

Mountains Beyond Mountains



INTRODUCTION

BRIEF BIOGRAPHY OF TRACY KIDDER

John Tracy Kidder was born in the 1940s in New York City. He attended elite schools: Phillips Academy for prep school, then Harvard University for college. At Harvard, Kidder had planned to study political science, with his parents' approval, but as a sophomore, he switched to studying English. After graduating in 1967, he served as a lieutenant in the military for two years, during which he saw active duty in Vietnam. Afterwards, he was admitted to the Iowa Writers' Workshop, often considered the most prestigious MFA program in the country. It was during his time in Iowa that Kidder decided to focus his creative energy on writing nonfiction and journalism. His first book, *The Road to Yuba City* (1975), about the Juan Corona murders, was particularly successful, but his second book, *The Soul of the New Machine* (1981), about the early days of the computer industry, was a hit, winning the Pulitzer Prize for General Non-fiction. Kidder has continued to write prolifically since the 80s, winning many awards in the process. He's taught writing and journalism at Harvard, and contributed to hundreds of magazines. Currently he resides in Massachusetts.

HISTORICAL CONTEXT

In the late 18th century, the people of Haiti—Africans who'd been shipped to the West Indies to work as slaves—rebelled against their French colonial masters, and succeeded in driving them out. As a result, Haiti became the first independent black republic in the Western Hemisphere. But for the next 200 years—up to the present day—Haiti has endured great poverty and political strife. At times, the United States has supported military dictatorship in Haiti, believing that such a regime would benefit American business interests. In 1990, the Catholic priest Jean-Bertrand Aristide was elected president of Haiti; however, next year, he was overthrown by a military coup supported by the United States. Aristide's rise and fall had dire consequences for Haiti: the country was thrown into a civil war, making it almost impossible for Paul Farmer (a supporter of Aristide) to practice medicine.

RELATED LITERARY WORKS

While Kidder's book doesn't allude to very many works of fiction, it explicitly mentions two: Leo Tolstoy's *War and Peace* (1869) and J.R.R. Tolkien's *The Lord of the Rings* (1955). Tolstoy's novel—one of the most famous ever written—is an ambitious, 1500-page work that follows an enormous cast of characters over many decades. Tolstoy pokes fun at the intellectual

fashions of the 19th century, in particular the celebration of Utilitarianism (the ideology that the greatest book is that which causes pleasure to the greatest number of people). Farmer, who read *War and Peace* at the age of 11, undoubtedly sees similarities between Tolstoy's smug Utilitarians and the present-day bureaucrats who discourage medical treatments in the Third World for fear that they're not "cost-effective." Farmer frequently mentions *The Lord of the Rings*, another long, epic story, in which a group of heroes sets out on a long, difficult quest. Farmer thinks of himself as setting out on a quest of his own: the quest to "cure the world."

KEY FACTS

- **Full Title:** *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*
- **Where Written:** Massachusetts, Haiti
- **When Published:** November 2003
- **Literary Period:** Postcolonial nonfiction
- **Genre:** Biography
- **Setting:** Haiti, the U.S.A., Russia, Peru
- **Climax:** John's death
- **Antagonist:** While there aren't specific antagonists, one could say that disease and institutionalized poverty are antagonists in this book
- **Point of View:** First person (narrated by Tracy Kidder, the author)

EXTRA CREDIT

Renaissance Man: Paul Farmer is the subject of Tracy Kidder's book, but he's also an accomplished author in his own right. In between practicing medicine (i.e., in between airplane flights), Farmer has authored six books, all on topics of anthropology or medicine.

A lasting impression: Since spending time with Paul Farmer in the late 90s and early 2000s, Tracy Kidder has been a major donor and spokesperson for Haitian charities. He wrote a second book about social strife in Haiti, *Strength in What Remains*, and his personal website links to the homepage for Partners in Health, Farmer's nonprofit group.



PLOT SUMMARY

In 1994, the journalist Tracy Kidder travels to Haiti to report on the country's military coup. There, Kidder sees Paul Farmer, a highly respected doctor and humanitarian worker, negotiate

with the American military on behalf of his Haitian patients. Shortly afterwards, Kidder flies back to the U.S. with Farmer, and is struck by Farmer's calmness and selflessness. Five years later, Kidder sees Farmer again at Harvard Medical School, where Farmer is a renowned doctor. Several of Farmer's patients call him a "saint" for the care and kindness he shows them.

Impressed with Farmer, Kidder flies back to Haiti in 2000 to observe Farmer's work in the country. Using the nonprofit he founded, Partners in Health, Farmer has established a medical facility called Zanmi Lasante, which treats hundreds of thousands of patients every year, almost free of charge. Farmer is a gifted doctor who spends an unusually large amount of time consulting with individual patients and researching the Voodoo practices of the Haitians. Farmer, who studied anthropology in college, changed American thinking on Voodoo: before Farmer, it was believed that the Haitian belief in Voodoo precluded Haitians' acceptance of antibiotics and vaccines. Farmer, however, showed that many Haitians believe in both Voodoo and the efficacy of Western medicine. Farmer also has strong opinions about American foreign policy: he claims that America has sponsored military dictatorships in Haiti for hundreds of years, ensuring that the country remains impoverished.

Kidder then flashes back to discuss Farmer's early life. Farmer was born in Massachusetts to a lower-class family. His father was a salesman, and moved the family to Florida when Farmer was young. In Florida, Farmer first met Haitian immigrants while picking fruit—a task which, in the 1960s, was regarded as "negro work." Farmer was a superb student, and studied at Duke, followed by Harvard Medical School. He had an unusual relationship with his father: although his father loved him and was very proud of his accomplishments, he never gave his son any praise.

As a young man, Farmer went to Haiti to do charity work. There, he met Ophelia Dahl, a beautiful young woman with whom he struck up a close friendship. During this period, Farmer embraced the doctrine of "liberation theology"—the idea that people should work hard to correct humanity's concrete, real-world problems. With the help of Boston donors, along with his Harvard friend, Jim Yong Kim, Farmer built the medical facility of Zanmi Lasante, and founded a nonprofit group called Partners in Health. Farmer proposed to Ophelia when they were in their late twenties, but Ophelia turned him down for fear that his investment in charity work would limit their time together. Nevertheless, Ophelia continued to work closely with Partners in Health, eventually serving as its budget director.

In the early 90s, there was a military junta in Haiti, and Farmer—as an American and a left-wing thinker—was banned from the country for a brief time. Beginning in this period, Farmer leads PIH to become active in Lima, Peru. Outbreaks of drug-resistant tuberculosis inspire Farmer to research new

treatments for the deadly disease. Although he and Jim Kim want to distribute their new TB treatments throughout South America, they find that such treatments are prohibitively expensive—an explanation that Farmer interprets to mean that South American lives just aren't that valuable. By partnering with pharmaceutical companies, Jim Kim succeeds in lowering the cost of TB treatments by 95%, and PIH sends drug-resistant TB treatments throughout Peru.

By the late 90s, Farmer has an extremely busy schedule. He's a renowned doctor, and also the recipient of a MacArthur genius grant. He travels around the world giving lectures, and works on multiple books and articles at once. He continues to work hands-on in Peru and Haiti, devoting hours every day to individual patients, nearly all of whom regard him as a hero. Kidder decides to follow Farmer around the world for a few months.

To Kidder's surprise, Farmer is married to a woman named Didi Bertrand, who studies anthropology in Paris. Farmer met Didi in Haiti, and together, they have a small child, Catherine. Farmer visits Didi in Paris, but is unable to stay for more than a day—a fact that seems to irritate Didi. After Paris, Farmer (and Kidder) fly to Russia, where he's scheduled to investigate conditions in Russian prisons, which are some of the dirtiest and most dangerous in the world. For this work Farmer has partnered with the Soros Foundation, run by the wealthy philanthropist George Soros. Speaking before the World Bank and the Soros Foundation, Farmer argues that tuberculosis treatments are immediately needed in Russian prisons. Soon afterwards, the World Bank agrees to allocate millions of dollars for TB treatment in Russia.

