ing as a doctor” and that he was “Clark Kent except with a white coat and a basketball jersey underneath.” While his delivery was comical, it didn’t take away from the fact that assumptions such as the one that Dr. Damon Tweedy is a basketball player and not a physician are problematic and indicative of a systematic issue.

Dr. Tweedy concluded his lecture with a quote from Dr. Martin Luther King Jr.: “If I cannot do great things, I can do small things in a great way.” This applies to everybody in Dr. Tweedy’s audience, and everybody at Boston College, in that we’re all responsible to at least do the small but great thing of continuing the conversation he began. As university students we may feel that we’re at the bottom of the totem pole, that we don’t have a voice, that we don’t have the power to spark change, but Dr. Tweedy assured us that the opposite is true. The fact is that we’re in an incredibly unique and privileged position as college students in that we’re celebrated for sharing what we think and feel and there are ample opportunities for us to do so. We applaud Dr. Damon Tweedy for bringing to light that all it takes for us to incite change is to recognize the power of our words, and then use them to start a new narrative.

“Placebo and Nocebo” Effct - Explaining the Divergent Impacts of HIV/AIDS Initiatives

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As of 2017 36.9 million people were living with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) worldwide, and today the disease remains one of the most notorious global health challenges. Developments in therapeutics and diagnostic testing have allowed for HIV/AIDS to be managed without significant consequence. As of 2017, only 75% of people living with the disease were aware of their HIV status and only 59% of those living with HIV (21.7 million people) had access to antiretroviral therapy (ART). The resilience of this disease in the face of global health initiatives can be explained by two distinct but interconnected conundrums: the negligence of HIV/AIDS’s pervasive impact on all sectors of life (personal, career, and societal), and the unintended consequences of punitive societal condemnation. Neither of these challenges directly relate to the biological efficacy of medicinal treatments, but pose challenges to providing patients with the treatments that they require.

Many of the policies and plans today implemented by public health programs revolve not around the physiological efficacy of treatments, but instead around the relationship between the HIV/AIDS afflicted population and the healthcare system as a whole. Many of the policies approach the epidemic in a way similar to how a garden is “pruned and weeded;” following the logic that improving the health of the HIV/AIDS positive population will limit the spread of the disease. The goal is to provide prophylactic measures and symptomatic treatments which, when managed well, could slowly improve the overall health of the community. While many of these approaches have demonstrated success, some end up facilitating more harm than good.

This harm is often psychological rather than physiological, allowing fear and to invade and pervade throughout the HIV/AIDS population. Severe poverty, punitive condemnation by both society and the legislature, and mental health issues within the HIV/AIDS community are fueled by the failure of global outreach programs. The concept of the “Placebo Effect” and its lesser-known but implicitly more notorious counterpart, the “Nocebo Effect”, characterize how certain global healthcare approaches are being carried out and provides a lens into how future initiatives should be orientated.

The concept of the “Placebo vs Nocebo Effect” is unique in its suggestion that something which is “physically inert” could have a significant impact on the health of individuals living with HIV/AIDS without directly interacting with the biological mechanisms of disease. The “Nocebo Effect” posits that a patient’s negative expectations can lead to an increase in and intensification of the negative aspects of their treatment, both perceived and physiological. Such a phenomenon can be attributed to the concept of “somatization,” the tendency to experience and communicate psychological distress in the form of somatic symptoms. With regards to HIV/AIDS, a patient’s seemingly morbid prognosis and resulting decrease in quality of life can be partially attributed to the extremely negative and harmful stereotypes associated with the disease, particularly its presence in a plethora of other controversial issues. The severity of the HIV/AIDS epidemic as a whole stems from the unproductive and erroneous world view on the issue and resulting erroneous public health policies, not the prevalence and transmission of the disease itself.

Many of the concerns of issues living with HIV/AIDS, such as fear of stigmatization and loss of "health integrity," are psychological and societal in nature, encouraging a global health emphasis on issues beyond the biology of the disease. It is important, however, that the global health community avoid unfairly de-emphasizing the physiological concerns surrounding HIV/AIDS maintenance. This could lead to a misrepresentation of HIV/AIDS in which it appears that treatment "success" is simply due to improving the appearance of the epidemic, while doing nothing to actually alleviate the symptoms of patients. Initiatives into both outreach and self- reflection need to refine these two juxtaposed issues with regards to future research/treatment, political, and public perceptions.

