school, and, by extension of this premise, it should not be so regarded in the camp setting.

Still, many questions arise for the camp director facing the prospect of accepting a camper or staff member acknowledging such a condition. Similarly, the AIDS victim or parent faces a problem in deciding whether or not to disclose the condition which is so new in our society that fear and misunderstanding threaten to overwhelm people's rational responses to it.

As research continues to clarify the nature of the condition and its mode of transmission, some myths are being dispelled, but much is still unknown. For example, although the AIDS virus has never been transferred by a human bite, medical experts still are reluctant to say that the virus absolutely cannot be transferred by biting.

Legal and philosophical as well as medical considerations await the thoughtful camp director. In dealing with them, he/she can provide a significant service for society in general as well as for the individual camp community.

One should understand the mode of transmission of the AIDS virus because the myths about it can lead to disproportionate fear and cruel isolation of those identified as its victims. Despite the presence of the virus in body secretions such as tears and saliva, painstaking analysis of the sources of infection of identified AIDS victims has shown no case of transmission of the virus by casual or household contact.

Normal daily contact with a person who harbors HIV does not appear to pose any risk of exposure to fellow campers or staff members in a summer camp. Nevertheless, the potential seriousness of infection by HIV and the current lack of prevention or proven treatment therapies mandate that the responsible camp director take extra steps to ensure a safe environment.

Most camps have established procedures for preventing transmission of air-borne and food-borne communicable disease agents. Extending environmental sanitation practice to include preventing the spread of infectious disease transmitted by body fluids and blood requires establishing Hepatitis B precautions. These may be new to camps but are already in operation in hospitals and laboratories as well as in many schools.

A heightened awareness of the importance of personal hygiene in the prevention of infection is one positive result of the presence of AIDS in our society. Many campers may already have received lessons on effective handwashing techniques in their schools. Adding the extra Hepatitis B precautions to camp practice provides an added dimension of safety to the camp environment, whether or not it includes anyone known to be an HIV carrier.

Physical health aspects

The physical health aspects of living with someone infected with HIV are thus manageable in a camp where environmental sanitation is a priority. Still, deciding on the appropriateness of camp placement for a particular individual with HIV requires careful consideration of the benefits and risks to camp and to camper.

Public schools are extending their existing procedures for dealing with students with infectious diseases to include AIDS, rather than setting up new protocols for this condition. Decisions about school placement of a particular individual are made by school administrative and medical personnel in conjunction with county health department physician(s) and the student's parents and personal physician. Evaluation is based on:

1. The risk to the student: his/her physical condition, immune status, stamina and need for special care.
2. Possible risk to others: open lesions, infections, and inimical behavior (fighting and biting).
3. Environmental needs: consideration of the student's age, maturity level and neurological status including control of body functions.
4. Parent wishes regarding educational placement.

It is crucial to remember that any candidate should be considered as an individual member of the camp community, rather than thought of as "the one with AIDS." In this regard confidentiality is essential. For legal as well as ethical reasons, information about a student's medical condition must be limited to persons with a compelling need to know. In camp, this information may well be confined to the director and medical personnel who will need to provide careful and tactful guidance to living group and program counselors. As long as those counselors have been well instructed in proper first aid procedures for handling blood and body fluid spills, they can do their work safely and need not be burdened with the responsibility of...
keeping confidential the knowledge of the AIDS diagnosis.

The issue of confidentiality is tricky. The National Education Association takes the position that the teacher of a student with AIDS has the right to know about the diagnosis. On the other hand, to ask the teacher or counselor to go about daily business as usual without revealing in any way such potentially inflammatory information is a difficult assignment. The fundamental question is: what purpose is served by sharing the information? Arguments may be made either way, but in this writer's opinion, after consultation with medical, legal and ethical experts, the most responsible course of action is to restrict knowledge of the HIV carrier's identity to the camp director and medical personnel.

This position reflects the fact that while ignorance about the cause and transmission of the disease is "treatable" by education and knowledge can dispel fear, even knowledgeable individuals may have hostile feelings toward HIV victims. Fear, however irrational, of becoming infected is one reason for this kind of reaction. Also, the association of intravenous drug abuse and homosexual practices as modes of transmission of HIV carries a stigma which may be transferred to the victim. Even a child infected by a mother who received a contaminated blood transfusion or a hemophiliac who received contaminated blood products may, once identified as a carrier of the loathed virus, become ostracized by the uninvolved majority, partly because of the human tendency to withdraw from a person perceived, however erroneously, as doomed. Hence the urgency, at least at the present time, of honoring the confidentiality of the HIV victim.

Confidentiality does not preclude keeping a watchful eye on the camper with open communication among camp and home medical advisors and the camper's parents.