In the year 2000, the Gates Foundation—one of the largest charities in the world—gives PIH 45 million dollars to wipe out tuberculosis in South America. Although this is a huge victory, Farmer continues to work hands-on in Haiti in addition to his lectures and meetings around the world. While Farmer is in Europe, Kidder witnesses a crisis in Haiti: a young boy named John goes into critical condition due to his rare facial cancer. Farmer's assistant, Serena Koenig, decides to fly John out to Boston for emergency **treatment**, even though the flight alone will cost 20,000 dollars. The drive from Zanmi Lasante to the airport is agonizing for John, and by the time he arrives in Boston, he can barely breathe. In Boston, John is given the best medical care, but he dies anyway.

Farmer is deeply saddened by John's death, and Kidder wonders if John's death might not be a symbol for the ultimately futility of Farmer's work: no matter how hard he tries, people continue to live in miserable conditions and die in agony. Nevertheless, Farmer insists that there is value in trying to save individual lives, no matter what the cost of treatment might be. The usual arguments of cost-efficiency, he claims, are just a way for rich, powerful people to rationalize their own inaction. Farmer continues to practice medicine in Haiti and

other Third-World countries, working long hours and sometimes walking miles just to make house calls. Kidder concludes that Farmer, while not a saint, is sincerely devoted to helping the poor and the downtrodden.



CHARACTERS

MAJOR CHARACTERS

Doctor Paul Farmer – The protagonist of *Mountains Beyond Mountains*, Paul Farmer is a brilliant doctor and anthropologist. Moreover, he's a devoted humanitarian, to the point where he can't imagine a life for himself that doesn't involve taking care of the sick and injured in Third-World countries like Haiti and Peru. Farmer has always been interested in helping the downtrodden, and his most profound struggles have always concerned how best to help them. Unlike many of his colleagues at Harvard Medical School, Farmer is a proponent of liberation theology, an interpretation of Catholicism that supports active engagement in one's community. At the same time, Farmer doesn't believe in God: he embraces Catholicism and yet questions it deeply. Farmer's conflicted relationship with science and religion makes him a natural fit for practicing medicine in Haiti, where he makes an effort to understand Haitians' relationship with Voodoo. During the course of the book, Farmer also grapples with the ethics of cost-efficiency: for every patient he chooses to help, he's effectively denying his treatment to hundreds of others. Ultimately, Farmer stands as a fascinating, complex figure: fiercely committed to Catholicism, yet agnostic; devoted to other people, yet almost a stranger to his wife and child.

Tracy Kidder – The author and narrator of *Mountains Beyond Mountains*, Tracy Kidder is also an important character in the book: he's a more or less ordinary man, against whom we "measure" Paul Farmer's vast humanitarian achievements. Kidder spends years studying Farmer, observing the way he practices medicine and trying to understand how it's possible for a human being to be so selfless. Kidder grapples with Farmer's lofty idealism, questioning if America's foreign policy is as bad as Farmer claims, and whether it is a moral thing for a father to devote oneself so extensively to helping the poor at the cost of neglecting his family. At times, Kidder wonders if Farmer might not be devoting himself to charity as a kind of "alibi"—humanitarian work allows Farmer to claim that everything he does is right, and anyone who disagrees with him is wrong. In the end, however, Kidder comes to see Farmer as a talented, brilliant, and deeply moral man, who's motivated by a sincere desire to help other people.

Ophelia Dahl – An intelligent young British woman who falls in love with Paul Farmer when she's doing charity work in Haiti. Ophelia Dahl comes from markedly different circumstances than Farmer—she's the daughter of the famous children's

author Roald Dahl, and grew up in luxury. Although she finds it somewhat difficult to adjust to a life of poverty in Haiti, she finds a friend in Farmer and the two become lovers. Over many years, Ophelia comes to know Farmer very well—sometimes, she's in awe of his intellect and selflessness, but at other times, she's exasperated by his Stoicism and willingness to endanger his own life. Farmer proposes marriage to Ophelia, but she refuses: Farmer's commitment to helping the poor is simply too much for her to handle. In the end, Ophelia becomes Farmer's good friend and confidant, as well as the treasurer of his charity, Partners in Health.

John – A young Haitian boy whose rare facial cancer necessitates his being flown out to Boston for extensive **treatments**. John's long, agonizing journey from Haiti to Boston is the dramatic climax of the book, because it encapsulates the challenges—and, at times, the futility—of Paul Farmer's medical ventures in the Third World. Although John receives the best healthcare possible, he eventually dies of his cancer, meaning that Farmer has spent tens of thousands of dollars on John's failed treatment. Although his colleagues point to John's death as proof that Farmer is too generous with his allocation of resources, Farmer insists that there is inherent value in trying to save as many lives as possible, even if the chances of saving a life are very small.

Jim Yong Kim – An ambitious doctor, and an important ally to Paul Farmer. Jim Kim is a talented doctor and anthropologist who shares Farmer's commitment to social justice and Third-World charity work. After they complete medical school together, Kim and Farmer cofound Partners in Health, a charity designed to address the root causes of inequality and poverty around the world. While Kim is a fiercely energetic doctor and health adviser, he believes that his talents would be best spent on consulting and leadership, rather than hands-on patient care (which is Farmer's preference). As a result, Kim focuses on the bureaucratic and business sides of PIH, while Farmer concentrates on the day-to-day work.

MINOR CHARACTERS

Didi Bertrand – Paul Farmer's wife, a Haitian woman who studies anthropology in Paris. Although Didi has enormous respect for her husband and his charity work around the world, she seems to resent the fact that he barely has time to visit her and their daughter, Catherine.

Rudolf Virchow – Renowned 19th century German doctor who proposed the cellular theory of biology, and designed a series of highly effective sanitation systems that made Germany one of the cleanest countries in the world.

Julianna DeWolf – A nun who does charity work in Haiti, inspiring the young Paul Farmer.

Jean-Claude Duvalier / Baby Doc – The ruthless dictator of Haiti during the 1980s.

Père Lafontant – A Haitian priest who mentors Paul Farmer early on in Farmer’s career, and sends him to establish a clinic in the impoverished town of Cange. Lafontant is a calm leader, and tirelessly devoted to helping his neighbors—two qualities that he passes onto Farmer.

Tom White – A wealthy businessman who gives large sums of money to Paul Farmer’s charity, Partners in Health.

Todd McCormack – A former college roommate of Paul Farmer’s. Farmer appoints him to the board of advisers for Partners in Health.

Jean-Bertrand Aristide – A Haitian priest and politician who rises to become the president of Haiti in the early 90s, but is almost immediately deposed by a military coup.

Chouchou Louis – A young man who’s savagely beaten by the Haitian army for supporting Jean-Bertrand Aristide.

Jack Roussin / Father Jack – A priest and friend of Paul Farmer, whose sudden death from tuberculosis in Lima, Peru inspires Farmer to research new treatments for the disease.

Michael Iseman – An expert on tuberculosis who gives Paul Farmer advice on how to treat the disease in South America.

Meche Becerra – A talented doctor who works with Paul Farmer to treat tuberculosis.

David Carbajal – A young Peruvian man who dies of tuberculosis after Paul Farmer is forced to suspend treatments.

Catherine – Paul Farmer and Didi Bertrand’s young daughter.

Arata Kochi – An influential doctor who praises Paul Farmer for his treatment of tuberculosis in South America.

Alex Goldfarb – A young, ambitious doctor who works with Paul Farmer in Russia to improve prison conditions. Goldfarb is an outspoken, slightly obnoxious man, and more prone than Farmer is to taking a political stance that could endanger his humanitarian work.

Dr. Pérez – A Cuban friend of Paul Farmer.

Dr. José Miyar Barruecos – The president of Cuba’s medical school, who agrees to accept Haitian students after meeting with Paul Farmer.

Luc Montagnier – The doctor usually credited with discovering the AIDS virus.

Boris Berezovsky – A powerful oligarch whose association with Alex Goldfarb leads to a restructuring of leadership in the World Bank’s medical projects in Russia.

Serena Koenig – Paul Farmer’s assistant, who accompanies John from Haiti to Boston during the final days of his life.

Dr. Alan Ezekowitz – A talented pediatric specialist who operates on John in Boston.

