BUILDING BRIDGES
An HIV/AIDS Update for Nurses

Basseterre, St. Kitts
October 22 to November 2, 2002

With AIDS the leading cause of death in the 15-44 year age group, and an estimated HIV prevalence of 2%, the Caribbean is the hardest-hit region of the world outside sub-Saharan Africa. Six percent of reported AIDS cases are in children who contracted HIV through perinatal transmission. Comprehensive and reliable data collection is limited by lack of trained staff, technical resources, and social stigma. Concern about the alarming statistics and about the potential human, social, and economic implications of the epidemic, has led to the call for a regional response.

The St. Kitts & Nevis Strategic Plan for the National Response to HIV/AIDS 2001-2005 called for train-the-trainer education for nurses by the end of 2002. Health Canada assumed responsibility for providing assistance and then called on CANAC to for a volunteer nurse with HIV/AIDS expertise to deliver the programs. My response to that call led me on a journey that was one of the highlights of my 30 years in nursing – exciting, challenging, provocative and rewarding.

At the end of August, when I had just heard that I would be going on the project, I received a call from Nick Previsich at Health Canada, who advised me to wait till after hurricane season to travel, and then left me with this key advice "Be Flexible", a mantra which I called upon many times over the next two months! It was a good reminder from my days as a child in Nigeria, and a brief stint living in Barbados more than 20 years ago.

Due to difficulties with turn around times on communication, it wasn't until September 23 that my teaching dates were confirmed, October 28-November 1st, only five weeks away! About a week later, after more than a month of increasing foot pain and limited mobility, I was diagnosed with avascular necrosis, and was told I would have to have a cast on my right foot for 6 weeks. Be Flexible! I added wheelchair assistance on to my airline ticket.

"Was there any curriculum you want me to follow, Nick?" "No Terry, you can design what you think would be suitable, be flexible", he replied. I wrote to the in-service educator in St. Kitts "What would you like me to cover?" The reply was faxed back: "Education and Advocacy, Human Rights, Care and Support". I have to admit that did not exactly help me to narrow things down! So I really was free to create – but the freedom brought with it the responsibility of being sensitive to the local situation, appropriate for the community's needs, yet comprehensive. I wanted to make my days there as useful as possible. I didn't want the have the arrogance of thinking I would know what nurses in St. Kitts & Nevis needed to learn, yet I needed to believe that I would have something to offer, else why do the project. I therefore asked to be able to arrive a few days early to do a needs assessment, and requested meetings with personnel at various levels – policy, administrative, education, and front line.

While waiting for a response, the next three weeks were spent assembling the curriculum materials I anticipated I would need. My Internet access would be very limited, the availability of AV equipment would not be reliable, and photocopying facilities were uncertain. Having made the transition to the omnipresent AV fad of the times, for more than three years all my lectures and workshops had been on powerpoint, and required a laptop computer and an LCD projector. So, I transferred my slides to overhead transparencies, printed off copies of treatment guidelines and nursing curricula, and made a

list of topics most likely to be required. I called Lucy Bradley-Springer, president of ANAC, and she generously donated copies of teaching materials. I collected samples of my favorite handouts, ordered supplies from the HIV/AIDS Clearing House, and reviewed Handbooks of HIV/AIDS nursing. I went over the Strategic Plan for St. Kitts & Nevis, as well as the regional Caribbean one, paying special attention to the strengths and opportunities of the communities. I searched out documents on HIV education, treatment and care in resource poor settings.

Ten days before I was to leave Canada, I received an email from Danielle, the in-service nurse educator, with an itinerary of my needs assessment meetings, and a workshop schedule. What was that? – 30 nurse/midwives were attending for the first three days? I found out later that all the RNs in St. Kitts also have their midwifery, a compulsory extra year. I hadn't even thought about midwives coming! Thank goodness I knew this before I left. I knew I would have to brush up on obstetrics, perinatal and infant care, mother-to-child transmission, and put together an increased proportion of material related to these topics. I searched out appropriate music for the workshops, songs related to caring, friendship, love, stigma and outcasts, death and loss. I looked for the words on the Internet to make song sheets, asked my daughter in Halifax to burn me a CD and courier it to me. I got it with three days to go.