Exposure to communicable disease could be particularly dangerous to the HIV infected camper who might lack a strong immune system. So news of a case of measles or chickenpox in camp must be shared with the "home team" (parents and physician) for determination of any necessary precautions.

Obviously, having a camper with HIV may place extra demands on the camp's medical and administrative personnel, even if the camper exhibits no symptoms of disease. Still, knowing the benefits of the camping experience for children makes it all the more imperative to extend these benefits to the child whose future is uncertain because of the presence of a virus in his/her bloodstream. The nurturing environment of the camp community can make a tremendous contribution to a child's self-esteem and ability to cope with stress.

Identical principles apply to the employment of a staff member with a known HIV infection. AIDS is not communicable in a normal employment setting. Alleged discrimination against employment of AIDS victims is provoking lawsuits around the nation. The U.S. Supreme Court will soon decide whether a communicable disease can be considered a handicap under the Rehabilitation Act of 1973. If it so rules, "plaintiffs' attorneys may find AIDS discrimination cases easier to bring and win."

Awareness of the facts that AIDS, or HIV infection, is a sexually transmitted disease provides a challenge for camp leadership. Although at present the only known route to infection of children with AIDS has been through birth to an infected mother or through contaminated blood products, the increasing spread of the virus through heterosexual intercourse forces the camp director to acknowledge that some older campers and counselors may be at risk.

Channeling adolescent sexual energy into appropriate camp behavior has always been a task for the alert camp director; now that the danger from unprotected intercourse has so drastically increased, it is even more urgent that the susceptible population be armed with facts. Most camps catering to adolescents have developed orientation programs for campers and staff members to establish the rules and regulations for expected behavior in camp and the consequences of exceeding limits, with specific mention of sexual activity and drug use. Any individual with known HIV infection must specifically agree, as a condition of camp enrollment or employment, to abstain from any sexual activity while affiliated with the camp.

Camp directors are not responsible for providing sex education for the camp community, but they should encourage the medical staff to discuss sex and drugs as related to communicable diseases both at the initial orientation and throughout the duration of camp.

Camp directors are already experienced in techniques for dispelling hysteria and promoting rational behavior in the camp setting. They are well aware of the havoc that can be created in a community by something as seemingly minor as an unchecked rumor. When the subject is a condition that raises two of the strongest taboos in our culture - sexuality (especially homosexuality) and death - the opportunity is unparalleled for strong leadership to set an atmosphere for appropriate responses. Continuing reference to facts rather than theories and reliance on known techniques for preventing communicable disease (including the communicable disease of hysteria) will enable camp directors - who rank among society's recognized leaders - to exert a stabilizing influence beyond the confines of their individual camp communities. In the midst of the current AIDS reign of terror, such leadership is devoutly to be sought.

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Our Spring issue featured an article on faculty and students at YSN who are involved in shaping public health policy. This month’s alumna spotlight features Jill Straw, ’77, psychiatric mental health nursing, whose advocacy for AIDS victims includes policy formation as well as clinical work and community organizing. Jill holds a part time clinical position as an AIDS Risk Reduction Counselor in New Haven, CT, and is currently serving on both the Governor’s and Mayor’s Task Forces for AIDS. She also has held leadership positions in community based organization, AIDS Project New Haven.

TIERNEY: How did you first become interested in working with AIDS patients?

STRAWN: In the spring of ’83 I was supervising YSN liaison students and an AIDS patient was referred to us. I wasn’t eager to get involved initially but then the student left at the end of the semester and I picked up the patient myself. I ended up being drawn to the topic and the complexity of the problems that people with AIDS face. The fact is that no one wants anything to do with AIDS patients so that anything you do makes an enormous impact on their lives.

I was feeling frustrated working with a chronically ill medical population that by and large didn’t have any interest in changing their lifestyle or whatever factors influenced their illness course. These patients often don’t perceive they have a problem and don’t have much motivation for changing anything. Often it’s a process of helping them cope through whatever hospitalization and afterward they go back to doing whatever they were doing before.

People with AIDS are very different. They are very motivated to use any supports that are offered and their families are also incredibly needy. So it was an area that was very exciting to me. The program was just forming at Yale-New Haven Hospital. I had an opportunity to play a major role and ended up working in the AIDS Clinic that was developed doing psychosocial assessment and brief counseling, and liaison work with them on the inpatient unit.

I’ve also been involved with the formation of AIDS Project New Haven, an all volunteer organization, which is the local support and educational group in the community. They provide one to one counseling with people with AIDS and their significant others, and perform a wide variety of educational and advocacy services. The spirit of the people who got involved with AIDS Project New Haven was very special — there is a lot of love and caring. My involvement with this community support group really gave me the support I needed to do the work in the hospital where people are really sick and every story was a horror story.

The patients themselves were inspiring. Their courage and all the issues they had to deal with and confront... it was very moving to know such people. I got very close to several people with AIDS and still speak about them when I’m giving talks.

