

IN THE END

BY MIA BIONDI



What nursing means to me...

WHEN I WAS IN MY EARLY 20S I WENT ON SEVERAL OUTREACH TRIPS to sub-Saharan Africa, where HIV affects more people than it does here in Canada. These experiences inspired me to pursue graduate studies in the field of HIV and to get involved with organizations like the Stephen Lewis Foundation. But something was still missing. I felt the need to better understand the day-to-day challenges of individuals affected by HIV. This inspired me to pursue community nursing, so I could combine my scientific training with front-line care.

In Canada, diseases like HIV and hepatitis C disproportionately affect marginalized populations, a phenomenon that fuels stigma, even among health-care providers. This negatively affects care, and will be one of the major challenges in eliminating hepatitis C in this country.

These examples are not the first time in history that fear and stigma have been linked to that which is unknown or poorly understood. In fact, we are now on the brink of another epidemic of fear. The Ebola outbreak that has ravaged West Africa since March has over 10 times more confirmed cases than any other documented Ebola outbreak in history. And as the virus spreads, so does the stigma.

In August, a pub in Seoul, South Korea displayed a sign banning “Africans” from entering. More recently, a college in Texas rejected two international applicants from Nigeria, stating it is not currently accepting students from countries with confirmed cases of Ebola. In Canada,

stigma is found in the form of policy, whereby the federal government is restricting entry visas for people who are coming from countries where Ebola is a concern. This move is not grounded in science or sound public health policy. It’s linked to fear of the unknown.

It is not surprising that the growing number of individuals infected in West Africa, as well as recent cases involving health providers in the U.S. and Europe, is troubling to many. However, it is important to do all we can to decrease stigma among our colleagues and the public.

As nurses, we have a responsibility to provide care, as long as it falls within our scope of practice. And we have a duty to be aware of the science behind Ebola, and share accurate information. How we react to potential or confirmed cases – and our actions to speak out against unjust policies – will become a part of our identity as Canadian health-care providers.

There is still much we do not know about Ebola. However, it is imperative to act on what we do know, and arm ourselves with factual information grounded in science. We must work together as a health-care community without fear. Fear and stigma affected how we reacted in the early days of the HIV epidemic, and we would do well to learn from those lessons. It is only then that clients will receive the compassionate and respectful care they deserve. **RN**

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