The hotel was confirmed, the tickets booked, the excitement builds. I was traveling alone, my husband unable to get away from work. I was pretty agile with the walking cast by now, I happily pulled out my summer dresses, bought film for my camera. I got an email from Nick, letting me know the contact information for the nearest Canadian consulate, (in case of terrorism or hurricane, or some other reason I could be in trouble!). I packed as much as I could with supplies, just squeaking by the luggage limit of 140 lbs. On the morning of my departure, I taught a UWO nursing class in the morning, worked at clinic in the afternoon, had a brief time at home before leaving for the airport.

Excerpts from my diary:

Basseterre, St. Kitts, October 23

I flew overnight from Toronto (remind me not to do that next time!) and landed in Barbados at 5:30 in the morning. I spent the morning at Crane Beach, one of my favorite places in the world! The plane up to St. Kitts in the afternoon was a little Dash 8. You know those Dash 8's are scary enough going overland from London to Toronto, but I felt very courageous flying over the OCEAN in one! I paid very close attention to the life jacket instructions! The weather was gorgeous for the flight, and because the Dash 8's don't fly too high, I had a lovely view of different islands (and waves!) on our way. The sun was setting through the clouds and over the water and mountains as we descended to St. Kitts – I hope my picture turns out—it was so beautiful.

I took a cab to the hotel – Ocean Terrace Inn. This hotel is located at one edge of the Basseterre harbour, within walking distance (if you don't have a cast) of the commercial area of town. It is not a swimming beach area, but has a really good view of the harbour and the sea. It is an interesting combination of old fashioned and modern. Everyone is quite formal, uniformed, and very gracious. There are profusions of trees, blooming bushes, flowers throughout the property. The land is quite steep here, so the hotel is on several levels, with pools and gardens and terraces on different levels. My room inside could be in any Sheraton in any North American city, cable TV, Internet access (which hasn't worked however for two days – which is why you haven't heard from me yet), king size beds, air-conditioned, fridge, etc. There are two balconies – one looking over the gardens/pool, and one looking out over the harbour.

Speaking of air-conditioning, I appreciate it in the room as it doesn't seem to be in place anywhere else I've been. It is so hot here that MY hair is CURLY! I saw several women here wearing suits with long

sleeved jackets and pants. Just the thought of having that much fabric covering me makes me have a hot flash!

Within about 2 minutes of arriving into my room I got a phone call from Danielle Christmas, the nurse educator who has been my contact person in making the arrangements for the workshop here. I had a dinner meeting with her for over two hours. I had flying fish sandwich – gave me fond memories of all the flying fish we had in Barbados. She reviewed the revised itinerary, and then we had a great time just being two nurses together, talking about health care, nursing, our work, the HIV situation in St. Kitts, restructuring (yup it's here too), Caribbean life, etc

I hit the bed like a rock, and never budged till the morning sun streamed in. I had a view of the mountain of Nevis, with misty clouds at the top, the sun coming over the water – OK, I can take this!

Danielle and a driver from the JGF Hospital picked me up in the hospital pick up truck, an extended cab version. Our first stop today was at the Ministry of Health to meet with Andrew Sterritt, the Health Planner. He gave me some background on the development of the Caribbean AIDS strategy in general and the St. Kitts one in particular. We exchanged expectations of my visit and he gave me a pretty good picture of how various health departments are set up. It is pretty similar to our system in structure– with public health unit separate from the hospital and direct clinical care. There is a combination of private and public health care. There are no HIV medications used/available, not even for pregnant moms. They are looking into sources for generic versions of the meds, the cost is overwhelming for such a small country – population 49,000. Mr. Sterritt has been very grateful for the assistance Health Canada had provided in epidemiology and surveillance set up earlier this year. A lot of work has been done on an AIDS strategy, but he knows it will be difficult to implement, not only because of financial limitations, but of the huge problem of stigma. It is a huge barrier to care here. As far as human rights legislation, or any other legal issues related to HIV, work is being done. The 8 countries who belong to the Organization of Eastern Caribbean States (OECS) work together on such topics, and this kind of legislation proposal is on the agenda.

