

## Book Review

Farmer P (Sen A, foreword). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley and Los Angeles, CA: University of California Press, 2003. US\$27.50, hardcover, 402 pp. ISBN 0-520-23550-9

Paul Farmer is Professor of Medical Anthropology at Harvard Medical School and founding director of Partners in Health. Among his books are *Infections and Inequalities* (1999), *The Uses of Haiti* (1994) and *AIDS and Accusation* (1992). He is the winner of a MacArthur Fellowship and the Margaret Mead Award for his contributions to public anthropology. He recently held the Blaise Pascal International Chair at the Collège de France.

Although Dr Paul Farmer's latest book does not really talk about a 'new' war on the poor, rather an ancient one, the author has full moral authority to write it. In vivid case studies from both the North and the South, Farmer shares with us his experiences with the violation of human rights in both Haiti and Russia. The case studies on HIV/AIDS and tuberculosis may be depressive, but overall they convey a message of optimism. The book not only searches for, analyses and explains the social causes of structural violence and extreme suffering, but also explores and deplores our collective tolerance of the social aberrations and abuses it describes. The book centres around a well-documented critique of the liberal views on human rights, which, the author points out, have rarely served the interests of the poor.

Farmer shows us how power ('the pathology of power') generates many forms of quiet brutality that prevent the poor from accessing the opportunities they need to move out of poverty. A change of mentality is needed in the hearts and minds of those with power, we are told. Structures and not just individuals must be changed if the world is to change.

The promotion of equity is the central ingredient for respecting human rights in health; cost-effectiveness in health may be relevant, but does not reduce inequity. The poor are the victims of history: poverty results from the actions of other human beings. The poor are thus not begging; they are demanding a right they have earned. Poverty, part and parcel of the global free-market system, is the world's greatest killer. It is not enough to improve the situation of the poor *within* the existing social relationships.

More specifically, the right to health is perhaps the least contested social right – and yet the poor bear the brunt of both preventable ill-health and human rights violations.

Health advocacy has failed miserably. Somehow, public health must be linked to a return to social justice. With no access to treatment, pneumonia or tuberculosis is more lethal than AIDS; the discoveries of Salk, Sabin and even Pasteur remain irrelevant for much of humanity. Denial of care to those who do not pay is legitimised in the free-market system. *Ergo*, equity also is the central challenge for the future of public health. The author even speaks of the 'pathogenic role of inequity' (!) and hence of a 'right to equity'.

Relaxed ethical practices are unacceptable, we are reminded. But, without a social justice component, medical ethics risks becoming yet another strategy for managing inequality. Conventional medical ethics is concerned with the ethics of the individual; it is quite divorced from the tangible social reality. Social and economic rights are at the heart of what must become the new medical ethics; we need an ethics of distributive justice. Only by including social and economic rights in the struggle for human rights can we protect those most likely to suffer the insults of structural violence.

At the end of the book, Farmer calls for the engagement of health professionals in human rights work so as to ensure health for all and decrease health inequalities. He asks us to listen to the abused when providing services, to distribute interventions equitably and to work closely with community-based organisations to improve access. He reminds us that the failure of nation states cannot be rectified only by human rights activism by non-government organisations; that efficiency cannot trump equity in the field of health and human rights. He further thinks we need to examine why some populations are at risk and others are spared human rights violations. Farmer fittingly reminds us, however, that research should remain secondary and be designed to improve services and social justice.

A central irony of human rights law, he reminds us, is that it consists largely of appeals to the perpetrators; collaboration with communities in resisting ongoing violations of human rights is the way to go.

I do want to imagine a world where Farmer's suggestions above are applied, but in it, I fail to see the human rights problems he so aptly describes as being resolved. Moreover, I do have a few other points in which I disagree with the author. Farmer, an adept of liberation theology, emphasises suffering perhaps more than injustice (the latter, as a Marxist would do). I think it is not about loving the poor when struggling for their

liberation, but rather to show solidarity with them in their struggle. To act as a physician 'in the service of the poor' is not what I think it to be all about. But 'pragmatic solidarity' and a 'common cause with those in need' are also invoked by the book. The text is, therefore, not free of contradictions.

Farmer fails to mention the growing human rights movement that is speaking of claim-holders and duty-bearers and of Capacity Analysis and the holding accountable of duty-bearers.

Although Farmer says that his ideas do not demand loyalty to any specific ideology, the full scope of his theses in the book blatantly denies this stance. I ask myself, where is the shame in openly declaring that one has an anti neo-liberal ideology? In the end, to Dr Farmer, the health angle of human rights proves more pragmatic than approaching the problem as one related to the need for drastic reforms in a country's patterns of justice. I do not see it as a matter of pragmatism; in human rights work we are called to work on all fronts simultaneously.

We are finally called to embark on a process that roots out the structural problems underlying widespread human rights violations (e.g. gross maldistribution of wealth). The real underlying war cannot remain undeclared (his words). Progress will ultimately be more plausibly judged by the reduction of deprivation than by the further

enrichment of the opulent (Amartya Sen). In Dr Farmer's words:

We simply cannot feel too old and tired for justice ... Pathologies of power damage everybody, but kill chiefly the poor. We cannot, therefore, stay in our comfort and innocence.

In sum, the book is a source of innumerable pearls of wisdom, but they are often buried in longish paragraphs or long though relevant quotes. The book also perhaps comes back too much on the same issues in its different chapters, doing so from only slightly different angles. I found Chapter 5 on 'Health, Healing and Social Justice' heavy to read.

In closing, Farmer tells us that if we lack the ambition to do what is needed, we should expect the next 50 years to yield a harvest of shame. In the Afterword, Dr Farmer asks why should we give a damn? And the 'because' is loud and clear: it is not useless to complain! You've got to read the book to see if you agree. [Note from the Editor: and write to us about it!]

Claudio Schuftan  
PO Box 815  
Saigon (Center), Vietnam  
Email: aviva@netnam.vn

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