

Ann Lund's Reflections on 18 years as a TB Nurse

1. How did you get called to this work? Why did you stay in TB?

Surprisingly, working in TB unexpectedly fell into my lap late in 2007. Due to staffing needs, I was reassigned to the TB program after working 18 months as a Communicable Disease (CD) nurse. It was a match made in heaven, and I immediately felt immersed in things I am passionate about - honoring diversity and cultural identities, ensuring accessible quality care and treatment, and the priority of patient-centered care. My background provided helpful skills to bring to this work, particularly living and working in Africa at the start of my public health career as well working many years in a busy community health center serving mostly unsheltered and uninsured patients. My previous work in CD also gave me basic skills of contact investigation, disease management, and navigating Washington Public Health Laboratories (WA PHL) and Washington Disease Reporting System (WDRS) systems. Even with my strong prior experience, working in TB has been the most difficult and challenging work I have ever done, but it has also been the most rewarding!

At one point when I was the only TB nurse in my jurisdiction, I felt quite discouraged and overwhelmed feeling no one really understood the intensity, complexity, and demands of TB work. Close to that time in 2015, I received a travel award to attend the National Tuberculosis Coalition of America (NTCA) National Conference, and it became a turning point for me when I discovered there was a whole coalition of TB nurses who fully understood my challenges as well as my need for support. It was at that conference I first connected with Lana, Nurse Consultant for WA DOH TB program, and she became a wonderful source of ongoing support that has continued to this day!



2. What is the best piece of advice you have learned from another TB staff member?

When I started as a new TB nurse, the outgoing nurse told me to expect to form really close relationships with our TB patients. I didn't understand what she meant at first, but it didn't take long for me to learn how our shared journey with TB patients and their families forms strong bonds of trust and allyship that is unique & deeper than any other type of nurse-patient relationship I had experienced.

3. What best practice did you learn the hard way?

My first Multidrug-Resistant (MDR) case was a missed contact from another jurisdiction. This was a person who was new to the Bellingham area. Genotyping revealed a link to the other case, and after re-interviewing I learned they previously lived in an apartment with the index case in another city. When the index case was diagnosed, they were not listed as a household contact as they were no longer living there. After this experience, I changed my routine when interviewing new cases to always ask “did anyone else live here in the last 6 months?” to avoid missing any contacts that left or moved away.

4. What gives you hope for the future in TB?

Though current news cycles are discouraging about scientific research & development, I am still hopeful that new breakthrough technologies are on the horizon that will improve TB care. In my 18 years in TB I have seen so much progress – for example, when I started, all we had was the [Tuberculin Skin Test] for TB screening, and only 9 months of [isoniazid] for [Latent TB Infection] treatment. The [*Mycobacterium tuberculosis* polymerase chain reaction] wasn’t validated yet – only cultures could confirm a TB case; all [directly observed therapy (DOT)] was done in person, and we relied on paper medical records. Case consultation was difficult and sporadic in the days before TB ECHO. So many amazing advancements have come about since I’ve worked in TB – [interferon gamma release assays] are now standard for screening, PCR is available for rapid TB diagnosis both here and around the world; we have the revolutionary all-oral MDR treatment regimen [of bedaquiline, pretomanid and linezolid], as well as short-course LTBI regimens 3HP & 4R. The availability of video DOT has been game-changing for both TB staff and patients. And I can’t overstate the impact of TB ECHO with all the benefits of shared expertise along with its supportive TB learning community. And I am glad to have seen the next “great leap forward” in TB with new substantially reduced home isolation timeframes and major advancement of **including TB survivor voices into our TB work**. I was hoping for an effective vaccine for TB before I retired – I’m still hoping. All in all, because I’ve seen so much progress, I remain hopeful that more great advancements are yet to come!

5. What draws you to global TB work? What has most inspired you?

Early in my TB career I was introduced to the book *Mountains Beyond Mountains*, highlighting the TB work of Dr. Paul Farmer in Haiti. I deeply resonated with his statement “The idea that some lives matter less is the root of all that is wrong with the world.” At different points in my career his writings have helped me refocus, regain perspective, and see the bigger picture. I am attaching [a graphic](#) that captures several principles Dr. Farmer championed as applied to both local and global health. Paul Farmer first articulated for me the concept of “accompaniment” that so well describes the true work of a TB nurse – to come alongside, to support and be present all along a journey. It encapsulates both the spirit and burden of our work into one beautiful description that has stayed with me my entire journey as a TB nurse.



6. What are you hoping to do as soon as you retire?

I am excited to be attending the Union World Conference on Lung Health in Copenhagen in mid-November and also doing additional European travel. I am planning to stay engaged with my local TB program as needed for consultation and I hope to find other opportunities to consult or provide assistance. Because I started my career working internationally, I would enjoy returning to the international arena in a partnership opportunity. I am viewing my retirement as a transition to new & wider professional horizons in both Public Health & Global Health & I look forward to continuing efforts to improve TB care.