I was delivered back to the hotel for lunch, then picked up again for the afternoon meetings. We went to Newtown Community Health Centre – a clinic run by nurses, free care for anyone who wants to access it. A doctor comes two half days per week, and the nurses bring back anyone who they felt need a referral to an MD. It is staffed by a public health nurse, a community health worker, and staff registered nurses. It is very basic with limited resources. The public health nurse's office is in the middle and everyone has to go through her room to get to the other rooms, so she is constantly interrupted, and private conversations are a challenge. But, everyone was cheerful, and just peppered me with questions about HIV and HIV care. Great questions, and they gave me guidance on approaches to take when I start teaching next week. They are unaware of any patient who has HIV, and in a whole year only two have requested testing, in spite of their encouragement for all prenatals to do so. They know there is lots of HIV, it is just not being identified. The Caribbean epidemiology centre estimates the prevalence to be between two and four percent, but really impossible to get a handle on as there is such limited testing done. Elisa's are done here in Basseterre, positive Elisa's are sent to Trinidad for Western blot confirmation. There is no flow cytometry or viral load testing on the island. There is so much stigma about having HIV that even if an MD knows a patient is positive, the MD will not inform hospital staff when the patient is admitted and there will be no reference to HIV on the chart. There is no contact tracing for HIV, although it is in place for other STIs such as syphilis and gonorrhea. Universal precautions are applied in various levels. At the Newtown clinic, supplies are issued from a central source and delivered once per month. They often run out of gloves before the end the month. The nurses felt that there is lots of information available about HIV and people are aware of what safer sex is, but the nurses are concerned that it doesn't seem to make any difference in behaviour. I reassured them that this is an issue shared by all of us!

About an hour and a half behind on our schedule (this doesn't seem to bother anyone for a second), we headed for the hospital for a tour of the facility. It is a combination of new and old, all one level on quite

an extensive property. Lots of open louvered walls, patient rooms with patio doors open to the outside. There are a few private rooms, and the rest are four bed or six bed wards. The medical and surgical units are quite new and attractive, and had lots of empty beds. I will see pediatric and maternity tomorrow. The operating rooms are busy this week – there are three visiting doctors here with a volunteer group called Doctors on Call. They are a plastic surgeon, a urologist, and a gastroenterologist. Cases are saved up for their visit and the surgeries are all grouped together.

I met with the lab guy in the blood bank. He does Elisa testing of the blood, but if there is an emergency, he does a rapid test kit. There is no testing of the blood for Hepatitis C, although talk of instituting it in the near future. No CMV testing is available.

The nurses are all dressed in White, with caps, white nylons (I can't imagine with the heat!), and white shoes. All have their midwifery as well as their RN. They wear belts, with the colour denoting the rank – red for staff nurse, blue for educators, black or brown for head nurse, etc. RNs who haven't finished midwifery wear blue and white stripes. They all look so starched and clean and beautiful. We had a good chuckle with one nurse who wanted to know how our nurses were able to end the practice of wearing caps – she can't stand wearing hers!

It was such an interesting day – and everyone shows great interest and concern about HIV and the importance of the workshop. I'm a little taken aback at the significance of this event. There are formal opening ceremonies planned, at which I am expected to give a 10 minute speech, and there will be press coverage. I am expected to be interviewed and photographed for the article. (I will have to figure out what to do about my CURLY hair sticking out all over!) Well, all of you know how I can't stand press stuff, but I've said nothing about that, and will do what I can to fulfill their plans for publicity! I have lots to think about after getting input and hearing lots of various concerns today

I am very impressed with the groundwork that has already been done here with the AIDS strategy, and the receptivity to moving forward with a nationwide HIV program. Nurses have a great bond, we share a lot of commonalities.

October 24, 2002

The driver came to pick me up take me to the hospital for a 9:00 am meeting. The hospital is actually quite close to the hotel, a little bit higher up. I think it would be walkable (if you didn't have a cast!), but I appreciate the ride. This morning's meeting was with the hospital executive management committee – including the Director of Health Institutions: Mrs. Jean Condor, The Director of Institution Based Nursing Services: Mrs. Sonia Daly; and Operations Manager: Ms Launette Adams, and another senior nurse. Once again, I was requesting from them their perceptions of HIV care needs and the role of nurses. It is only rarely that a physician will share the diagnosis with the hospital staff, although nurses sometimes guess. They told stories of patients who were known to be HIV positive being turned away from emergency, of nurses wearing gloves to change their beds, of a ward patient being asked why he wouldn't just leave and go home – and that these were the last words he heard before he died. The operations manager knew of a cleaner throwing the linen from an HIV patient into the garbage rather than putting it into the hospital laundry. She was hoping I would be able to meet with the cleaning staff as well. There may be some extra sessions set up for me to discuss HIV care informally with various groups, as some nurses are disappointed that they were not chosen to attend the workshop, and some senior staff would like their staff to have some update.

