

**Remarks to President's Advisory Council on HIV/AIDS (PACHA)
February 3, 2020**

My name is Carole Treston. I am a nurse with the Association of Nurses in AIDS Care. Nurses were the backbone of the response to AIDS when there was not effective treatment-nursing care-holistic compassionate care and the judgement-free nurse coordination of support & other services was paramount. Advances have ushered in the medical model. And we are grateful- because hundreds of thousands lived- and many became undetectable. But we are at a crossroads now- where the experiences & outcomes of people living with and at risk for HIV are divided.

Disparities along racial, economic, geographical lines and age define the outcomes. The road ahead – ensuring that the 400,000 people not in care will receive the care & sustained healthy outcomes as those already at those milestones will not be easy. We can't treat our way to the end of the HIV epidemic—because for many- it's so much more than pills – either for treatment or prevention. The importance of addressing social issues- including alternative treatment sites and other measures such as a focus on holistic care that includes support groups, mental health services, food & nutrition and housing support are critical. Investments in intensive nurse case management & care coordination must be included.

I want to share a story with you – of a woman living with HIV for 25 years, working, engaged in care, an advocate- the epitome of successful living with HIV, UDVL & U=U. But due to IPV- she left her home to start fresh, became housing unstable- living here & there, dealing with understandable depression, her medical care slipped, her viral load climbed. She was ashamed and embarrassed. Support groups are helping her get back on track but housing assistance is still a challenge- because she doesn't have her name on a lease. Yes- our own bureaucracies aren't getting her the services she needs to return to a healthy place. That needs to be fixed.

Part of an effective response to maintain those in care and engage and sustain those out of care includes supporting a healthcare workforce that is reflective of the populations being served. Investing in inter-professional teams that reflect the racial, ethnic, sexual orientation of the community served will help. Providers who build relationships with the whole person – not just monitoring their viral load success will help. Reducing bureaucracies and other institutional hurdles will help. This takes time- more than a 15-min scheduled visit. Nurses and nurse practitioners fit the bill here. We can often identify the barriers & implement necessary person-centered solutions to real-life problems that impact care.

ANAC is thrilled that PACHA has seated Vincent Ramos- ANAC member and a nurse & social worker. Having the voice of Vincent- and I hope others like him- will broaden the discussions. The many roles & experiences of nurses are important perspectives and we applaud HHS & PACHA for this inclusion. Nurses often aren't at the table despite being the largest component of the healthcare workforce- even in 2020- the WHO designated Year of the Nurse. We encourage you to seek out the voices of other nurses, including nurses outside of the usual HIV sphere. ANAC can help in that effort. Thank you.