Ti Jean – Paul Farmer’s “chief of staff” beginning in the 2000s, Ti Jean is a talented assistant and organizer for Farmer, and shares his boss’s respect for hard work and humanitarian

commitment.

Alcante – A young Haitian boy who suffers from scrofula, and is treated by Paul Farmer.

Captain Carroll – The leader of the American troops in Haiti in the mid-90s.

George Soros – A wealthy businessman and philanthropist who partners with Paul Farmer to treat tuberculosis outbreaks in Russia.

Joe – A homeless, HIV-positive man who calls Paul Farmer a “saint.”

Howard Hiatt – An influential Harvard Medical School professor who partners with Paul Farmer.

Christian – A young Peruvian boy who Paul Farmer treats for tuberculosis.

Archbishop Oscar Romero – A priest from El Salvador whose brutal murder in 1980 inspired the young Paul Farmer to politicize his medical education.



THEMES

In LitCharts literature guides, each theme gets its own color-coded icon. These icons make it easy to track where the themes occur most prominently throughout the work. If you don't have a color printer, you can still use the icons to track themes in black and white.



COST-EFFICIENCY VS. THE VALUE OF LIFE

In *Mountains Beyond Mountains*, Dr. Paul Farmer devotes enormous amounts of resources to caring for sick people, especially in impoverished parts of the world like Peru and Haiti. Tracy Kidder keeps coming back to the same question, then: Is this worth it? At times, Farmer and his nonprofit organization, Partners in Health (PIH) have to spend huge amounts of money on individual patients—amounts that, Kidder can’t help but think, might be better spent caring for multiple other patients. On one occasion, Farmer approves extremely expensive vaccinations for a rare strain of tuberculosis (TB) in Lima; another time, PIH spends 20,000 dollars on an airplane ride for a boy named John, who suffers from cancer. Why spend 20,000 dollars on **treatment** for a rare cancer in one child when the same sum could pay for lifesaving healthcare for hundreds of other patients?

Over the course of Kidder’s book, Farmer doesn’t answer Kidder’s question so much as he dismisses it as a red herring—a distraction from the real issue. To complain about cost-efficiency in PIH, Farmer argues, is to rationalize the *status quo* in the world, whereby wealthy people, living mostly in wealthy countries like the U.S., have all the power. In the case of John’s

cancer, for example, the question shouldn't be, "Why spend 20,000 dollars on one plane ride?" Rather, it should be, "Why does a medical flight to save the life of a child cost 20,000 dollars?" or, more generally, "Why doesn't the U.S., the wealthiest country on the planet, invest more of its money in curing diseases around the world?"

Kidder it finds it difficult to agree with Farmer at first. But he acknowledges that in part he's reluctant because Americans are conditioned to think in terms of cost-efficiency when they discuss healthcare in other countries. Nobody would talk about cost-efficiency, Farmer points out, if there were an outbreak of tuberculosis in Boston—the assumption would be that as many American lives as possible should be saved, regardless of the costs. Cost-efficiency arguments, then, always come with the sinister undertone that individual lives—usually the lives of people who live far away, in a very different culture—are somehow second-rate. For Farmer, the best demonstration of this principle is the TB treatment program in Peru. For years, it was agreed that it was too expensive to treat rare, drug-resistant strains of TB. Over the course of several years, however, Farmer was able to drive down the costs of treating these strains by more than 95 percent. In the case of Peru, cost-efficiency was an alibi for indifference: before Farmer, medical bureaucrats *could* treat TB cheaply, but they didn't feel any great need to do so.

Paul Farmer's entire career could be considered a rebuttal to the arguments for cost-efficiency. In order to balance out what he sees as the indifference of the Western medical establishment to the world's suffering, Farmer devotes his life to hands-on work with patients around the world—work that's rooted in his respect for the inherent value of a human life, independent of efficiency arguments.



SAINTLINESS

More than once in *Mountains Beyond Mountains*, people refer to Paul Farmer as a "saint." Although Farmer always denies such a label, saying that he'd

have to work much harder to become one, Tracy Kidder makes it clear that Farmer works harder (and comes closer to embodying sainthood) than anyone Kidder has ever met. Farmer barely sleeps, travels constantly to attend to his patients in Haiti, Russia, and Peru, gives hours of his time to advising other doctors on the best treatments, and, in spite of his immense prestige and lucrative fellowships, lives in a tiny apartment. Whether or not Farmer qualifies as a saint, his selflessness and generosity are worth considering more closely. Where did these qualities come from, and what does Farmer's example—an example that's almost impossible to follow—tell us about ourselves?

Whether Farmer intends it or not, his selfless devotion to other people often makes his friends and colleagues guiltily question their own lives and choices. This is especially clear when Kidder

meets Farmer: Kidder is amazed by Farmer's hard work and love for medicine, but he's equally upset by his own inaction, which, relative to Farmer, looks like pure laziness. This sense of guilt is even more apparent in Ophelia Dahl, Farmer's long-time friend and former lover. After many years of loving Farmer, Ophelia decided that she couldn't live up to his lofty standards of right and wrong: she couldn't entirely sacrifice her own happiness and wellbeing for others' sake. Ophelia became so exasperated with Farmer's saintliness that she'd secretly cheer whenever Farmer showed any negative affect or emotion, such as anger, fear, or frustration. Ultimately, Farmer's life is something of a paradox. Although his good deeds have inspired thousands of doctors to follow his example and devote themselves to charity and nonprofit work, the handful of people who know him very well—Ophelia and, arguably, Kidder—find his example maddening as well as inspiring. As Ophelia admits, Farmer's saintliness reminds her of her own selfishness and close-mindedness—in other words, he's a deterrent to good deeds, as well as an inspiration for them.

Mountains Beyond Mountains also shows the limitations of a life spent traveling from country to country, curing disease. Farmer can be angry or stubborn at times, and more importantly, he neglects his wife, Didi, and his child, Catherine. As he willingly admits, he values the lives of his patients, most of whom are extremely poor, much more highly than those of his loved ones, whose cares and problems simply aren't as important. Kidder suggests that Farmer's unorthodox behavior may be the result of his own experiences as a child: Farmer's father refused to show any love for him for fear that Farmer would become arrogant. Farmer is afraid of playing favorites with his own loved ones, just as his father was. As a result, he overcompensates by almost never seeing his own family. In this way, Farmer's saintly life comes at a high cost. He embodies a form of love and compassion that few human beings could hope to imitate—and yet he's uncomfortable with the one form of love and compassion that most humans *do* exemplify: love for one's family.

Ultimately, Kidder doesn't doubt that Farmer is a very, very good person, but Kidder never gives in to the temptation to canonize Farmer. Instead, he grapples with the definition of saintliness, and challenges Farmer's neglect for his family even as he praises his life-saving work around the globe. The goal isn't merely to lionize Farmer, but rather to show him in his subtle weaknesses as well as his enormous strengths. In this way, readers can decide for themselves which aspects of Farmer's life to imitate and which to avoid.



AMERICA, IMPERIALISM, AND THE FIRST WORLD

It's almost impossible to understand Doctor Paul Farmer's attitude toward healthcare and nonprofit work without first understanding his attitude toward American

foreign policy. In general, it's important to understand the way Farmer defines the uneasy relationship between the First World—countries with wealth and power—and the Third World—countries that lack these things.

In Farmer's view, the United States has been a major imperialist aggressor for hundreds of years, with often-disastrous consequences for the Third World. Although the Caribbean nation of Haiti became an independent republic in the 1790s—only a few years after the U.S. itself—it would be decades before America recognized Haiti as such. Instead, America treated Haiti as a tribute state, establishing businesses in Haiti that were designed to send the country's key natural resources back to the U.S. As the U.S. became the major military power in the Western hemisphere, and then the world, it pursued a strategy of funding military dictatorships in Haiti, believing that a repressive Haitian state would be advantageous for American business interests. Farmer contrasts Haiti—an impoverished country that's been effectively controlled by the American military and economy for the last 200 years—with Cuba—a healthier, far more prosperous country that's largely avoided American imperialism, and has been condemned in America for its Communist leadership.