The management personnel emphasized the need to address the issue of stigma/discrimination, and the application of universal precautions. They are concerned about the confidentiality of a person's HIV diagnosis – would like that information to be shared with hospital staff being included as part of the care team, but on the other hand worried about breaks in confidentiality – which seems to be a huge issue

here in such a small population. Some of the wards are 6-bed units so confidential conversations are difficult. Relatives may be nurses on the neighboring ward, etc. The Matron said a nurse would not lose her job if she disclosed that she was HIV positive, but the issue has not arisen where staff has disclosed the diagnosis.

At 10:00 am I met with Dr. Kathleen Allen-Ferdinand: Director of Community Health Services; Dr. Derrek Jeffers: Ob/Gyn; Mrs. Mavis Huggins: formerly HIV/AIDS coordinator, now with the NGO Family Health International; Mrs Sylvia Isaac: Coordinator of Community Nursing Services; and Mrs. Marguerite France: Deputy Coordinator Community Nursing Services.

Dr. Allen-Ferdinand is an amazing woman. She dynamic, very well-spoken and passionate about HIV care. She said that the conditions for HIV to thrive on St. Kitts are present, with a high level of sexual activity and sexually transmitted infections, high teenage birth rate. There is no specific public STD or family planning clinic. STD treatment or access to birth control would be part of the care of a private physician or in the community health centre. Depoprovera is widely used for contraception.

Dr. Allen asked that I address the issue of professionalism and patient confidentiality. She is concerned that nurses and other hospital staff do not respect the confidentiality of patients, that there is chat in the hallways, at the nursing station, in the patient room, and that HIV status is considered “newsworthy”. She does not disclose to hospital staff the HIV status of her patients. She has a positive approach to HIV care — emphasizing that HIV care is demanding the very best of us as physicians and nurses – and offers us the challenge, demands and rewards of comprehensive care. She had to rush off to sit on a panel about HIV/AIDS which was part of tourism week activities.

Dr. Jeffers is an obstetrician/gynecologist in both private and hospital practice. He had very strong opinions about the confidentiality issue with staff. He said patients can hear the “hand-over” (nurse report) at change of shift, and that sometimes the hand-over is done from bed to bed so the neighboring patients, who are all ears, can hear all about everyone in the whole ward. He was defiant in not providing the HIV status of his patients until this issue is addressed. He also is not willing to routinely test antenatal patients for HIV until a lot more things are in place. He said the social consequences of a positive HIV diagnosis are so great, and without any treatment options, he is not willing to put his patients through this. Is it better to die as a social outcast, or to die with your family and supports in place? He pointed out that a woman does not have the option of pregnancy termination as abortion is illegal here. There are no antiretroviral medications available for pregnancy/labour/delivery or postpartum for the babe. He wanted to know what public health was going to do about the Best Baby program: a huge push here for exclusive breast-feeding, when there are going to be mothers who are advised from the moment of delivery not to breast-fed. He is really talking about the stigma a mother would have in not breast-feeding. He has no issue at all himself in caring for HIV positive patients or doing surgery for them. He has not been invited to participate in the mother-to-child-transmission program which is being launched by the Ministry of Health in the near future, nor has any other medical person who is working on the ground. He believes the Ministry of Health and other bureaucrats designing such programs should have consultation with the direct health care providers.

Mrs. Isaac and Mrs. France again requested general update information on HIV, that the concept of universal precautions be reviewed, and that counseling, confidentiality and stigma issues be discussed. The continuum of care for HIV is not in place, in that there is no discharge planning for an HIV positive patient, no mechanism for follow up or support. The hospital does not have a social worker or counselor. There has been lots of general HIV information provided to staff and to the general public over the years, in fact staff may be “sick of hearing about it”.

Mrs. Huggins was another dynamic person, committed to HIV advocacy. She has links with the St. Lawrence Centre in Toronto for assistance in setting up ASOs. The other staff were full of compliments about her, and how she is missed now that she has moved on to another agency. Her HIV/AIDS

coordinator position is vacant – this is under the Ministry of Health, not under the hospital. She is very experienced in program development, passionate about HIV prevention, and I'm sure is an excellent resource person.

