NURSE'S VOICE FROM THE FIELD

Parallelisms of the Early AIDS Epidemic and COVID-19 Pandemic: Lessons We Should Learn

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ate in December 2019, the World Health Organization (WHO) received reports of some cases of pneumonia in the Hubei Province of China, specifically Wuhan City. At the time, the isolated virus was unlike other known viruses. This finding caused alarm because little is known about its effects on people (Fauci et al., 2020). This disease would later be known as Coronavirus Disease 2019 (COVID-19). These said reports dominated international news cycles in the first guarter of 2020, leaving many scrambling, including governments, in constant uncertainty (Garfin et al., 2020). Numerous governments instituted racially charged travel bans to mitigate the communitybased transmission of COVID-19. Other complementary measures like frequent hand washing, wearing of masks, social and physical distancing, and mandatory testing were also instituted (Chowdhury et al., 2020). These above-mentioned strategies were based on evolving data and a modest understanding of the complexity of COVID-19.

If there ever were another health concern in recent human history that draws parallelism to the impact COVID-19 has made, it would have to be the HIV/AIDS epidemic. The beginning of the HIV/AIDS epidemic in the 1980s brought many social issues on top of its severe medical consequences (Jonsen & Stryker, 1993). Integral in this commentary and understanding of the early HIV/AIDS epidemic is context. Medical experts at that time were also unsure of what they were confronted with. They acted rashly, promulgated socially damaging rhetoric, and passed consequential policies that have had a profound impact to this day (Sontag, 1989). If we are to avoid similar longstanding negative impacts and progress as a society, we need to reflect on the failures of humans' past and learn from them. We are expected to know better than to commit the same mistakes.

Rhetoric shaping response

There are similarities in the wartime rhetoric used in the response to the AIDS crisis and the COVID-19 pandemic. Numerous governments described both emergencies using military language and made calls to mobilize resources in order to engage in a collective effort to combat the disease.

During the AIDS crisis, wartime rhetoric was evident in the language used by public health officials and politicians to describe the disease. The epidemic was described as a "plague" and a "battle" (Sontag, 1989), and there were calls to "mobilize" and "fight" the disease (Musu, 2020). There was also a focus on "targeting" and "eliminating" the virus (Nie et al., 2016). We saw similar wartime rhetoric used throughout the COVID-19 pandemic to describe the disease and its response. Public health officials and politicians have spoken of the need to "defeat" the virus and "battle" the pandemic. There have been calls to "ramp up" the production of personal protective equipment (PPE) and testing supplies and to "mobilize" resources to combat the disease (Benzi & Novarese, 2022; Wise, 2020).

However, some have criticized wartime rhetoric in the AIDS crisis and the COVID-19 pandemic. They argue that the language of war can be divisive and may create unnecessary fear and anxiety (Musu, 2020, Varma, 2020). Moreover, they suggested that focusing on "fighting" the disease may overlook the importance of compassion and care for those affected by it (Ghanbari-Afra et al., 2021).

Owing to the rhetoric employed in communicating both health problems, the Philippines' response to the AIDS crisis and the

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COVID-19 pandemic share some similarities regarding the government's approach and the challenges faced. Both health crises required a multi-sectoral approach to combat the spread of the disease and to ensure the population's safety. In both cases, countries implemented public health measures to slow down the spread of the disease, including social distancing, contact tracing, and guarantine measures (WHO, 2021). One similarity between the two crises is the stigmatization of the illness and the discrimination experienced by affected individuals. The stigma brought upon by HIV/AIDS was initially widespread, particularly among the LGBT+ community, which was perceived to be a high risk of infection. Similarly, the COVID-19 pandemic has also led to discrimination towards Asian communities like those with Chinese ethnicity, particularly in the early stages of the outbreak, as the virus was first identified in Wuhan, China (Corpuz, 2021).

Another similarity is the challenge of ensuring access to health care for affected individuals, particularly those from marginalized communities. In the case of the AIDS crisis, access to antiretroviral therapy and other treatments was limited due to their high cost, which made them inaccessible for many Filipinos living with HIV/AIDS. Similarly, COVID-19 testing and treatment access have also been challenging for those living in poverty or remote areas (United Nations Philippines, 2020). Furthermore, the Philippines' response to both crises has been criticized for the lack of coordination and inadequate distribution of resources. In the case of the AIDS crisis, the government was criticized for its slow response to the epidemic and the lack of a comprehensive national policy to address the issue. Similarly, the government's response to the COVID-19 pandemic has been criticized for its slow response, inadequate testing, and limited support for affected individuals and businesses (Bautista & Lopez, 2021).

The roles nurses played

Nurses have played crucial roles in addressing the AIDS crisis and the COVID-19 pandemic where they are expected to provide critical care to patients, and to contribute to the overall public health response. During the AIDS crisis, nurses were at the forefront of caring for patients and promoting public awareness of the disease. They provided direct patient care. administered medications while monitoring symptoms, and played a crucial role in educating patients and their families about such condition (Austin, 2014). Nurses also addressed the stigma and discrimination associated with the disease as they advocated for patients' rights and continued to promote public understanding and acceptance of those affected by HIV/AIDS (USAID, 2017). In the COVID-19 pandemic, nurses have again played a vital role in caring for patients and contributing to the overall public health response. They have provided critical care to COVID-19 patients, including administering treatments and

monitoring symptoms. They have played a key role in preventing the spread of the disease through contact tracing, quarantine measures, and risk communication. In addition, nurses have also worked to address the mental health and emotional needs of patients and their families, who have been affected by the pandemic in various ways (Fawaz et al., 2020).