Understanding Haiti's fraught history with the U.S. is a vital part of Farmer's work in the country. Many who live in America know nothing about their country's relationship with Haiti, or assume that the relationship has always been friendly and supportive. As a result, there is a tendency in America to "blame the victims"—in other words, to conclude that the Haitians (or, for that matter, the people of any Third World country) are impoverished and unhealthy because of their culture or society. Farmer believes that the opposite is the case: if anything, the suffering in Haiti is indicative of a long, unfair relationship with the U.S. that has kept Haiti poor and disorganized, and was to some extent designed to do so.

Although Farmer often has to censor his own political views (his collaborators and donors don't always share his beliefs), his view of the U.S. and of the First World is an important aspect of his work. The role of the doctor, he believes, isn't simply to cure the sick, but rather to fight the structural inequalities that *cause* sickness throughout the Third World. An ordinary doctor might treat Haitian typhoid victims, but a politically-minded doctor like Farmer might try to rebuild the Haitian sewer system that was destroyed in wars sponsored in part by U.S. government officials. Perhaps Farmer's most important political action is to broadcast his views of Haiti and the U.S. in books and interviews. In doing so, he educates people in the First World and makes it more difficult for them to blame the victims in the Third World.



SCIENCE, MAGIC, AND RELIGION

In the course of his education and traveling, Paul Farmer comes into contact with a large number of belief systems: religious traditions, scientific

theories, and magical rituals (such as the Voodoo ceremonies in Haiti). While these belief systems seem entirely distinct, they're all major influences on Farmer's career. Moreover, Tracy Kidder uses his book to explore the close similarities between them.

In Farmer's life, religion and science are virtually inseparable. From an early age, he was educated in the tenets of Catholicism. While he never seriously embraced the concept of a divinity or an afterlife, Farmer did celebrate the *usefulness* of religion. By celebrating Catholicism—specifically, "liberation theology"—Farmer gave himself a career path. Liberation theology stresses the importance of solving the concrete, material problems on Earth, rather than waiting for God to remedy these problems in Heaven. Farmer embraces this idea in his medical practice, where solving patients' immediate problems is his key—indeed, his only—guideline. In effect, there would be no purpose in Farmer's practicing medicine around the world if he didn't have a strong moral reason for doing so: there would be no "how" without a "why." It's remarkable, Kidder notes, that Farmer—who claims to have little patience for belief in a traditional God—can devote his life to a form of Catholic doctrine like liberation theology. Farmer lives out the tenets of Catholicism, and yet doesn't believe in its premises at all.

Paradoxically, Farmer's conflicted relationship with science and religion make him the ideal doctor in Haiti, where science, religion, and magic have a similarly complicated relationship. Inspired by his own views of Catholicism, Farmer recognizes that the Haitians believe in Western science *and* their rich Voodoo tradition. Before Farmer, American doctors in Haiti largely assumed that drug treatments were useless, since the Haitians believed in Voodoo, not Western science. It was Farmer who popularized the view that Voodoo isn't a binary: it's perfectly possible to celebrate a Voodoo ritual while also believing in the value of Western medicine. By assuming that Haitian Voodoo precludes any belief in science, Farmer's predecessors are essentially accusing the Haitians of believing in a "lesser religion" and privileging their own Christian or Jewish religious identities. Farmer encourages doctors to aim for a more nuanced understanding of Haitian beliefs, and as a result, he is highly successfully in treating his Haitian patients.

In the end, Kidder and Farmer suggest that science, magic, and religion aren't particularly different, nor are they mutually exclusive. The notion that Voodoo is merely an irrational form of magic, while Catholicism is a proper religion, betrays American doctors' racial bias. In contrast, Farmer maintains that it's possible to believe in both science and the supernatural: Farmer's own life is proof.



NONPROFITS, POLITICS, AND COMPROMISE

Although Paul Farmer spends the vast majority of his time consulting with individual patients, he arguably accomplishes even more good by convincing others to donate their money and time to help him fight disease in the Third World. Farmer is a politician as well as a doctor: he makes speeches around the world, influencing powerful people to send their money to Haiti and Peru. Farmer's nonprofit ventures require him to work with large government organizations, obey strict rules, and at times navigate through the complex world of bureaucracy. In order to understand Farmer's success as a doctor, we need to understand how he goes about organizing, planning, and—at times—humbly begging.

Usually Farmer's fundraising strategy is simple: communicate his passion and his personal convictions to the wealthiest people in the world, most of them American. One of his most important allies is Tom White, a Boston development millionaire who gives enormous sums of money to Farmer's hospitals in Cange and Lima. As Kidder explains, White is sympathetic to Farmer's political and ideological convictions: he respects liberation doctrine and, like Farmer, has deep misgivings about American foreign policy. It's largely because of individuals like White that Farmer's most important charity, Partners in Health, survives for so many years.

But at times, Farmer faces a more difficult task: soliciting money and resources from institutions that he doesn't entirely respect. In these cases, he's forced to "soften" some of his political and moral stances, at least rhetorically. When PIH is trying to fund TB treatments in South America, for instance, Farmer makes a series of speeches in which he implies that denying South America this treatment would be disastrous, for the reason that TB bacilli would eventually spread to the United States, causing massive death. While he privately believes that saving South American lives is a worthwhile end in itself, Farmer presents his plan to American investors in a more palatable way: measuring the "value" of the treatment program in American lives—the only currency his audience understands.

As with any politician, Farmer has to soften or compromise on some of his beliefs in order to accomplish tangible goals. But because of his strong overriding commitment to protecting individual lives, the outcomes of his dealings with donors and other nonprofits never feel like compromises. For all his political engagement, Farmer claims that he's not dogmatic in his thinking—the only thing he's really dogmatic about is healing the sick. In this sense, any money he raises from a wealthy donor is a victory for PIH, and any partnership he arranges with another nonprofit is a step forward for his patients.



SYMBOLS

Symbols appear in **teal text** throughout the Summary and Analysis sections of this LitChart.



JOHN'S TREATMENT

While *Mountains Beyond Mountains* doesn't have many symbols (it's a work of non-fiction), Tracy Kidder acknowledges that the death of John—a young Haitian boy who's rushed to Boston for emergency treatment—is a poignant symbol for the value (and perhaps, ultimate futility) of Dr. Paul Farmer's life's work. John suffers from a rare facial cancer that can't be treated in Haiti, and as a result, Farmer's nonprofit spends tens of thousands of dollars to fly John to better facilities in the United States. But in the end, John dies in Boston—the plane flight and extra care had no effect on the eventual outcome. John's fate could be representative of the fate of Haiti itself: although Farmer devotes huge amounts of time and money to improving conditions in the country, nothing he does can change the fact that Haiti is an impoverished country, in which there will always be sick, suffering people. Even so, John and his treatment could also be considered a symbol of the ultimate *value* of Farmer's project. Even if he can't save John's life, Farmer can improve John's living conditions in his final moments—as a nurse puts it, letting John die in a place where there aren't flies on his face. Even if Farmer doesn't eliminate the root cause of his patients' suffering, there's value in reducing some of the suffering.



QUOTES

Note: all page numbers for the quotes below refer to the Random House edition of *Mountains Beyond Mountains* published in 2009.

Chapter 1 Quotes

●● The world is full of miserable places. One way of living comfortably is not to think about them or, when you do, to send money.

Related Characters: Tracy Kidder (speaker)

Related Themes:   

Page Number: 8

Explanation and Analysis

At the beginning of the novel, Tracy Kidder (the author) offers some harsh truths about the state of the Western

world. For most of the people who live in developed, first-world countries, the easiest course of action is to carry on with one's own personal problems and affairs, and ignore the millions of starving human beings around the world—people whose lives could be drastically changed for the better with just a fragment of the wealth or resources most Westerners enjoy daily.

In short, the rich countries of the world have to perform some complicated mental gymnastics to avoid becoming overcome with guilt at their own passivity: no moral, prosperous human being, Kidder insists, can think about the world's poverty and disease without guilt. Instead, most people either ignore the problem or do the bare minimum, and send some money now and then in the hopes that it will improve the problem slightly.

Against this backdrop of ignorance, passivity, and sheer laziness, Kidder introduces us to Doctor Paul Farmer—a man who refuses to play along with his peers in America. Instead of ignoring the world's problems, Farmer tries to use his intelligence and medical training to eliminate them altogether, one problem at a time.

