

Presenter: Professor Erica James

Widow cleansing—contributing to the AIDS crises

Not cultural practices necessarily, or group behavior, but rather questions of structural violence and long-standing patterns of historical injustices, political and economic ills in society and

Second chapter—TB in prisons and whether sending someone to prison is in effect a form of second punishment, because they are more likely to be afflicted with multi-drug resistant TB. His question is what should medical ethics be and what should our focus be? Should there be another medical ethics that come out of extreme poverty and other social ills? There needs to be, he says, a view of social justice linking medical ethics. On that note, James wants to know what the role of the physician should be and what should medicine be focused on—and *who has the right to determine that?* What should doctors be focusing on?

Student: looking at the role of technology and the policies governing those technologies and patients has not quite caught up with that technology; increasing focus on MPH

Student: This class is a little depressing. Science, intended to make the world a better place, is not so transparent or neutral. To help people, there are also a lot more problems that come with new technologies. You're helping but you're also manipulating the situation and it can backfire in many ways. Do individual doctors have the resources?

Student: Community is made of these doctors.

Professor: Structural violence—top-down approach to change, bottom-up is limited; to effect real change, must have access to institution and break it down from the inside.

Student: populations can't be saved by individual doctors

Student: impossible to have one vision of what should be done and policies always have disagreement; diversity of views around the world makes it very difficult to create "fairness"

Professor: the availability of pharmaceuticals globally; market regulation or Jeffrey Sachs—ending poverty through reimbursements from first world to third world. A "one vision" world can also be very scary.

Student: anthropology is a very frustrating subject.

Student: Kofi Annan—“terrorism can’t be eliminated unless poverty is eliminated”

Student: There is usually one answer in science; in anthropology, sometimes there is no one right answer.

Professor: In philosophy, there would be the right thing to do (based on the autonomous individual)

Student: Study some arcane thing and be useful to only myself; thinking about activism and making a difference

Professor: Biomedical technological institute—pharmaceutical background + MD + PhD

Student: Student planning to go into pharmaceuticals—what drug is being used and how powerful it is and how it can effect people. If I were in charge, I would ponder what effects would this drug or group of drugs influence around the world. It may cure the disease but no one has access to it, is it worth developing in the first place?

Professor: Political Economy of Trauma in Haiti. The problems of intervention and helping those who suffer; the different initiatives. Political economy of scarcity. If you were a victim of human rights violation, you could find someone legitimate it and then you could get access to various programs and that in itself became an industry such that people were making false claims during the 1994 coup period and saw that dossier or trauma portfolio would be carried around that documented their violation and it became a commodity in and of itself. NGOs providing assistance had people’s case files and used to demonstrate that they were being responsible and providing assistance locally but as things worked locally, it created an environment of scarcity where people were trying to get access to resources. Those who weren’t getting the recognition because they weren’t the victim of violence but simply poor. A women who was a prostitute from time to time and had become very sick and came to see James for a massage in the women’s clinic where she worked. James wouldn’t see her, because she wasn’t a rape survivor, but finally James had an opening. James heard her story, but James didn’t want the patient to first see the doctor. The patient misinterpreted James’s hesitation. Slept with 10 people per night to make a few dollars per night. Patient assured that she wouldn’t sleep with anyone for awhile. It showed James that despite our best intentions there might still be ways that our work to do good has unintended consequences and leaves out other forms of suffering. To what extent are we obligated to intervene into other people’s lives? Discussing the notion of the gift—looking at various forms of humanitarian assistance and gifts that encode or reinforce the inequalities that exist in a society. If you privilege certain kinds of suffering, in resource poor places where people profit from suffering, there is an unintended consequence. What are obligations are there as an academic to address these questions? That is a sad note but please think about its appropriateness for undergraduate audience.

Some of the theory might be a little bit difficult in the first few pages. *Academics* need to write for an audience but also need to write for tenure.

Documentary: What do you think about the activist stance to not take ARVs because not everyone can have access to them? Zackie Achmat.

- Life or greed?
- Pharmaceutical companies have a right to profit.
- The question is: profiteering, making exorbitant profits at the expense of people's lives.
- People without political clout who are taking on those with political clout
- Why do the British pay less than South Africa?
- "Activism is a lot more successful when they stay alive." The activist is getting sicker.
- "out of solidarity" he doesn't take ARVs
- pharmaceuticals ultimately withdraw case with agreement with high court and south Africa government
- president—"HIV does not cause AIDS"
- Will you take an HIV test? No, the president would not take an HIV test as a symbol. Government policy on the issue is heavily criticized.
- AIDS is more than a health issue—but an issue of governance; who is competent and fit to be in their positions?
- Momentarily lost consciousness; activist should consider ARVs and getting close to the point of needing to start taking them.
- "Why not die from it if millions are doing so, also?" The activist is clearly getting sicker.
- Sore throat was a resurgence of thrush from 1999.
- Why isn't he taking ARVs? Explaining himself on phone conference.
- Action rather than pity; consulting to keep the epidemic going; people with HIV who are leaders and maintaining their quietness; no morality in politics
- majority of people with AIDS are poor and don't have a voice
- What he believes is the right life; where the right is extended to every person; based on conscience and moral basis, he cannot participate in ARVs
- 200,000 South Africans died of AIDS in the process of making the film.