and perceptive writer who recognized Farmer as a practical social visionary, a model for all health care workers, and his story had to be told. If you’d like to know about medicine, society, Haiti, Cuba, the destructive effect of dams, “structural violence”; or how to build a health facility out of nothing, and how to build a satisfying life for yourself—this book is for you.

HERBERT ABRAMS


Here, Paul Farmer details his concepts of health as a human right and how this right is affected by society. In his Forward, Nobelist Amartya Sen cites the most elementary right to survival. For example, “. . . in sub-Saharan Africa, the median age at death is less than five years. That was the number . . . in the early 1990s before the AIDS epidemic hit hard . . .” He says in the “First World” deprived groups live . . . in the “Third”. For example African Americans in some of the most prosperous U.S. Cities (N.Y., Washington DC, San Francisco) have a lower life expectancy than do most people in immensely poorer China, or even India.”

Sen characterizes Farmer as a "public health interventionist" who as co-director of Harvard’s Program in Infectious Diseases and Social Change (along with Dr. Jim Yong Kim, now on leave at WHO) “. . . has led several major initiatives in changing the direction of health care and intervention(for example in tackling drug-resistant TB).

As Farmer explains, this book is a “physician-anthropologist’s effort to reveal the ways in which the most basic right—the right to survive—is trampled in an age of affluence . . . (human) rights violations are . . . symptoms of deeper pathologies of power and are linked . . . to the social conditions that . . . determine who will suffer abuse and who will be shielded from harm.”

Farmer speaks of the “disparities of power.” “We live in an age . . . when for the first time . . . we can deal effectively with the diseases
that ravage humanity." Yet, because of "structural violence" in our societies and the "disparity of power," millions are deprived of the basic right of survival. He says "From the point of view of a physician, it seems obvious that tackling poverty and inequality is central to any good-faith effort to protect the rights of the poor. The terrorism of money thus far evades and is abetted by existing legislation. It may well prove to be the biggest threat to recent gains in both health and human rights."

Farmer is critical of both medical ethics and anthropologists. "Overwhelming empirical evidence demonstrates that state-sponsored violence has been standard operating procedure in numerous contemporary societies where anthropologists have conducted field work for the past three decades". Yet, "... I have sat through conferences in which the fate of Mayan orphans is discussed at great length with no mention of what happened to their parents... a focus on atomistic cultural specificities is usually the order of the day."

Of medical ethics he is equally critical: "One gets the sense... in attending ethics rounds and reading the now copious ethics literature... that these have-nots are an embarrassment to the ethicists, for the problems of poverty and racism and a lack of health insurance figure only rarely in a literature dominated by endless discussions of brain death, organ transplantation, and care at the end of life. When the end of life comes early—from death in childbirth, say, or from tuberculosis or infantile diarrhea—the scandal is immeasurably greater, but silence reigns in the medical ethics literature." "Without a social justice component, medical ethics risks becoming yet another strategy for managing inequality."

Farmer further argues, "As a physician-anthropologist who serves the poor in Haiti, Boston, Peru and Russia, I have no reason to back away from this stance in contemplating medical ethics... our work—analysis and praxis—takes place at an invigorating intersection of medicine, social theory, philosophy, and political analysis. And these disciplines help us to see why it is so important to socialize ethics..." Further, "... the same forces that structure risk for human rights abuses are also those shaping the epidemics of TB and AIDS..." therefore, "Equity is the central challenge for the future of medicine and public health."

The book is replete with examples and documentation. "Whether you are sitting in a clinic in rural Haiti, and thus a witness to stupid