Chapter 2 Quotes

☞ As Farmer was leaving the shelter, he heard Joe say to another resident, just loudly enough to make Farmer wonder if Joe meant for him to overhear, "That guy's a fuckin' saint."

Related Characters: Joe, Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes: 

Page Number: 16

Explanation and Analysis

At several points in the book, characters will compare Paul Farmer to a saint. Here, Joe, a man who's been sent to a medical shelter in Boston, calls Farmer a saint for taking such good care of his patients, going far beyond the minimum requirements even for a doctor.

When Joe calls Farmer a saint, he means that Farmer devotes huge amounts of his time and energy to helping other people whom he's never met before. Yet throughout the book, Farmer insists that he's not a saint at all—on the contrary, he claims, he's just doing "his part" to help others. Farmer is so used to spending 20 hours a day caring for the sick that he considers himself just an average, decent human being—he's just doing what any intelligent, trained person *should* be doing to help alleviate the vast suffering in

the world. One disturbing implication of Farmer's claim that he's not a saint is that we as readers—or anyone with education, wealth, time, or other resources—aren't doing remotely enough with our own gifts. It's easy for us to believe that Farmer is a saint because it absolves us of some of our own guilt at not doing more to help people in need—only a superhuman or saint could do what Farmer does. The troubling part is when we think that Farmer is just a normal human, doing what all normal people *ought* to do.

Chapter 3 Quotes

☞ He made about \$125,000 a year from Harvard and the Brigham, but he never saw his paychecks or the honoraria or royalties, both fairly small sums, that he received for his lectures and writings. The bookkeeper at PIH headquarters cashed the checks, paid his bills—and his mother's mortgage—and put whatever was left in the treasury. One day in 1999, Farmer tried to use his credit card and was told he'd reached his limit.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes:  

Page Number: 23

Explanation and Analysis

Kidder notes some irony here: although Farmer contributes more to society than almost anyone (he literally saves lives almost every day), he's not rewarded for his actions with money or property. Instead, Farmer sends most of his income to other people. He's learned to live so simply that he has no use for extra cash.

The fact that Farmer doesn't feel any need to spend money makes us wonder—what motivates his quest to help the sick? Does he get any pleasure from doing so, or does he see it as a duty? While Farmer clearly gets a sense of joy and comfort from knowing that he's important to other people, he's also so regimented and rigorous in his routine as a doctor that he seems to treat curing the sick as a basic obligation, not a joy. Strange as it might seem, Farmer doesn't really *enjoy* his work—"enjoy" is the wrong word. Rather, Farmer seems to treat charity as the cornerstone of a normal, moral life—a life that few people emulate, however.

Chapter 4 Quotes

☛☛ And then of course it dawned on him that he knew plenty of Americans—he was one himself—who held apparently contradictory beliefs, such as faith in both medicine and prayer. He felt, he said, as though he hung in the air before his patient, “suspended by her sympathy and bemusement.”

Related Characters: Doctor Paul Farmer, Tracy Kidder (speaker)

Related Themes:  

Page Number: 35

Explanation and Analysis

In this quotation, Dr. Farmer travels to Haiti, where he researches the Haitians' beliefs concerning religion and science. Farmer discovers that many Haitians believe in Voodoo, a complex set of religious rituals. In the past, American doctors have concluded that the Haitian belief in Voodoo trumps any American efforts to introduce medicine in the country—and so they felt that there was no point in giving the Haitians pills if they don't believe that pills can cure disease. Farmer's insight is that a belief in religion doesn't preclude the belief in science and medicine. Indeed, plenty of Americans—including some of the American doctors who decided to stop shipping medicine to Haiti—believe in both Christianity and antibiotics simultaneously.

Farmer's insight here illustrates a disturbing form of racism. Americans, in Farmer's view, are looking for an excuse to dehumanize and deny help to Haitians. In their search for an excuse, they construct a shallow and condescending portrait of the typical Haitian—a narrow-minded individual who's incapable of believing in science and religion simultaneously. The implication of this portrait is that Haitians are less intellectually advanced than Americans (no one would ever question an American's ability to believe in God and science at once). In short, Farmer's predecessors' actions illustrate the condescension of many Western charity organizations, and the unfortunate eagerness of the people in power to deny their help to those in need.

Chapter 5 Quotes

☛☛ By then Farmer had quit his fraternity. He wrote them that he couldn't belong to an all-white organization. (“I received quite a frosty reply,” he would say, in a tone of voice that implied this still surprised him.) He'd come to admire his father's distaste for putting on airs.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes: 

Page Number: 56

Explanation and Analysis

In order to get a better understanding of Dr. Farmer, Kidder focuses on Farmer's past. Even in college, we're told, Farmer showed signs of being a remarkably forward-thinking, progressive person. Although it was the norm at the time for white fraternities to exclude black students, Farmer didn't hesitate to quit his fraternity when he realized that it was a racist organization.

Farmer's decision to quit his fraternity for its poor racial politics illustrates his refusal to play along with racist "groupthink," an instinct that continues throughout his career as a doctor. Again and again, Farmer ignores the "common wisdom" about charity in Haiti or South America—i.e., that there's no point in helping the Haitians or South Americans because it doesn't make financial sense. One reason Farmer ignores other people's advice about nonprofit work is that he sees this advice as an extension of American racism and indifference to people of other cultures—a form of racism he's been avoiding at least since his experience with his college fraternity. Just as his frat excluded blacks, the powerful charities of the U.S. have an unfortunate tendency to buy into the myth that white Americans will always be better than their neighbors to the south. Farmer finds this latent racism disgusting.

Chapter 6 Quotes

☛☛ But independence had been followed by nearly two hundred years of misrule, aided and abetted by foreign powers, especially France and the United States. (From 1915 to 1934, the U.S. Marines had occupied and run the country.) To Farmer, Haiti's history seemed, indeed, like *The Lord of the Rings*, an ongoing story of a great and terrible struggle between the rich and the poor, between good and evil.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes: 

Page Number: 63

Explanation and Analysis

In this quotation, Farmer shows Kidder that he's both

realistic and idealistic about his charity work. He explains how Haiti continues to suffer from the foreign policies initiated by Europe and later the U.S. Few people know that the United States ruled Haiti by military force during the 20th century—during this time, Farmer argues, American troops weakened Haiti's economy, leading to structural problems in the country that continue to cause poverty and disease to this day. Farmer's realism about the dangers of foreign policy, particularly American foreign policy, make him wary of accepting help from the American government or large American charities. Instead of partnering with organizations that have hurt Haiti in the past, Farmer works largely by himself, and accomplishes a great deal as a result.

But at the same time, Farmer's view of Haitian life is extremely idealistic: a life-and-death battle between the forces of evil (the U.S. and Europe) and the forces of good (the people of Haiti). The notion that American foreign policy accomplishes nothing but evil is just as naive as the notion that it causes only good. Farmer seems to need to believe in certain "useful" fictions, such as that of America's wickedness, in order to carry out his work. His belief in the idea that America is purely "evil," even if it's not entirely true, motivates him to work harder and perhaps leads him to accomplish more for his patients.

Chapter 7 Quotes

☝ For a long time I thought I could live and work in Haiti, carving out a life with you, but now I understand that I can't. And that's simply not compatible with your life—the life you once told me you would like to lead even ten years ago.

Related Characters: Ophelia Dahl (speaker), Doctor Paul Farmer

Related Themes: 

Page Number: 66

Explanation and Analysis

For many years as a young man, Dr. Farmer is romantically close with a fellow charity worker, Ophelia Dahl. But as he spends more and more time working with his patients, Farmer struggles to spend time with Ophelia. He makes it clear that he'll only be able to pursue a relationship with Ophelia if she can get used to a life of constant travel and work. In this quotation, Ophelia writes Farmer a letter in which she tells him that she can no longer pursue a relationship with him: she's just not ready for the life he wants to lead.