TIERNEY: What are some of the issues you’ve helped with?

STRAWN: The issues are often lifestyle issues, either homosexuality or IV drug use. Those are both taboos and so people often have a lot of guilt or shame about who they are, who they’ve been and how they got sick, and AIDS is coming out for them. The first question everyone wants to know is how did they get it and that’s a normal curiosity, but what it does is it forces them in the midst of a life threatening illness to have to deal with people’s reaction to them, being either gay or an IV drug user, or a former boyfriend was an IV drug user. All kinds of personal issues get brought out into the open and a hospital is not a place where you can get much privacy, so in the midst of being scared to death and sick, they have to deal with those issues. These are folks who ordinarily have been discriminated against and disenfranchised before they even got sick. For me, that’s a real tug on my heart, seeing people who have gone through a lot of misery in life, having to go through this when they are dying.

TIERNEY: How has your work and interest in AIDS affected your nursing career?

STRAWN: I have been doing a lot of traveling, speaking at conferences about AIDS and psychosocial issues, and co-chaired AIDS: THE NATIONAL NURSING CONFERENCE in November. I was a consultant for an 18 minute videotape for health professionals Aids and the Health Care Provider by Care Video. The tape gives the basics on aids, particularly for people who work in hospitals. It was made at Yale-New Haven Hospital and a person with AIDS does a lot of talking about what it’s like for him to live with the disease and be in the hospital and be treated like he has been. It was very exciting to do that. I’ve also been able to do some writing, including a chapter for a nursing book, The Person With AIDS: Nursing Perspectives, Durham & Cohen, editors.

It’s been very satisfying personally and professionally — I ended up becoming one of the administrators of AIDS Project New Haven. For the first two years I was one of the counselors on the counseling committee and then for the past two years until recently I was one of the co-chairpersons.

TIERNEY: We’ve talked about psychosocial issues. What other issues are you focusing upon now?

STRAWN: I’m really concerned about housing now, defining the scope of needs and realizing one particular effort, an AIDS residence in New Haven where people would live financially subsidized. Some might live communally, those who could
benefit from that, and some might have private apartments. We were very lucky we’ve gotten state money. The Connecticut AIDS Residence Program got a bill through the state legislature establishing two pilot programs for AIDS residences with $600,000. That will be a start for us to buy a building and renovate it, although we still need to get some program money from local foundations.

The people who live there will have to pay only a portion of their income. There will be five or six of them at a time. There would be no live-in staff person, rather we’d use a case manager approach, with each resident having a social worker to make sure they have all the services they are entitled to, such as visiting nurses, meals on wheels. They would be able to stay there as long as we could provide them with enough home health supports.

TIERNEY: Do you think you’ll have problems locating a site?

STRAWN: What’s unique about this program and causes a lot of consternation is that there is no live in staff person so there is no need for a license or zoning applications. This is modeled after a program in San Francisco – you just buy a house and rent it to people. You don’t need to announce to a neighborhood. The idea is to keep it confidential like the battered women’s houses are confidential. Obviously that may not always be successful. Eventually neighbors may figure out what’s going on and there could be objections but there could also be a generous reaction. In other communities neighbors have brought flowers and food and there hasn’t been a great disaster. In New Haven, however, everyone’s predicting problems.

That’s just one of the kinds of housing that needs to be created. In fact, it won’t serve the most needy population, which I would define as those people who are still actively using drugs or people with so many social problems that they have a behavior problem as a result of it. This kind of residence won’t be equipped to deal with people like that. We will have residents sign a contract agreeing not to use illegal substances. It will be clear what our expectations of them will be.

TIERNEY: What can be done ideally to prevent AIDS?

STRAWN: We need a widespread public education campaign. In Connecticut and New Haven, we haven’t yet done it. AIDS Project New Haven threatened to sue the state this year to get condom posters approved. That’s absurd. People are still worried that someone will be offended by explicit language or pictures of condoms. More people are being infected each day. We need an explicit campaign that is culturally and racially sensitive. In Connecticut there are disproportionate numbers among the black and Hispanic peoples and we need to be sensitive to it. Education for everybody, however, in schools from when kids are little is needed.

TIERNEY: Tell me a little more about your position with the Health Department.

STRAWN: This is the AIDS antibody testing program. In February 1986 they asked me to start this program. It’s for people who want to know if they’ve been exposed to the virus and have developed antibodies to it. There are two of us now. I work part time and my colleague works full time. We see people by appointment and spend a half hour with them before they have blood drawn for the test making sure they understand what the test is all about, that this is a good time for them to have the test, that they understand the consequences for them.

