



**HAMILTON LUGAR**

SCHOOL OF GLOBAL AND INTERNATIONAL STUDIES

African Studies Program

# **African Studies Program Friday Colloquium Series**

**March 1, 2019 | 10:30am – 12:00pm | GA 1112**



**Dr. Betsey Brada**

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**and**

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***“Experiencing AIDS in Africa”: The Moral Aesthetics of Global Health***

Short-term global health rotations have become enormously popular in U.S. medical education over the past decade. These programs are highly valued by both students and educators for offering students a pedagogical experience at once technical and moral: Trading heavily technicized interactions with patients in the U.S. for clinical spaces in “resource-poor” settings where they can palpate patients’ bodies and perform invasive procedures is seen to offer students an opportunity to return to the feelings of empathy that drew them to medicine but that are lost in the course of medical school. Students’ efforts to recalibrate their relationship to their objects of work—that is, patients and patients’ bodies—holds the promise to transform them into humane novice practitioners.

In this paper, I describe how local practitioners and visiting Americans at a hospital in southeastern Botswana used the forms of physical proximity that HIV treatment involves to assess their own and others' moral and professional stances vis-à-vis the epidemic. Both local and visiting personnel recognized trainees' need to handle patients' bodies in order to develop both the practical skills and moral orientation biomedicine demands. At stake, however, was the extent to which patients' bodies served as a means for visiting trainees to cultivate their own professional futures. Focusing on the risk of HIV exposure posed by needle-stick injuries, I compare how local and visiting personnel assessed the bodily risk that treating HIV posed in terms of proximity and distance: physical, emotional, and geographical. Tensions over bodily encounters between junior clinicians and their HIV-positive patients, I argue, became entangled in and reflected broader conflicts over the value of the expertise produced in these interactions, over local practitioners' ability to manage Botswana's epidemic, and over the future of U.S.-based clinical tourism in Botswana.