Ophelia's letter reminds us how difficult Farmer's life is—contrary to what he always claims. There are few people who could spend their entire lives traveling the world, meeting with hundreds of strangers a day, and devoting incredible amounts of time to dangerous or thankless tasks. Indeed, Ophelia's letter establishes the basic sacrifice that a "saint" like Farmer must make. Farmer must choose between his family—a small group of people with whom he's very close, such as Ophelia—and his profession—a life spent circling through a huge group of patients, none of whom he's very close with. While most people choose to give most of their love and attention to the small number of people in their immediate family, Farmer takes a different path. Ironically, in choosing a career that, on the surface, seems incredibly noble and loving, he shies away from love for a family—a basic form of love that almost every human being expresses.

Chapter 8 Quotes

☝ He was already attracted to liberation theology. "A powerful rebuke to the hiding away of poverty," he called it. "A rebuke that transcends scholarly analysis." In Haiti, the essence of the doctrine came alive for him. Almost all the peasants he was meeting shared a belief that seemed like a distillation of liberation theology: "Everybody else hates us," they'd tell him, "but God loves the poor more. And our cause is just."

Related Characters: Doctor Paul Farmer, Tracy Kidder (speaker)

Related Themes:  

Page Number: 78

Explanation and Analysis

In this passage, Farmer gives an eloquent explanation of liberation theology, the strain of Catholicism that defines his approach to charity work in Haiti. In many conventional interpretations of Christianity, poverty should be ignored altogether, because it's unimportant in the "grand scheme of things" (no point worrying about your paycheck on Earth when you're going to Heaven for eternity, anyway). Farmer disputes this interpretation, arguing that it's vitally important to focus on improving life on Earth, here and now. To allow the people of Haiti to live in poverty is, in essence, to support suffering and misery—an obvious violation of the spirit of Christianity. Armed with liberation theology, Farmer devotes huge amounts of his time to working with the poorest Haitians, recognizing that their need for

medical attention is great.

●● A doctor who knew nothing about local beliefs might end up at war with Voodoo priests, but a doctor-anthropologist who understood those beliefs could find ways to make Voodoo houngans his allies. A doctor who didn't understand local culture would probably mistake many patients' complaints for bizarre superstitions.

Related Characters: Tracy Kidder (speaker)

Related Themes:  

Page Number: 83

Explanation and Analysis

In addition to his training as a doctor, Farmer is also a kind of anthropologist, who has focused on the Voodoo customs of Haiti for many years. Farmer recognizes that many of the patients he visits in Haiti suffer from bizarre-sounding symptoms that, to many American doctors, sound like mere superstitions, reflecting the ubiquity of Voodoo in the country. As Farmer sees it, however, it's the job of a good doctor to take the Haitians' belief in Voodoo seriously. Farmer recognizes that some of the Haitians' complaints are legitimate, even if they're wrapped in the language of Voodoo. An untrained American doctor could easily ignore a legitimate medical problem, assuming that it was imagined.

In general, Farmer's thoughts suggest that the duty of a good doctor is to understand the culture of his patients, since the study of the human body is an important part of any culture. More importantly, Farmer suggests that American racism—the glib dismissal of Voodoo as primitive or superstitious, for example—is getting in the way of proper patient care.

Chapter 9 Quotes

●● On the way back they laughed about the incident, and yet of all the times she'd eaten things that she could hardly bear to look at, this one occasion when she failed the test stood out for her.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer, Ophelia Dahl

Related Themes: 

Page Number: 87

Explanation and Analysis

In this passage, Ophelia Dahl describes an episode from her travels in Haiti when, accompanied by her lover, Farmer, she was offered a traditional Haitian dish. Ophelia politely refused the dish, not realizing that her politeness would be interpreted as rudeness. Farmer irritably corrected Ophelia, showing that he was far more familiar with Haitian culture than she. Ophelia continues to remember this episode for many years. In her mind, it proves that she'll never be an important part of Farmer's life; on the contrary, she'll always be less relevant than his patient care.

A further implication of the passage is that Ophelia feels like an outsider in Haiti because of her privileged life in the United States and England. Ophelia, the wealthy daughter of the famous author Roald Dahl, is occasionally uncomfortable in Haiti because she's reminded of how lucky she was to be born to wealthy, white, Western parents. Incidents like the one described in the passage push Ophelia further away from Farmer while also exacerbating her "white guilt."

●● One time when they were together in Boston, White said, "You know, Paul, sometimes I'd like to chuck it all and work as a missionary with you in Haiti." Farmer thought for a while, then said, "In your particular case, that would be a sin."

Related Characters: Tom White, Tracy Kidder (speaker)

Related Themes:   

Page Number: 95

Explanation and Analysis

In this passage, one of Farmer's key allies, a man named Tom White, discusses the possibility of going to Haiti to be a one-on-one charity worker. White is a wealthy man who donates millions of dollars of his own money to ensure that Farmer can continue practicing medicine in Haiti. When Farmer says that White's decision to move to Haiti would be a sin, he's saying that White is far more valuable to the world as a donor to nonprofit work than he would be as a missionary on the ground.

Farmer's observation shows an awareness of the importance of strategy and resource allocation in nonprofit work: there are some people who work best as donors and some people who work best as one-on-one doctors. At the midpoint of his career, Farmer excels at the latter: while he

thinks of the "big picture" as much as possible, he prefers the thrill of curing an individual patient's illness.

Chapter 10 Quotes

Some people said that medicine addresses only the symptoms of poverty. This, they agreed, was true, and they'd make "common cause" with anyone sincerely trying to change the "political economies" of countries like Haiti. But it didn't follow, as some self-styled radicals said, that good works without revolution only prolonged the status quo, that the only thing projects like Cange really accomplish is the creation of "dependency."

Related Characters: Tracy Kidder (speaker), Jim Yong Kim, Doctor Paul Farmer

Related Themes:   

Page Number: 100

Explanation and Analysis

Paul Farmer and his friend, Jim Yong Kim, are thoughtful people who think deeply about the merits of their own work. One question Kim and Farmer ask each other frequently concerns the long-term effects of their work—is it possible that by treating disease, they're only making the Haitians more dependent on American aid, thereby keeping Haiti subservient to a foreign power? In other words, why doesn't Farmer train Haitian doctors to treat their own people—in time, wouldn't this be a better use of his time than continuing to treat hundreds of patients a day?

For now, Kim and Farmer insist that their work does more than merely creating a cycle of dependency. Just because Farmer spends hours treating Haitians doesn't mean that Haitians will always look to the U.S. for help and medical care. Indeed, by treating Haitians' medical problems, Farmer is enabling the Haitians to spend more time building their own businesses, running for political office, reforming education systems, etc. Healthy people can accomplish more than sick people, after all. Nevertheless, the fact that Farmer and Kim are considering the big-picture, long-term effects of their actions in Haiti proves their devotion to nonprofit work and all its implications.

Chapter 11 Quotes

He'd write about how the Centers for Disease Control, a federal U.S. agency, had gone so far as to identify Haitians as a "risk group," along with several other groups whose names began with h—homosexuals, hemophiliacs, and heroin users—and about the incalculable harm all this had done to Haiti's fragile economy and to Haitians wherever they lived. In his thesis, he'd marshal a host of epidemiological data to show that AIDS had almost certainly come from North America to Haiti.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes:  

Page Number: 106

Explanation and Analysis

Farmer is one of the world's foremost researchers on the subject of AIDS, the deadly virus that continues to kill millions around the world by weakening humans' immune systems. Farmer notices that American government officials have identified Haitians as a "risk group" for AIDS—in other words, Haitians are (supposedly) very likely to have AIDS, meaning that by associating with Haitians, other people are risking contracting AIDS themselves.

As Farmer argues, the U.S. government's treatment of Haiti is just an extension of racism. There is little convincing evidence that Haiti is any more of a risk group for AIDS than the U.S. itself—indeed, the evidence suggests that Americans are *more* at risk for carrying AIDS than Haitians! The reason that Haiti has been placed on the "risk list," Farmer suggests, is that Haitians have already been treated as dirty, animalistic, second-class, and, in general, subhuman. Like so much of America's medical policy toward Haiti, Farmer implies, the government's decision to place Haitians on the "risk list" is racism masquerading as prudence.

Chapter 12 Quotes

In early 1994, just before *The Uses of Haiti* came out, Farmer wrote an editorial for The Miami Herald. The gist of it was: "Should the U.S. military intervene in Haiti? We already have. Now we should do so in a new way, to restore democracy."