Not everybody should have the test. For instance I had somebody whose lover was in the hospital with AIDS and he decided to come down to be tested. He was in crisis and it didn’t seem like he should take the chance of having a positive test and having to deal with that at the time. He decided to wait until the crisis was over. I’ve also had people with such severe psychiatric problems when they come in that, because this is an anonymous program, I didn’t feel comfortable taking the chance of giving them a positive test result and then never seeing them again, people with suicide histories, etc. I had one person who was clearly psychotic and I had no idea if he knew what he was getting into, so basically I refer them back to some kind of health care system that could give them the test if they really wanted it but could also do the follow up support.

This is an anonymous program. It’s federally subsidized so it costs $5.00 and if people don’t have the money they can get it free. The same counselor sees them before and after the test. We give them the results.

TIERNEY: What do you think of mandatory testing?

STRAWN: That’s very upsetting. The current antibody testing is not a terrific test. It was developed to protect the blood supply and it does that pretty well but it doesn’t help people know enough about their future and that’s what most people want to know. It doesn’t say for sure who’s infected. If people have the antibodies it is likely they’re infected but not absolute. In some settings they only administer the first part of the test, and that has a known rate of false positives, so we know that people have been given the news of positive test results when in fact it is an error. Reputable testing places have a second confirmatory test and that picks up the false positives, but it still doesn’t tell people if they’re definitely infected and it certainly doesn’t tell people if they’re ever going to get sick. The value of it is if they test positive they need to protect partners.

But people don’t need to take the continued on page 11
Alumnae/i Affairs

From the Office of Alumnae/i Affairs
Mary C. Colwell

The response to Bea Burns’ Fall letter has been wonderful! If you haven’t returned yours yet, please do it soon! Many news items included with those responses are listed in the Class News section of this issue. Changes of address will not be included in this issue – hopefully in the Spring we will offer the opportunity for you to order an up-to-date directory – for a fee. More on this later.

Please do think further about alums whom we can consider for Distinguished Alumna/us Awards on our June Weekend and send your suggestions to the alumnae/i office.

Please take note of the changes in the School address: 855 Howard Avenue, P.O. Box 9740, New Haven, CT 06536.

A wonderful program is being planned by YUSNAA Board for Alumnae/i Weekend, June 9-10-11, 1988! Mary Bast ’85, chair of the weekend planning, is pleased to be able to tell you that the keynote speaker for Alumnae/i College is Ada Sue Hinshaw ’63, director of the National Center for Nursing Research. We all hope that there will be lots of you returning for the program and to renew contact with YSN and your colleagues. Reunion classes this year are: 1928; 1933; 1938; 1943; 1948; 1953, 1958; 1963; 1968; 1973; 1978; 1983. Be good to yourself – plan your schedules now and save the time for YSN!

Delegates’ Reports on AYA Assembly XXXI

The “Faculty at Yale: Teaching, Research, Impact on the Outside World” was the theme of the Fall Assembly of the Association of Yale Alumni (AYA). This being my first year as a delegate, I was pleasantly surprised at the degree of openness and candor expressed by the panelists and the audience. The predominant themes were the quality of teaching and evaluation, the recruitment and retention of excellent faculty; the increased competitiveness of other universities, the selection process, the types of financial and resource support needed by faculty; the critical balance between scholarly work and the teaching of students; and the applicability of that work to the larger society. There were several general panels, the first included our dean, Judy Krauss, who articulated YSN’s unique characteristics and faculty issues.

The highlights for me were three workshops I attended: one on anxiety and decision-making regarding career choice, one an opportunity to “stand in” on an art history class critiquing the special exhibition at the Yale Art Gallery and another on faculty impact on the outside world. The first workshop addressed how difficult it is to leave Yale College and how many choices and decisions these bright, multi-talented students are faced with. Becoming a student in the Art History class gave me first-hand experience with the type and intensity of the learning that goes on here. The students were every bit as dazzling as their professor, commenting on the economic constraints influencing the use of color in the 17th century as well as making fine distinctions of style and influence among the artists represented.

The panel regarding faculty impact on the outside world demonstrated applicability of scholarly work to “real” people and situations, both locally and world-wide. All of the presentations were well conceived, superbly staffed and encouraged lively discussion among alumni/i.

Of course, the socializing and good food plus amenities such as the very exciting football game on Saturday combined to make this a most delightful experience. I look forward to the Spring Assembly on the Arts at Yale, and find myself wondering if I could be a lifetime YSN delegate to AYA! For those of you who have yet to attend an Assembly, this is FUN!

Andree deLisser ’79

As this was my second year as a delegate, I was able to concentrate more on committee work. At one of the University Information Sessions, for which I agreed to be secretary, the subject: “Teaching Assistants and Yale: Education in Jeopardy?” brought up issues such as not enough money to live on, too great a work load, inappropriate assignment for TA’s backgrounds, lack of recognition and lack of authority over their classes. There was a vigorous exchange of ideas between participants and the audience! Doubtless, there is more to be heard on this issue at future Assemblies.