My impression from the morning is that nurses are not part of a care team when it comes to HIV care, hierarchy is alive and well, and that the perception of confidentiality and discrimination issues are a barrier to their acceptance by the physicians as a full participant. The idea that HIV testing may actually do the patient more harm than good needs to be understood and addressed – I find it hard to get around that one. I am so cultured to believe in the benefits of knowing one's HIV status. Even if there is no medication, couldn't a woman have the chance to reduce transmission by not breast-feeding, by deciding not to have more children, by protecting all future sexual partners, by informing current partner to be tested and to use safer sex. Is it not worth the life of a child or a partner? Couldn't nurses be given the chance to be full partners in the care, to provide the support and follow up which may be needed?

In the afternoon, I went over to the nursing school which is part of a community college and met with Sylvia Richards, nursing teacher. The nursing program is three years for the RN and then a 4th year for midwifery. There is no particular class or session on HIV in the curriculum. We had a wide ranging discussion about nursing education, sexual behaviour, transmission issues, the ethics of nursing, and how to reach to that place in nurses which calls on them to act with compassion and courage. She felt the fears of nurses needed to be addressed. Nurses need to be reminded about why they wanted to go into nursing and what are the rewards of nursing. Counselling regarding voluntary testing, and location of HIV care: home vs hospital were also topics she suggested.

Danielle, who is accompanying me throughout, took me back to the hospital to complete our tour. We visited the pediatric and maternity units, both in the brand new area of the hospital The hospital had a major grant to rebuild after extensive damage from hurricane Georges in 1998. There is construction everywhere, and they now have the money to put in hurricane proof roof and windows. We went through the emergency department as well, in the old part. Very typical emergency, lots of people waiting, rooms of people on stretchers, some one being sutured, some one getting a cast on, another on a monitor. Lots of evidence here for the opportunity to improve universal precautions. The intensive care is nearby, a very cramped three bed unit.

October 25

Ferry to St. Nevis

We were met at the Nevis ferry dock by Shirley Wilkes, Health Educator for Nevis. There was a very formal meeting arranged for me at the Ministry of Health. It seems the system is a bit like our federalist system, in that Nevis would have its own Ministries, much like Ontario and Alberta would each have its own. At this meeting were the Senior Administrator, Mr. Kingsley Elliott; the Health Educator, Shirley Wilkes; the HIV/AIDS programme coordinator, Andrea Nisbett , and an internist from the hospital, Dr. G. Singh. Andrea, who has lived and worked in Calgary, described her role on Nevis – responsible for public prevention education campaigns, speaking in schools, coordinating a visit of an HIV positive entertainer from Antigua who speaks openly about his HIV. Shirley Wilkes is responsible for all the health promotion programs in general, including asthma, blood pressure, diabetes, etc. Dr. Singh is a gentle soft-spoken man, who trained in England and has been in St. Kitts for about three years with his OB/GYN wife. He is familiar with HIV care, receives referrals of HIV positive patients, says he offers testing for HIV, and believes in its value. He said he thinks that AZT, 3TC and Indinavir are available for patients through PAHO (Pan American Health Organization) but he has not applied for the meds and has no one on them. He says some of the patients from Nevis will go over to Dr. Ramsay in Antigua, who will provide HIV care for free and will dispense meds from his office at no charge.

The issues raised in previous meetings are repeated here: stigma, reluctance to use condoms in the culture, difficulty in translating information into behaviour, some groups hard to reach (e.g. commercial sex is illegal, so hard to identify), lack of availability of meds and lab testing

Then off to the Charlestown Health Centre and a meeting with Genevieve Daniel, the supervisor of Public Health Nurses for Nevis, and the rest of the nursing staff at the clinic. The nurses again had tons of questions. They are really hungry for detailed information on care, breast feeding, safer sex teaching, sterilizing of equipment. They wanted to know how to do pretest counseling. When I talked about post test counseling – they said they don't ever get the positive test results back. They go to the physician over them, considered too confidential for nurses. However they get the negative ones back to review with the patient, so obviously by deduction know who the positive people are! They don't however have the chance to honestly and openly participate in their care, support the patient, help with education of patient/family etc. because they are never told anything about their status formally. They are concerned about the young teenage girls going out with older guys closer to the age of 30, also with commercial sex workers being paid more to have sex without a condom. The nurses are doing the best they can, but it is challenging with no continuum of care, no legal/public health backup, no formal contact tracing, and with the stigma of HIV in the population.