Furthermore, nurses have played a role in addressing the challenges posed by the COVID-19 pandemic, such as the shortage of personal protective equipment (PPE) and other resources. Many nurses have worked to develop innovative solutions to these challenges, such as creating their PPE or implementing new safety protocols to protect patients and themselves (Fawaz et al., 2020).

Lessons to be learned

The Philippines' responses to the COVID-19 pandemic and the AIDS crisis provide essential lessons for addressing public health challenges. One critical lesson learned from both crises is the importance of a comprehensive and well-coordinated government response to ensure that there is an effective control and management of the outbreak. Moreover, both crises highlight the need for effective public health measures, such as contact tracing, quarantine measures, and risk communication, to slow down the spread of the disease in order to protect public health.

The response to the AIDS crisis also highlighted the importance of reducing stigma and discrimination against those affected by the disease, which could impede the effective implementation of public health measures (Joint United Nations Programme on HIV/AIDS, 2019). Similarly, the COVID-19 pandemic has also led to discrimination against affected individuals, particularly those of Asian descent. Addressing this issue is crucial to ensure public health measures are accepted and made effective (Corpuz, 2021).

Another important lesson learned from both crises is the need to ensure access to healthcare for all, particularly for marginalized communities so as to prevent the further spread of the disease and to reduce its impact on the population. The Philippines' response to the AIDS crisis highlighted the importance of providing access to antiretroviral therapy and other treatments to reduce the impact of the disease (De Guzman, 1995). Similarly, ensuring access to COVID-19 testing and treatment is essential to manage the outbreak and protect public health.

The response to the COVID-19 pandemic has also highlighted the need to invest in healthcare systems to ensure they can cope with the challenges posed by pandemics and other public health emergencies. The Philippines has faced challenges regarding the availability of testing kits and personal protective equipment, and investing in these resources is essential to ensure an effective response to future outbreaks (Dayrit et al., 2018).

Preparing for the following health crisis

Reflecting on our collective experiences of both the AIDS crisis and the COVID-19 pandemic, nurses can improve their response to future health crises by (1) remembering compassion, (2) strengthening their leadership skills, (3) building and maintaining effective communication channels, and (4) developing their research and data analysis skills.

Remembering compassion. Despite the fear caused by wartime rhetoric used during public health crises, nurses should never forget compassion. Compassion in nursing care involves understanding and empathizing with the patient's experience and perspective, showing kindness and concern, and providing care that promotes dignity and respect. It requires the nurse to take the time to listen to the patient, be present with them, and provide support tailored to their unique needs. Patients with HIV or COVID-19 face several challenges, including symptoms of their illness, medications' side effects, and mental health concerns such as anxiety or depression. Nurses' compassionate care can help alleviate these challenges and improve patient outcomes. It can also help to reduce the stigma and discrimination that patients may experience in order to improve their overall quality of life. Nurses who provide compassionate care can help to improve the patient's experience, promote their well-being, and reduce stigma and discrimination.

Strengthening their leadership skills. Influential nurse leaders can lead their teams through times of crisis, promote safety and quality care, and help establish policies and procedures that help protect patients and their staff. They can also work to build strong relationships with other healthcare professionals, policymakers, and community leaders to collaborate on solutions to address health crises. In addition, this approach can help support their teams by providing training and education on best practices and ensuring that concerned personnel have the necessary resources or support to provide quality care. Furthermore, optimum client care outcomes can be achieved by pursuing leadership training, participating in professional organizations, and seeking mentorship from experienced nurse leaders.

Building and maintaining effective communication channels.

Nurses are often the first point of patient contact and work closely with other healthcare professionals, public health officials, and community leaders. Building and maintaining effective communication channels helps ensure that critical information is shared quickly and accurately. Communication

can be critical during a health crisis, where timely and accurate information can help prevent disease spread, promote safety, and improve patient outcomes. Nurses can use communication channels to share information about prevention strategies, symptoms, and treatment options for infectious diseases. This can help promote public health and prevent the spread of disease. Such can be achieved by taking courses in communication, participating in public speaking engagements, and leveraging social media to disseminate accurate and timely information

Developing their research and data analysis skills. Nurses can improve their understanding of the science behind infectious diseases, conduct research to evaluate the effectiveness of interventions and analyze data to guide decision-making and evidence-based practice. Moreover, nurses who are skilled in research and data analysis can help identify emerging health issues, investigate best practices for prevention and treatment. and inform policy decisions. They can also help evaluate interventions' effectiveness and make recommendations for improving patient outcomes. Nurses can also work collaboratively with other healthcare professionals to conduct research studies, evaluate the effectiveness of interventions, and identify new research areas. By understanding how to collect and analyze data, nurses can help to identify trends and patterns in health outcomes, which can inform clinical decisionmaking.

The AIDS crisis and the COVID-19 pandemic share similarities in their impact on society and the challenges faced in responding to them. Both health crises require a multi-sectoral approach to combat the spread of the disease, including sociobehavioral changes (i.e., abstinence and social distancing), contact tracing, and quarantine measures. However, wartime rhetoric in response to both crises was divisive and fear-inducing, producing less-than-desirable outcomes. Despite these challenges that nurses have faced, nurses continue to play crucial roles in addressing both crises, providing essential care to patients, and contributing to the overall public health response. It is necessary to reflect on past failures and to learn from them in order to avoid similar longstanding negative impacts and progress as a society.

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