The AYA “Club Education Programs” committee discussed the continuing education programs offered both on campus and around the world that have helped connect Yale alums with the faculty in New Haven. The committee is interested in topics and/or activities which you as an alum think would be useful for club education programs.

The video subcommittee met several times over the weekend. Their general objective is to examine the desirability and feasibility of creating videotapes and/or audiotapes of faculty lectures. The original intent was to make them available to alum groups and Yale Clubs for educational activities, however, ideas for development and use have expanded greatly since its original beginning. You will be kept informed.

For those of you who have never “tasted” AYA, you should try it! Tell a member of our YSN Alumnae/i Board of your interest. For me it has been an enrichment of the original “Yale experience” and an educational continuance in a unique and special way.

Dottie Needham ’74
test to do that. People from a high risk background can start behaving more safely without taking the test. Some people who are obsessive, the daily knowledge of them perhaps carrying the virus, the proof of it and the uncertainty of what it means, would drive them crazy. This is a new obsession I haven't seen written up yet, the AIDS obsession. People's lives can be destroyed by an obsession. So for some people, it's not in their best interests to have the test. 

Also, mandatory testing is going to be expensive, reveal very small numbers of positives and the question of confidentiality exists – who's going to have access to the lists of names and what are the consequences going to be. The more low risk people get tested, the higher the percentage of false positives. Any decent program includes counseling and that's prohibitively expensive and our government is not going to spend money on counseling! I just don't see mandatory testing as helpful.

In hospitals, the more enlightened hospitals are moving toward universal precautions for everybody. You treat everybody as if they are infected. Nursing really is going to need to deal with many problems, including risk to people in the field. Nurses who work in OB have come in for testing. My sense from them is that things happen so quickly that sometimes they don't have a chance to put on a pair of gloves if they're not right there, that blood, all kinds of fluids, on your hands is a fact of life. I spoke with an OB resident also who was talking about C sections as being really hazardous in terms of nicks, because everything is slippery and nicking fingers is common. So I think OB and the OR are places where nurses are going to have to grapple with that real risk, the time that they can't take precautions that we know work – rubber gloves don't protect you much from needle sticks or scalpels anyway.

And nursing schools, what kind of impact on the curriculum needs to be made in terms of AIDS? Are we going to test nursing students of HIV positivity? Are we going to make it a requirement that they be negative? Are we going to restrict the areas they can practice? What about nurses who have AIDS. We haven't begun to grapple with this. We've heard about doctors who've had real harassing situations with being moved out of their specialties once it was known that they tested positive or had AIDS, and nursing is certainly going to experience the same thing.

— Judy Tierney '79

Sister School
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During the 1986-87 school year a group of YSN students established links with the nursing school in León, and organized a variety of activities to raise material aid for the students there. Paper, pens and pencils were collected at YSN and delivered to the León school, and pen pal relationships were initiated between YSN and Politécnica students. Later, a duplicating machine was sent to the school in León, and happened to arrive there on the very day that a YSN student was in León and visiting the nursing school. The duplicating machine was extremely well received, since up until that time the faculty were creating all their instructional materials by hand, one copy at a time, with an ink and roller stencil.

In November 1987 YSN students organized a stethoscope drive for the nursing students in León. They raised money to buy 120 nurse’s stethoscopes and they were hand delivered in December to León. A photo display of the nursing school in León now hangs in the YSN building, and a similar photo display of YSN is planned for the nursing school in León.

YSN students plan a variety of other activities for the 1987-88 school year, and hope to sustain and strengthen the Sister School relationship. There is now a large crate in the lobby of YSN labeled “La Escuela la Enfermería de Leon”; a collection place for school supplies and nursing items which YSN students are donating to their counterparts at the nursing school in León. They plan to have future “drives” similar to the stethoscope drive, to purchase and send to León other badly needed items such as wrist watches and bandage scissors. The YSN student government organization and the Dean have endorsed the purchase of a gift subscription of a nursing journal, published in México City in Spanish, for the library at La Politécnica in León. A number of YSN students hope to travel to Nicaragua to visit the León nursing school, and Judy Krauss has generously offered to make available to Nubia Herrera curriculum materials which will help in the creation of Nicaragua’s first advanced nursing program in maternal-infant care.

YSN alumnae/i are invited to participate in this project. If you would like more information, or would be willing to donate items that would be of use to the León nursing students, please contact the YSN Sister School Task Force, c/o The New Haven/León Sister City Project, 965 Quinnipiac Avenue, New Haven, CT 06513 (tel. 203-467-9182). Tax-deductible donations for the nursing school in León can be made out to “The New Haven/León Sister City Project”, with a note on the bottom of the check “YSN Sister School”, and sent to the above address. We welcome questions, comments, and involvement from YSN alumnae/i!