We then went up to Alexandra Hospital for a tour of the facility. Like JGF Hospital in St. Kitts, it is undergoing major renovations with hurricane grants. The major areas are brand new, beautiful emergency department. Was introduced to the surgeon who had trained in New York and has lots of experience with HIV, saw Dr. Singh again, and in Maternity met a doctor from Nigeria who trained in Cuba. In the wards, here they are 8-bed units, the nurse sits at a desk which is in the exact middle of the room, four beds on each side of her. I spoke with the lab director who said that actually it is possible to get a CD4 count, although she has never been asked to do so. The patient would be billed, but she didn't know how much it would cost. The sample would be shipped to Barbados. She thinks viral load would be possible, shipped to Trinidad, but again has never actually done it. Flow cytometry will have to be considered when the mother to child transmission program is launched as a decision will have to be made whether to continue meds for the mom after delivery based on her immune status.

There is a common theme to the nursing issues which need to be taken into consideration when planning the workshop. The hierarchy in the health care system here is very strong, with the nurses on the front line having very little power, or appreciation for the work they do. There is a disparity in allocation of resources, and the continuum of care from hospital to home to outpatients with the back up of human rights legislation, health protection acts, contact tracing, etc. is not in place. The fear nurses have of HIV, the lack of confidentiality, the inconsistent application of universal precautions, and the number one problem: stigma, will be at the forefront of the educational needs. I have been told this over and over wherever I go. The lack of medications and lab tests for HIV monitoring contribute to the reluctance to be tested: "why would you, when there is nothing that can be done anyway?" The positive factors which I can build on are the awareness nurses have of the challenges they face, the thirst for information on HIV care, the general "goodness" of nurses, the strength I witness as they provide primary care in the community health centre, and the creativity of doing what they can with limited resources. I am so grateful for the honesty of the nurses in providing me with their assessment of the current situation, and for guiding me by sharing their concerns and needs.

October 26th , a Saturday was my day to be tourist. I was so lucky to have Danielle as my tour guide as she is a lifelong St. Kitts resident, and loves the country. On Sunday October 27th, I spent the whole day organizing the workshops – a 3-day one for RN/Midwives, and a 2-day for Nurses Aides, attendants, home health workers, ambulance attendants. The learning from the meetings and interviews held the previous week informed my review. I eliminated most of the section on medication, adherence and management of side effects, increased the time for stigma/discrimination, prevention of transmission and

universal precautions, and added a section on confidentiality. I was grateful that I had brought my laptop computer, and was able to print off some revised material in the hotel business center.

Opening Day: October 28th

The workshop, which I named Building Bridges, was held at the JNF hospital. There was a formal televised opening ceremony attended by hospital administrators, the Permanent Secretary (equivalent to our Deputy Minister) from the Ministry of Health, and the workshop participants, 25 RN/Midwives, selected from a variety of health care settings in St. Kitts/Nevis. Following the formalities this is what I said:

"Thank you so much for your kind introduction and for your hospitality in welcoming me to St. Kitts and Nevis. I bring you greetings from the Canadian Association of Nurses in AIDS care and from my home agency, the HIV Care Programme at St. Joseph's Health Care in London, Ontario, Canada.

Over the past few days, I have had the opportunity to meet with health personnel from a variety of settings in St. Kitts and Nevis. I have visited the Ministries of Health, the JNF France and the Alexandra Hospitals, and community health centers. My gracious and untiring host has been Nurse Christmas, who has also shared with me her love of St. Kitts and her time in showing me not only various health care institutions and agencies, but also the geographic, historic, social and gastronomic highlights. I would like to thank all of the people who participated in the professional meetings for sharing with me the challenges they face in providing HIV care, and for honestly giving me advice on strategies and priorities for nursing education.

