PATHOLOGIES of POWER

Health, Human Rights and the New War on the Poor

By Prof Paul Farmer
Reviewed by A/Prof Paul Anantharajah Tambyah

This is a very impressive book. It will not be an easy book for Singaporean doctors to digest as it deals with issues that we are not used to dealing with – tuberculosis (TB) and human immunodeficiency virus (HIV) are the primary diseases that share center stage in this volume with the economic and anthropological analyses and for many years, those diseases have been sequestered away in Moulmein Road somewhere, far from the consciousness of the average Singapore doctor. Yet, at the same time, these are issues that we cannot afford to ignore for too long. They are widespread in the region and remain real concerns in our own country.

Paul Farmer is Presley Professor of Medical Anthropology at Harvard Medical School and at the time the book was written, Head of the Division of Social Medicine and Health Inequalities at the Brigham and Women's Hospital. He is also the founding director of Partners in Health, which he leads with Jim Yong Kim, the former head of UNAIDS who is interviewed in this edition of *SMA News*. This is a very impressive resume – holding a named chair at Harvard is a rare distinction. However, rather than getting buried in some laboratory or elevated to the panelled meeting rooms of the punditocracy, Professor Farmer spends half his time in the central highlands of Haiti where he runs one of the world's most successful HIV treatment and prevention programmes among the world's poorest people. This has been documented in the peer reviewed literature – most recently in the *New England Journal of Medicine*[1] in a perspective piece written by Professors Kim and Farmer.

Pathologies of Power has been described as an angry book. This is true, Professor Farmer is angry about the state of the world's health from his unique perspective straddling the two worlds of Harvard and Haiti – arguably the world's finest university and one of its poorest countries. Professor Farmer does not target the "usual suspects" of multinational, price-gouging "Big Pharma". Rather, from his introduction, he targets the "liberal political agenda", which he argues "has rarely included the powerless, the destitute and the truly disadvantaged". It has never concerned itself with those popularly classified as the "undeserving" poor: "drug addicts, sex workers, "illegal" aliens etc". He is particularly displeased with paternalistic "do-gooders" who aim to prescribe solutions from a distance without stopping to listen to the voices of those they purportedly aim to help. He uses the Harvard "case study" approach, analysing the situations where he does his medical anthropological field work – Russian prisons, Peruvian villages and the Haitian highlands.

The community that Professor Farmer has worked with the longest was once market gardening farmers in central Haiti who were displaced by the construction of a large dam and the attendant flooding of their villages and farms. They relocated to poorer soils and became below-subsistence farmers with children forced to work in the cities as domestic helps and among the soldiers and camp followers of the notorious Haitian army. This exacerbated the consequences of poverty, in particular a number of social ills and attendant diseases. These poor die of preventable illnesses, many infectious, but also many non-infectious such as untreated hypertension leading to renal failure or cerebrovascular disease. Professor Farmer argues that they are victims of structural violence – a system which engenders disease and premature death. This book describes in detail some of the "pathologies of power" which lead to this structural violence.

Professor Farmer also tackles the issue of "compliance" which always comes up when discussing adverse health outcomes among the poor. He describes a programme to treat multi-drug resistant tuberculosis in a setting which the experts had declared not "cost effective". As a Harvard academic, he asked questions as to why people do not take life-saving medications. He then began to understand that if a person has to choose between

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food and medicine, most of the time, the choice is food. Similarly, if the taxi or bus fare to the hospital or the loss of income from a day off daily-rated work are factored in, the cost of seemingly affordable medications becomes elevated many-fold. His team then put together a scheme where patients with tuberculosis received, in addition to anti-TB therapy, regular visits from a village health worker, travel expenses (which could go towards renting a donkey!) and nutritional supplements. All "no-shows" were visited by an auxillary nurse who then dealt with the issues (transport, debility, lack of understanding etc) that led to the no-show. The results were striking – a 100% success rate in the intervention group compared with a 50% microbiological and radiological cure rate in the control group.[2]