— Beth Roth '87
Faculty Notes

Virginia Henderson, M.A., LL.D., and Honorary Member YUSNAA, and Linda Schwartz ’84 were among those honored as outstanding Connecticut women by the United Nations Association/Connecticut at a ceremony in the Senate Chambers at the State Capitol in Hartford. Governor O’Neill presented the awards.

Virginia’s citation read: “World renowned authority on the nursing profession, she has dedicated her life to the betterment of health services for the public and the perfection of nursing education. Researching and reading most of the nursing literature in English, she compiled the Nursing Studies Index, the definitive work on nursing research.”

Linda’s citation said: “A pioneer in her time, a futuristic thinker and planner she has been able to lead the government to recognize the contributions made by women veterans who have served this country, especially those who served in the Vietnam conflict. She is a recognized authority on military issues and the health delivery system in Connecticut.”

John D. Thompson, RN, MPH, Prof. YSN & EPH, and Honorary Member YUSNAA, was named 1987 recipient of the T. Stewart Hamilton Distinguished Service Award by the Connecticut Hospital Association in June. His forty-five+ years’ experience in the management of and research into various institutions and programs in health services administration has made him a pioneer and a leader in the field. He has been a health planning consultant to both the federal and state governments and to many private institutions in Connecticut and nationally.

Ann Ameling ’67, Master of Saybrook College, is leading the weekly seminar offered for credit to Yale undergraduates studying the homeless mentally ill. They are tackling issues that confound policy-makers and health professionals: How many homeless people are there? How many are mentally ill? And how can they get the services they need? Students were required to spend a day on the streets of New Haven not being recognized by friends, getting kicked out of the train station and sleeping on the Green. They report this class is raising their awareness and encouraging them to volunteer in the community.

Kathryn Barry ’81 recently completed a term as the chairman of the Board of Trustees for the Rehabilitation Nursing Foundation, and received an award for her contributions to the Foundation. Kathy has been promoted to Director of Senior Services at the Hospital of St. Raphael. Also, she has had four articles published:


Kitty Deering ’80 and Carol Nizolek ’81 presented a paper entitled: “Adolescents with Eating Disorders: Promoting Continuity of Care” at the National Advocates for Child Psychiatric Nursing Conference in Indianapolis in October, 1987. Kitty also has had an article published in 1987:

“Does Insulin Response to Oral Glucose Predict Glycemic Outcome in Type II Diabetes (NIDDM)?” was written by S. Lomasky, G. D’Eramo, H. Shamoon and N. Fleischer.

Marjorie Funk ’84 was awarded research funds from Dataspoke Corporation to extend her study on “Predisposing Factors to Lower Limb Ischemia in Patients Treated with the Intraaortic Balloon Pump.”

Judy Krauss ’70 was named a Distinguished Lecturer by Sigma Theta Tau, the International Nursing Honor Society. This award was presented at the Biennial Convention in November in San Francisco.

Jean Lange, lecturer, Med.-Surg. Program, has had a manuscript accepted for publication in Dimensions in Critical Care Nursing: “Developing Printed Materials for Patient Education.”

Linda D. Oakley, Assistant Professor, Psychiatric-Mental Health Nursing, YSN and Clinical Nurse Specialist, CMHC, has been selected to be a 1988-90 Robert Wood Johnson Clinical Nurse Scholar at the University of California, San Francisco. Each year nine scholars are selected from across the nation. The Scholars program is a postdoctoral scholarship that provides experience and training in the conduct of clinical research. The scholars are selected on the basis of their potential to make a significant contribution to America’s health care needs through the development of nursing science and the performance of clinical research.

Mary T. O’Brien, Ph.D., is a new member of the Med.-Surg. faculty coming from faculty positions at CUNY – Staten Island and Trenton State College. She had formerly practiced as a Clinical Nurse Specialist at the Peter Brent continued on page 14
Carol Garant '73 started a new job as the Executive Director of Center City Business Association in Fall River, MA. After YSN she earned an M.B.A. from Boston College, with a concentration in marketing and organization development.

Anne Mulkeen Romond '73 works part time as attorney in Wisconsin Court System and is raising 3 children!

Marcia Fahrmeier Schlotman '74 had her fourth baby in May 1987 (first daughter). And Marcia is Ob/Gyn Nurse Practitioner with Prime Health in Kansas City.

Joan Edelstein '75 had a daughter, Dora, in November 1985.

Shirley Girouard '77 has accepted the position of Program Officer at the Robert Wood Johnson Foundation, Princeton, NJ. She has completed the requirements for her PhD and will graduate from Brandeis University in May '88.

Anne Hoff '77 had a daughter in November '87 — Amelia Anica.

Marsha Edoff Kaye '78 has two daughters, Abby, born in 1985, and Sarah, born October '87.