I have called the workshop Building Bridges. This is a theme we have adopted for our annual HIV conference in London. I believe it is a very significant image for us to use in HIV care. A bridge can be a lifesaver for someone escaping trouble, or needing to move to a happier time or place. It can bridge a gap, making a vital connection between two communities. A bridge can connect two places of strength, it can link people, places, and ideas. A bridge does not go in only one direction – it is a two way link, so people and ideas can travel in both directions, each side learning from the other, each side giving to the other. I was reminded when I saw the walkways built way up high over dry ghauts, that a bridge does not always have to be used, but if it is built in the right place and in the right way, it will be there for you when you need it.

In this program we will be covering the following topics:

- *HIV: the infection*
- *The global HIV epidemic*
- *The continuum of care*
- *Nursing care of Adults and Children*
- *Living with HIV*
- *Fear, stigma and isolation*
- *HIV testing and counseling*
- *The crisis of a diagnosis*
- *Palliative and terminal care*
- *Women and HIV and mother-to-child transmission*
- *HIV in pregnancy*
- *Universal precautions and HIV in the workplace*
- *Strategies for prevention of HIV*
- *Care for the caregiver*

I will be calling on you to be an active participant, for you are a great source of experience in nursing. And nurses are known to be "doers".

My hope is that throughout the workshop you will reflect on the image and the meaning a building a bridge, and you will leave with the tools you need to get you started on building the bridges that you choose to construct.

My focus will be on nurses and I am just thrilled to be here with so many of you. These are my very favorite kinds of workshops! Nurses throughout the world have a very significant bond – our responsibilities of care taking, sometimes overcoming great obstacles, are universal. We are united in our struggles to be recognized for the work we do, to be appreciated for our dedication. And yet even when we do not hear the words, we know what we do makes a difference, for everyone at some point in their life is touched by a nurse. We can give these gifts from our heart. Nurses are incredible individuals with a depth of talent and resources and I will be calling on you to honour those qualities as you prepare to do HIV care.

I am passing out right now red ribbon pins, the universal symbol for HIV/AIDS. One arm of this ribbon means "I am aware" and the other arm means "I care". So when I wear this red ribbon it is a symbol that I am aware of HIV/AIDS and I care about HIV/AIDS. I would like you to take the ribbon and pin it not on yourself, but on another person and as you do that say "I invite you to be aware and to care about HIV and AIDS".

I would like to dedicate this workshop to those throughout the world who have died from AIDS, who are living now HIV positive with an uncertain future for themselves and for their children, and to the nurses who have been there, are there, and will be there to care for them. I would like to invite you to light this candle in their memory and honour. And then silently reflect on a beautiful song sung in hope by a secondary school choir from Sudbury in Northern Ontario. "Light a Candle"

The workshop was held in the hospital conference room, a former maternity ward. Tables covered in white sheets were arranged in a U-shaped formation. A sheet up on the wall served as a screen. I had the use of a flip chart, overhead projector, CD player, TV/VCR and to my surprise, special arrangements had been made for me to have the sporadic use of an LCD projector, borrowed from the local college, for some of the sessions (not always the session I was told I could have it, but Be flexible!).

Throughout the workshop, I was so impressed by the enthusiasm of the nurses, their vocal participation, their love of the music and singing, and the community spirit we created. They worked very diligently in their breakout sessions. They appreciated the opportunity to express their opinions, to be listened to, to ask questions without judgment. Many nurses had private conversations with me during breaks regarding personal situations and dilemmas.

At the end of the third day, Wednesday, I provided an 1.5 hr open forum session for any hospital employee who wanted to come and learn about HIV. It was very informal, a question and answer format. Again, an obvious and enthusiastic desire for information, with the majority of questions related to transmission and infection control. That same night I had agreed to go with one of the nurses to her church youth group. It turned out to be a gospel tent with more than 300 people and megaphones which transmitted sound for a mile in each direction. I quickly put together a presentation on building a caring community, and about the role of faith based organizations in meeting the challenge of the AIDS epidemic. When I saw and heard their fabulous sound system, I pulled my CD out of my bag and taught them all to sing along with the Judd's "Love Can Build a Bridge". Definitely a unique experience for me!

The 2-day workshop on the Thursday and Friday for the aides and attendants followed a similar format as the first 3-day one, with a focus on prevention of transmission, confidentiality, and coping with stigma and discrimination. One of the attendants spoke about her brother who had died of AIDS. To speak out publicly about AIDS in a personal way is very unusual in St. Kitts, so this time was very powerful, and very emotional. The participants in this group were very lively, and enjoyed themselves immensely. The main complaint was that the workshop wasn't long enough!