Farmer also points out that medical doctors are unique in their access to, and thus responsibility for advocacy for the poor. In contrast to our banker, lawyer, accountant friends, those of us privileged to pound the wards of public hospitals daily encounter people from the lower socio-economic groups who speak a babel of languages and have economic problems we can barely begin to understand but a tremendous resilience which keeps them going in the face of rising inequality. He rails against the "cost-effectiveness" doctrines which dominate international aid agendas pointing out that expensive operating rooms and caesarean sections must be part of any basic minimal health package in any setting where the majority of maternal deaths are due to cephalopelvic disproportion. Maternal death, like perinatal death is an example of premature mortality or what Farmer's Haitian co-workers call "stupid deaths" in their local vernacular.

While pointing out the need for doctors to be advocates for the poor (a point as old as Rudolf Virchow), Farmer pragmatically points out some additional reasons. He describes the notorious MDR-TB outbreak that began in New York Prisons and then spread to "innocent" prison guards and healthcare workers, leading to close to a billion dollars being spent and a number of deaths. This was the unintended consequence of cutting $200 million from the budget by eliminating anti-TB programmes in the early 1980s when the perception was that the disease had gone away. The same situation was repeated in the prisons of the former Soviet Union where epidemics of MDR-TB are still rampant. While many argue that prisoners are not totally innocent, he would argue that none of us are. He points out that the majority of those infected in prison were individuals who were waiting trials for petty crimes including "white collar crimes". Fraud should not lead to a miserable death from ineffectively treated multi-resistant tuberculosis in the Dostoevskian conditions of prisons in former Soviet Republics such as Russia, Georgia, Kazakhstan and so on.

This is pragmatism with a balance though. While Professor Farmer is a great advocate of prevention, he argues that you "cannot ethically erase the tens of millions already sick with HIV disease". He thus stresses that treatment and prevention must go hand in hand – you cannot do one without the other.

He makes a comment that would warm the cockles of Singaporean hearts in his analysis "Rethinking Health and Human Rights". Here he argues: "It makes sense in my view to distinguish between the harm caused by six lashes for vandalism – a tremendous cause celebre when meted out to a US citizen abroad, to the harm done to millions by a lifetime of institutionalised racism" through the policies of successive US regimes predominantly in the Americas. Refreshingly for a "western" human rights advocate, he points out that one of the fundamental freedoms is "freedom from want" and that the Universal Declaration of Human Rights adopted by the United Nations at its inception in 1948 expresses a commitment that every individual has "the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care".[3] "Human rights" in Farmer's eyes consist of more than being allowed to stand on a soap box proclaiming one's pet theories. Far more important is the right to clean water, safe housing, the care of a doctor, nurse or community health worker and medications to treat treatable diseases such as HIV, malaria and tuberculosis.

At the end of his book, Professor Farmer asks if a coherent agenda can spring from his case studies of injustice, oppression and structural violence as manifested in outbreaks of HIV and multi-resistant tuberculosis. His hopeful answer is yes, especially to those who argue that social and economic rights must be central to the health and human rights agenda. As the guiding principle of Partners in Health, Professor Farmer says that he did not argue that his interventions were cost effective but rather that they were the right thing to do. He was asked by many, who called *Pathologies of Power* "principled but extreme" to soften his book. But as Professor Jim Yong Kim was quoted as telling him: "The book isn't harsh, the realities it describes are harsh." If you are getting bogged down by the seemingly intractable problems of rising costs of private practice or the challenges of over-stressed public sector healthcare, take some time to head out to the National Library to get hold of this book or order it on Amazon. It is a timely reminder of what is out there in the rest of the world and how we can improve things here and elsewhere by asking the right questions and listening to the right people. ■

References:

1. ***New England Journal of Medicine 2006;355:645-647***
2. ***Farmer, Kim and Mitnick, 1999***
3. ***Article 25, Universal Declaration of Human Rights***