Related Characters: Doctor Paul Farmer, Tracy Kidder (speaker)

Related Themes:  

Page Number: 117

Explanation and Analysis

In his editorial for the Herald, Farmer clarifies his thoughts about the nature of America's involvement with the United States. In doing so, he distances himself both from establishment thinkers who believe that American foreign policy is an inherent good, and far-left thinkers who reject the concept of foreign aid altogether. As Farmer argues here, America has been intervening in Haiti for decades. America's goal has always been to suppress the Haitian economy and keep it dependent on America's power. In 1994, however, a new opportunity has presented itself: a large, democratic movement is coming into power. America, Farmer argues, can do some good for once: it can use its military power to foster a strong, stable society by ensuring that democratic elections are held in Haiti.

As Farmer acknowledges elsewhere, there are many who believe that American foreign intervention of any kind is harmful to the foreign country in question, because it increases the country's dependence on American generosity. Farmer has always rejected these facile arguments, because they're just an excuse to let the inhabitants of third-world countries suffer. Farmer believes that foreign intervention can be a force for good, provided that it's done well.

Chapter 15 Quotes

☝ The motion of his mind toward root causes had always excited him. He loved the challenge of diagnosis and all its accoutrements—the stains on the microscopic slides, the beautiful morphologies of the creatures under the lens. But what he called “the eureka moment” had a bad aftertaste this time. Later he would tell me, “God, I’d hate to ever feel triumphant about something so rotten.”

Related Characters: Doctor Paul Farmer, Tracy Kidder (speaker)

Related Themes:   

Page Number: 140

Explanation and Analysis

In this quotation, Farmer sheds some light on his own psychology: what motivates him to devote his entire life to medicine? And what goes through his mind when he works with a patient?

As Farmer explains, he feels a special thrill when he diagnoses a patient with a serious viral disease. But this thrill immediately causes Farmer guilt and shame—how could he possibly feel happy about a virus that causes human beings so much misery?

In general, the passage suggests that Farmer doesn't really think of his work as a doctor as pleasurable at all—what little pleasure he *does* feel on the job vanishes almost immediately, as Farmer takes in the gravity of the situation. Instead of practicing medicine for his own gratification, Farmer does it out of a more abstract sense of duty: his faith in liberation theology encourages him to devote himself to other people, whether he enjoys it or not, and he can never fully savor his more abstract, aesthetic appreciation of diagnoses without also considering the real-world, human cost of his work.

☝ Farmer and Kim began collecting a number of official WHO statements. Some put the case more plainly: “In developing countries, people with multidrug-resistant tuberculosis usually die, because effective treatment is often impossible in poor countries.” For Farmer [...] there was a larger principle involved. A TB epidemic, laced with MDR, had visited New York City in the late 1980s; it had been centered in prisons, homeless shelters, and public hospitals. When all the costs were totaled, various American agencies had spent about a billion dollars stanching the outbreak. Meanwhile, here in Peru, where the government made debt payments of more than a billion dollars every year to American banks and international lending institutions, experts in international TB control had deemed MDR too expensive to treat.

Related Characters: Tracy Kidder (speaker), Jim Yong Kim, Doctor Paul Farmer

Related Themes:   

Page Number: 141

Explanation and Analysis

This long passage illustrates the hypocrisy in the way the Western world studies and treats diseases. As Kidder describes it, there was an outbreak of tuberculosis in Boston and Peru almost at the same time. The U.S. government provided huge sums of money to ensure that the people of Boston wouldn't suffer any more than they absolutely had to. And yet when the time came to treat tuberculosis in Peru, American medical officials—including some of the same people who'd supported TB treatments in Boston—insisted that TB was too expensive to treat in Peru.

The hypocrisy of the medical establishment is clear here. If the sick are American citizens, who share a culture and a heritage with the medical officials, then no sum of money is too high to treat them. It's only when the patients are strangers—people who speak a different language, or have a different skin color than the medical officials—that cost becomes a factor at all. As Farmer argues, even to ask the question, "Is this treatment worth it?" is to treat a patient as a second-class human being, something to be measured in terms of economic value rather than basic human dignity.

Chapter 18 Quotes

☞ Then Goldfarb spoke up again, his voice calm and acidic. "I want to share with you a simple reality. I have six million dollars. With three million dollars I can implement DOTS for five thousand Russian prison inmates. And assuming that ten percent have MDR-TB, forty-five hundred will be cured and five hundred will go down with MDR-TB and die. And there's nothing much you can do. So I have a choice. And my choice is to use another three million dollars to treat the five hundred with MDR-TB, or go to another region and treat another five thousand. I'm working with limited resources. So my choice is not involved in the human rights of five hundred people, but five hundred people versus five thousand people.

Related Characters: Alex Goldfarb (speaker), Doctor Paul Farmer

Related Themes:  

Page Number: 162

Explanation and Analysis

In this passage, Dr. Alex Goldfarb, a medical researcher who does important work with Russian prison inmates, makes a surprisingly eloquent argument for why—contrary to what Farmer has always maintained—the question, "is this worth it?" is sometimes a necessity for medical officials.

Goldfarb explains that he has a limited amount of money, with which he can either treat a small number of Russian prisoners who have a particularly deadly strain of TB, or treat a large number of different Russian prisoners who have a more manageable kind of TB. Goldfarb seems to believe that the best course of action is to treat the larger number of prisoners with the more common form of TB, even though doing so would mean letting the other Russian prisoners die of diseases that—technically—could be cured.

The scenario Goldfarb describes is very different from the ones Farmer has used to illustrate the hypocrisy of the

medical community. Farmer is quick to criticize Western doctors for reducing the lives of "undesirable" people (prisoners, Haitians, Africans, etc.) to dollars and cents, effectively treating these people as second-class human beings. But Goldfarb doesn't fit into this critique at all. Rather, Goldfarb is sincerely interested in treating as many lives as possible—and for this reason, it's crucial to equate lives with dollars and cents. In the end, Goldfarb supports saving more lives, leaving other people to die. While his decision might seem harsh and inhuman, it's motivated by a sincere belief in the value of human life—not the cynical dismissal of human life, as Farmer would say.

☞ As sometimes happened, Paul seemed to know what Jim was thinking. "What do you want to do now?" he asked. There was warmth in the question, Jim felt, a real invitation for him to come clean. "Political work is interesting to me, and it has to be done," he said. "I prefer it to taking care of patients. It's O for the P on an international scale."

Related Characters: Jim Yong Kim, Doctor Paul Farmer (speaker)

Related Themes:  

Page Number: 174

Explanation and Analysis

In this quotation, Farmer and Kim—two old, like-minded friends—part ways on the question of how they can best take care of the sick and impoverished. As Kim sees it, his talents would be put to the best use on a high-level, administrative level. Kim is a world-renowned expert on nonprofit policy: he's not necessarily the best one-on-one doctor, but he knows how to use resources efficiently, address the root causes of a problem, and put together a team of great doctors. Kim is, in short, an experienced, talented medical researcher who's ready to graduate to the next level.

Although Farmer respects Kim's ambitions of working in politics or high-level administration, he doesn't share these ambitions. Although Farmer is just as intelligent and far-thinking as Kim, he refuses to move on to administrative work, because his true passion (his calling, really) is patient care. It may seem strange that such a brilliant man would prefer working with individual patients (surely Farmer could accomplish more as a political leader than he could meeting with individual TB victims). But even if Farmer *could* accomplish more by pursuing a political career, he refuses to lose touch with his "roots" as a doctor. He's

motivated by something entirely different than practicality, or even passion—he thinks it's his duty to continue practicing medicine.

Chapter 20 Quotes

●● Farmer was forty now, and he had the credentials to operate in the way Hiatt envisioned, on a purely executive level. In academic circles his reputation had grown. He was about to become a tenured Harvard professor. He was near the head of the line for the big prizes in medical anthropology; some of his peers were now saying that he'd "redefined" the field.