The evaluations were overwhelming positive, with most making a commitment to become a role model in their community, to sharing what they had learned with colleagues, family, and friends. Many wrote that they had never been to a workshop like this one. The best compliment came from the nurse's aide who said "Mrs. Pook, I mean Terry, it wasn't boring for even one minute!" It was important to the participants that they could take reading material and handouts home with them – and unfortunately I was not able to bring with me enough for everyone, and with no photocopying service, I could not arrange it when I was there. Everyone wanted a copy of the song sheets, of the CD with the song selections, of the videos I used. So many questions arose about the details of universal precautions and infection control that I will be making a recommendation that a review of current practice and a formal in-service on these topics be provided as soon as possible for all health care workers.

At the closing ceremony my remarks were as follows:

(*based on the talk by Dr. Sandra Anderson, UNAIDS, at the opening ceremony of the National Home/Community Based Care Conference, Rustenbury, South Africa.)*

I would like to thank you for your hospitality and for your participation in this workshop.

(I listed a number of the topics we covered).

I love to spend time with other nurses, because throughout the world we share that common bond of trying to make the world a better place. You and I are aware that HIV is devastating humanity, and we need to stand up and be counted as people who are truly making a difference.

My hope is that in the future people will look at us and say that…

We talked openly about the issue of HIV to counteract denial, rather than whisper behind people's backs

We spoke to children and youth about living life and staying safe from disease.

We worked hard with more partners, such as faith-based and community based organizations, unions, businesses

We insisted that prevention and care be bound together, stretching from home to hospital

We insisted that universal precautions are practiced, that we have sharps containers in every room, that we use a plastic bag for contaminated dressings, that we use gloves when we need to, and we change them and wash with soap and water between each patient.

We taught health care workers how to protect themselves.

We insisted on confidentiality for all our patients. We did not break it, we did not participate in gossip, we took action when we saw confidentiality being broken. Our patients trusted us

We talked about reducing stigma and shame and we created a loving and caring environment for our patients

We lead the struggle to change behaviours and norms.

We tapped the resources of our young people in fighting the epidemic. We looked at the commitment and passion, the vision and voice of young people as they helped us face reality.

My nursing friends,

Kofi Annan, at the UN General Assembly Special Session on HIV/AIDS in June 2001 said —"AIDS is an unprecedented global crisis. It requires an unprecedented response from each and every one of us. Turning back the HIV epidemic is a task beyond individual efforts, no matter outstanding or heroic. It requires communities, nations and regions to come together" – for together we will have the power. The greatest challenge today is care — a continuum of care, comprehensive care, care that is provided with

excellence and compassion… Caregivers need appreciation and recognition, they need supervision and ongoing education, they need technical and logistic support, they need a listening ear, they need to be encouraged. Give this gift to each other. Never let us grow tired of doing good.

We had a theme of building bridges: that significant image of lifesaver, of bridging gaps, of a vital connection, of the possibility of people, places and ideas going in two directions. A bridge may not always have to be used, but if it is built in the right place and in the right way, it will be there for you when you need it.

Let us close the gap between knowing and doing. Let's meet the great challenge by reaching out to our patients and to each other.

Let's plant the tree of hope and compassion.

Thank you.

Late Friday afternoon, after all was done, we weren't quite done! Danielle took me to the Ministry of Health where we paid courtesy calls to the Chief Nursing Officer for the Ministry, and to the Permanent Secretary, an opportunity for them to provide formal appreciation for the project. I finished up my week with the West Indian Night buffet and live steel band music at the Ocean Terrace Inn, a fitting conclusion before my departure on Saturday.

I am so grateful to the people of St. Kitts & Nevis for their hospitality, and their open appreciation of the efforts of CANAC and Health Canada to provide assistance. CANAC nurses have a lot to share, and a lot to learn from our colleagues who are nursing without the luxury of medicare, laboratory resources, and medications. It would be immoral not to try and remedy the disparity between the resources of our centre, where patients have the luxury to complain that their pills are too big, and the resources of a hospital where patients have to bring their own cup, toilet paper and towel. The nurses there need encouragement that they can and will make a difference. Thank you, CANAC, for responding to this particular need for education in St. Kitts & Nevis. I urge you to continue to answer the calls, for they will be many, and we have so much to give.

Respectfully submitted
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