Winnie Thomas '78 and a partner have started a private midwifery service in Dayton, Ohio. They do both home and hospital deliveries, give workshops for labor and delivery nurses. Winnie plans to go to Zimbabwe in April for 5 months.

Susan Anderson '79 is a second year medical student at Yale.

Sheila Conneen '79 and David Johnson '80 recently had a trip to Kenya! Both are now in new jobs — Sheila is Utilization Review Coordinator at the V.A. Medical Center in Martinez, CA., and David (FNP), 3 doctors and a P.A. have formed a private practice.

Susan Schnitter Hogarty '80 presented a lecture at the 1st National Psychiatric Liaison Nursing Conference in Chicago in April 1987, and also has had an article published in the October issue of Journal of Nursing Administration entitled, "A Suicide Precautions Policy for the General Hospital."

Barbara Janeway '80 reports she "is alive and well, though exhausted. Work fills about 50 hours of every week, and motherhood fills all the others!"

Karen Schefiliti '80 has earned a certificate of Advanced Achievement in Family Therapy at the Center for Family Learning in New Rochelle, and she has had three more daughters since leaving YSN!

Patricia Albertoli '81 was married in October to John Schewepe and they now live in Oakland, CA.

Linda Curgian '81 had the article, "The chest cuirass and related nursing management", published in Rehabilitation Nursing, July-August 1986.

Heidi Kylberg '81 was married in 1987.

Nina Kleinberg '81 and her husband Stan Pikes report the arrival of Benjamin Travis Pike in July 1987. Nina continues to work part time at LAC/USC Women's Hospital in Los Angeles and also at the Family Planning Clinic at UCLA.

Fred Pond '81 was married in April 1986, and acquired an instant family — two daughters ages 5 and 6.

Michelle Johnston '82 and Kevin had a second son in March 1987, delivered at home with two midwives attending! Michelle returned to work part time at Highland Hospital in Oakland in the summer.

Kathy Murphy '82 reports she is on maternity leave — having had fraternal twins born in April 1987!

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Faculty News

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Brigham and on neurological-neurosurgical units at Cornell Medical Center and Rusk Rehabilitation Institute.

Debra Podrasky '87 accepted a joint appointment between YSN and YNHH. She is a Clinical Nurse Specialist in surgical nursing, her particular focus is care of patients with non-healing and large wounds.

Diane Matousek Propper '84 was appointed to teach in the Med.-Surg. Program and the 3-Year program this Fall. Prior to coming to YSN, she had been a Cancer Nurse Specialist at Greenwich Hospital and provided much of the leadership for the development of a hospice there.

Martha Swartz and Susan VanCleve, Assistant Professors in Pediatric Nursing Program received a research award from Nurse Practitioners Associates for Continuing Education (NPACE) which they received at the national NPACE conference in Boston on November 6, 1987.

Julianne Bava '83 has been a full-time Mom caring for her year old adopted daughter.

Catherine Buck '83 has a new job in private practice outside Washington, D.C. She had been teaching at Georgetown Univ. Catherine was married in 1986 to a man she met while camping in the Rockies!

Bernice Coleman '83 has moved to Los Angeles – is Clinical Nurse Specialist at Cedars Sinai Hospital.

Cassy Pollack '83 started her own business in New Haven, ELDERLIFE, which supplies services to promote independence for the elderly in their homes.

Karen Ratcliff '83 and her husband are entrepreneurs, marketing software designed for Medical Record Departments, and soon more hospital related products for other departments.

Judy Cartoceti '84 was married in September 1987 to William Kerin.

Karen Johnson '84, now Lt. Col., is a national board member of the National Organization for Women. She received an award from them for her outstanding service to women of color and the Feminist Movement in May 1987 at the National Women of Color and Reproductive Rights Conference in Washington, D.C.

Georgeanne DeGiudice '84 has had two articles accepted for publication: The Relationship Between Sibling Jealousy and Presence at a Sibling's Birth, Birth, 13:4, December 1986; Newborn Procedures, Penny Press, Seattle, Washington. She's also co-founder of Teen Clinic – Group Health Inc. and a Teenage Pregnancy Task Force, both in Minneapolis, besides having an adjunct faculty appointment at the School of Nursing at the University of Minnesota.

Michele Peters-Carr '84 had her second daughter in October 1987. Meghan (who graduated with Michele!) "is now 5 years old and is a wonderful big sister".

Barbara Esposito '84 "has been published!" She wrote a chapter entitled "Care for the Care Givers: Support Services for Families" published in a book entitled: Confronting Alzheimer's Disease. Publisher – National Health Publications & American Association of Homes for the Aged. 1987.

Linda Schwartz '84 received an award from the American Academy of Nursing for her work on a film on Women and Nurses in Vietnam, "A Time to Heal". She has also been involved in the project to place a statue at the Memorial in Washington honoring the women who served in Vietnam. And, there will be an article by Linda in an upcoming issues of Image, Journal of Nursing Scholarship.