In December 2004, the leading Ugandan newspaper published a headline proclaiming that "Flawed Uganda AIDS Research Misleads World." This report recapitulated the revelations posed by Associated Press reporter John Solomon, who claimed that a Kampala-based study, which evaluated the prevention of mother-to-child HIV transmission, "may have underreported thousands of severe reactions, including deaths" due to in part by the study drug, nevirapine. The collective Ugandan and American researchers involved in the study, identified as HIVNET 12, decried the "unfair" stories with anger. In their eyes, the press release threatened to undermine one of the most promising HIV-prevention strategies available to protect newborns in low-income countries.

For example, the recent rise of "postcolonial technoscience theory" seeks to destabilize, or at least challenge, the assumption that Western knowledge is objective, authoritative and universally applicable. Both proponents and opponents of the theory invoked the concept of "ethics" during the HIVNET 12 and AZT African studies scandal. Critics of the studies argued that they were exploitative and treated African patients as "guinea pigs" in the name of science. Defenders of the studies, on the other hand, contended that local scientists approved of the methods, and that the intentions were to improve the care of patients in medically resource-strapped countries. They argued that the imposition of North American and European standards on poor countries constituted "ethical imperialism". This argument, however, can be considered a red herring as critics never questioned the intent of the studies. Instead, their purpose was to explore an issue of morality and disregard for human life. It would be difficult for anyone to justify the utilitarian notion of "sacrificing few to save many." In many cases, the disparities between "first-world" vs "developing" countries in respect to resource access and human research standards encumber efforts to the address the AIDS/HIV epidemic with moral setbacks.

When human rights and the value of human life are ignored in the name progress, the consequences are exploitative studies like that of HIVNET 12 and AZT, in which participants suffer due to experimental design. These scenarios can both be critically analyzed under the Doctrine of Double Effect, a Christian method of exploring the morality of an action that brings about good while also causing serious harm. This doctrine assigns relative value to the different actions at play and stitches together the best narrative out of all of them. The doctrine considers four conditions: 1) The nature-of-the-act condition, in which the action must be either morally good or indifferent, 2) The means-end condition, where the bad effect must not be the means by which one achieves the good effect, 3) The right-intention condition, in that the intention must be purely good, and 4) The proportionality condition, in which the bad effect must not be disproportionate to the good effect. Edmund Tramont, the NIH's AIDS Research Chief, rewrote the HIVNET12 report in a way that affirmed the study's scientific findings while downplaying concerns about the safety and quality of the research, attempting to force the narrative of this research to fit within the four conditions for an acceptable "double effect".

These trials of less effective treatments in poor countries are controversial and troublesome. Conducting research that is useful to "developing" countries often entails testing treatments that, while still helpful, are nonetheless substandard. While the relative low cost of these treatments may ensure more widespread accessibility, they are often less effective or have an increased chance of side effects when compared with treatments provided in wealthier countries like the United States. This brings up a moral dilemma: Is research that is conducted in countries with fewer resources justified in falling short of the standards set in "first world" countries? Given the limited access to resources in these countries, sometimes the only alternative to this lower standard is to not conduct the research at all. This would essentially bar doctors in poor countries from conducting locally relevant research which might save or improve their patients' lives. These debates explore the criteria upon which scientific inquiry is vetted as well as the intractable international inequalities that pervade the scientific landscape.

To sum up and to quote Johanna Crane, "the debate is not merely about 'right' and 'wrong,' but about how science travels, and about how to forge useful and humane scientific knowledge across terrains of difference and inequality." For a supposed leader like HIVNET 012 researcher Francis Mmiro to assert that "what you may call a serious side effect in the Crane 859 US is not a serious side effect in Kampala" is a seriously problematic statement in that it encourages those benefit from such findings and those who seek to conduct further research to use superficial determinations of severity. In order to avoid such ethical missteps, all those involved in scientific and medical research must reflect on the consequences of their actions and work in a way that avoids perpetuating low standards and human mistreatment. For every step of the process there should be reflection and reevaluation to ensure that something beneficial, such as a public healthcare initiative, is oriented solely towards the good while avoiding the bad.

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