Andrea Rossetti Giletti '85 is on leave this year caring for daughter, Olivia, born in March '87.

Norma McNair '85 received third prize in a writing contest sponsored by Critical Care Nurse – the article to be published in the May 1988 issue. She also co-authored an article on pupil assessment to be published in The Journal of Neuroscience Nursing in February 1988.

David Whitehorn '85 and Sarah have a daughter born November 1987. Rose was delivered by a CNM at Columbia Hospital for Women in D.C.

Judy Floyd '86 is Clinical Specialist in Oncology at Lawrence & Memorial Hospital in New London. In addition she is a lecturer in Pastoral Theology at YDS – teaching a class in Death, Dying and Bereavement!
Mail Bag

Dear Editor

I have recently returned from a two week Nursing Seminar in Kenya, Africa. I was invited to go by two nurses, Cheryl Ashbaucher and Gayle Lawrence, from Indiana University Medical Center who were the education leaders of this seminar. It was a fabulous experience and one I highly recommend.

These seminars are organized by Professional Seminars Consultants in N.Y. They have nursing seminars to countries all over the world geared to specialties (Medical-Surgical Nursing, Pediatric, Psychiatric, Maternal-Infant) and other with education leaders who conduct seminars with resulting C.E. credits (35 for our trip).

Though I am in Maternal-Child health work right now with a Pediatric background, this Med-Surg tour interested me both for the seminar content and the chance to visit Kenya.

Some of the primary topics were: 1) Cultural influences on health care; 2) Delivery of health care in another culture; 3) Malnutrition; 4) Communicable diseases (AIDS and malaria); 5) Bone marrow transplants; 6) Ethical issues in Nursing.

We visited government hospitals both in Nairobi, a large modern hospital, and in rural areas with much smaller health centers. We also visited mission hospitals – both Catholic and Protestant. The comparison with government hospitals was most interesting. A visit to the Flying Doctors and a seminar on their work was also stimulating.

We were a small group of 30 nurses from all over the U.S., with 3 men. The men were husbands and a father – one husband was a physician which gave a good perspective to many of our discussions. He was also from India and Great Britain which gave an even more interesting comparison of delivery of health care.

Our trip was not all study and discussion. We went on three game safaris which were unforgettable experiences – to be out in the wilds with herds of wild animals all around roaming freely. To have elephants, giraffes, and lions walking casually by our van unafraid of people gives you pause for thought.

I cannot end without mentioning the people of Kenya. The adjectives that come to mind are: "warm, friendly, dignified", and the sobering thought that free men do act differently. I miss their friendly greetings, "Tambo and the musical tones of Swahili", the beauty of the land, Mt. Kenya, Mt. Kilimangaro, the flowers and flowering trees are all spectacular.

But a visit to the third world is a sobering experience. Their health needs are great, their resources meager, they need our HELP!

Janice Gorton Green ’51

IN MEMORIAM

Helen Ellis LaBarre ’40 died September 1987.
Elizabeth Woodward Stude ’49 died August 1987.
E. Mary Alter ’50 died September 1987.
Ellen Seligson ’56 died September 1987.
Mary Churchill Fischelis ’57 & ’61 died September 1987.
Dorothy H. Malm ’43 died September 1987.

Sigma Theta Tau

News

Helene Vartelas ’84 and Beth Baldwin ’84 attended Sigma Theta Tau’s 29th Biennial Convention in San Francisco on November 9-14 as the Delta Mu Chapter (Yale University) delegates. Angela Barron McBride ’64, Ph.D., R.N., F.A.A.N. was installed as President of Sigma Theta Tau International at the convention. Donna Diers ’64, M.S.N., R.N., F.A.A.N. conducted writing workshops which were very well attended. Delta Mu was presented with the Ethel Palmer Clarke Award for Chapter Programming. Helene and Beth presented a seminar on effective Chapter Programming! Helene also presented a research paper during the scientific sessions of the Convention. Ada Sue Hinshaw ’63, Ph.D., R.N., F.A.A.N. was presented the Elizabeth McWilliams Miller Award for Excellence in Research. Judy Krauss was honored by being named a Distinguished Lecturer by Sigma Theta Tau. The Delta Mu Chapter sponsored a resolution in support of the Vietnam Women’s Memorial Project at the Vietnam Veteran’s Memorial in Washington, D.C. which was unanimously passed by the House of Delegates. Judy Krauss hosted a reception for all YSN alums and friends who attended this convention. Yale can take great pride in the participation of its graduates in this Honor Society!

THE YSN ALUMNAE/I WEEKEND IN 1988 WILL BE JUNE 9-10-11
Check the dates – Come to your reunion!