Related Characters: Tracy Kidder (speaker), Howard Hiatt, Doctor Paul Farmer

Related Themes:   

Page Number: 182

Explanation and Analysis

In this passage, Kidder makes it clear that Farmer could retire or step into a cozy academic position—if he wanted to. Farmer has spent decades caring for patients, reorganizing the nonprofit world, and advising the next generation of charity workers. He has, in short, accomplished more in 20 years than most people could accomplish in a lifetime.

But in spite of his success as a humanitarian doctor, Farmer refuses to slow down the pace of his life. He continues to travel constantly in order to help as many patients and advise as many nonprofits as possible. Farmer's health and contentment are never a factor, and even when he's deliriously tired, he continues to work. By this point in Kidder's book, Farmer's drive is expected (if still not totally comprehensible)—if Farmer were seriously thinking about retiring at the age of 40, there's no way he would have been so productive in the previous 20 years.

Chapter 21 Quotes

●● He distrusted all ideologies, including his own, at least a little. "It's an ology, after all," he had written to me about liberation theology. "And all ologies fail us at some point. At a point, I suspect, not very far from where the Haitian poor live out their dangerous lives." Where might it fail? He told me, "If one pushes this ology to its logical conclusion, then God is to be found in the struggle against injustice."

Related Characters: Tracy Kidder, Doctor Paul Farmer (speaker)

Related Themes:  

Page Number: 195

Explanation and Analysis

Farmer takes a moment to clarify his thoughts on politics and philosophy. Although he's passionate about his belief in liberation theology—the Catholic belief in the importance of solving the concrete, real-world problems of human beings—Farmer acknowledges that any system of beliefs is always flawed in some way. In other words, he concludes, there's no system of thought that can tell us what to do in all cases—there will always come a point, particularly in an impoverished place like Haiti, where humans have to use their instincts to decide on the "right" thing to do.

Farmer's observations about the failure of "ologies" are important, because they help clarify why he's so devoted to helping the sick through individual consultations. In part, Farmer refuses to settle into a comfortable administrative position (chair of a major nonprofit, president of a medical society, etc.) because he doesn't want "ology" to guide his decision-making processes. By meeting with the sick one-on-one, Farmer reminds himself that no abstract belief system can fully solve humans' problems—only hard work and a strong sense of duty can make the world healthier.

●● It still seemed to me that he took a stance all too conveniently impregnable. He embodied a preferential option for the poor. Therefore, any criticism of him amounted to an assault on the already downtrodden people he served. But I knew by now he wasn't simply posing. I felt something about him that I'd later frame to myself this way: He said patients came first, prisoners second, and students third, but this didn't leave out much of humanity. Every sick person seemed to be a potential patient of Farmer's and every healthy person a potential student. In his mind, he was fighting all poverty all the time, an endeavor full of difficulties and inevitable failures.

Related Characters: Tracy Kidder (speaker), Doctor Paul Farmer

Related Themes:  

Page Number: 210

Explanation and Analysis

In this quotation, Kidder voices some of his frustration about Farmer and Farmer's attitude toward healthcare. Kidder can't help but suggest that Farmer is being a little disingenuous when he claims to be a kind of savior devoting his life to helping the poor and the sick. The problem with such a life, Kidder claims, is that it's immune from all criticism—Kidder can't disagree with Farmer without feeling that he's also somehow hurting the poor and sick people whom Farmer helps.

In part, Kidder's objections to Farmer sound like frustration with his own passivity—as Kidder himself acknowledges, he feels guilty whenever he's around Farmer, because Farmer could put any humanitarian to shame, let alone a wealthy writer like Kidder. At the same time, Kidder seems to have a valid point: Farmer isn't critical enough in his attitude toward patient care. By refusing to *ever* think of patient care as a matter of dollars and cents, Farmer is overly idealistic.

Chapter 25 Quotes

☝☝ “Well, this boy is a challenge. But I've cured sicker kids.” Serena laughed nervously. She said, “Well, now he's in Man's Greatest Hospital.” That was what Mass General people called the place, playing on its initials, MGH. Dr. Ezekowitz chuckled. “As soon as we start to believe that, we won't be.” He turned to the young intern. “Isn't that right? We can always do better, can't we.”

Related Characters: Dr. Alan Ezekowitz, Serena Koenig (speaker), John

Related Themes:  

Related Symbols: 

Page Number: 276

Explanation and Analysis

In the penultimate chapter of the book, Kidder focuses on a single patient of Farmer's—a patient whom, in Kidder's mind, sums up the strengths and weaknesses of Farmer's approach to medicine. The patient in question is John, a Haitian youth who's suffering from an extremely painful facial tumor. At great expense, Farmer's nonprofit rushes John to the Massachusetts General Hospital. There, a young intern chastises Serena Koenig—the woman responsible for making the call to bring John to Boston in the first place—for leaving John so malnourished.

By saying, “We can always do better,” Dr. Ezekowitz is subtly

chastising his intern for her rude comment. Essentially, Ezekowitz is admitting that no hospital is perfect, whether it's in Boston or Haiti. To judge a patient for being poorly cared for, as the intern has done, is to pretend that one's own hospital needs no improvements. Therefore, Ezekowitz's statement is optimistic: like Farmer, he believes that healthcare is always improving, grounded in doctors' sincere desire to help the sick. Ezekowitz's words are particularly inspiring since they follow Koenig's nerve-racking, controversial decision to spend thousands of dollars to fly John to Boston for more care. Although the chances of curing John are extremely low, Ezekowitz seems to support Koenig's decision. No matter how much it costs, or how unlikely the possibility of a cure might be, doctors need to work together to help those in need, always doing a little bit better.

☝☝ “Can we not have him in a place where people are trained in palliation? Isn't palliative care important? And a place where his mother can grieve in private instead of an open ward with flies all over her face?”

Related Characters: Serena Koenig (speaker), John

Related Themes: 

Related Symbols: 

Page Number: 277

Explanation and Analysis

After John is transported to the hospital in Boston, he's treated for his facial cancer, but ultimately dies. Serena Koenig, the doctor who made the choice to fly John to Boston, is devastated by John's death. In part, she's saddened by the death of a patient. But more generally, she's beginning to question her decision to spend tens of thousands of dollars on flying John out of Haiti for a treatment that ultimately didn't change John's fate at all. Serena tries to rationalize her decision by arguing that even she didn't succeed in saving John's life, she at least improved his quality of life in the final hours.

Kidder doesn't offer his opinion on whether or not Serena did the right thing by choosing to fly John to Boston—he leaves it up to us to decide. John's treatment cost a lot of money, and therefore might detract from Farmer's ability to treat other patients in the future. And yet John was also a young boy who desperately needed better medical treatment—even if his treatment was expensive, Farmer

would argue, it's not up to us to decide which lives are worth expensive treatments and which lives aren't.

dependency arguments are racist, this quotation certainly suggests that dependency arguments are wrong.

☛ The next time I was in Cange, I asked Zanmi Lasante's chief handyman, Ti Jean, what the people in the region were saying about the case. He told me that everyone talked about it. "And you know what they say? They say, 'Look how much they care about us.'"

Related Characters: Tracy Kidder, Ti Jean (speaker)

Related Themes: 

Related Symbols: 

Page Number: 278

Explanation and Analysis

In this scene, Kidder receives an important piece of evidence. One reason that Koenig's decision to fly John out of Haiti for additional treatments was so controversial was that, according to some doctors, flying Haitians out of the country for medical care would encourage othersto ask for the same treatment—soon, every Haitian patient would be demanding an airplane. As this quotation makes clear, the Haitians don't demand that "special" treatment at all. On the contrary, they consider the airplane an incredible gesture for John, but don't ask for it again.

The quotation is important because it dispels some myths about the supposed "cycle of dependency." Some people argue that the efforts of humanitarians in Haiti are useless in the long run, because they encourage Haitians to rely on free medical services or aid from other countries—an unstable situation for any country. Farmer has always argued that arguments for the "cycle of dependency" border on racism: they offer dubious logic in order to support the old, prejudicial idea that people in third-world countries shouldn't receive the generosity of the United States. Whether or not one agrees with Farmer that

Chapter 26 Quotes

☛ If you say, Well, I just think how much could have been done with twenty thousand dollars, you sound thoughtful, sensible, you know, reasonable, rational, someone you really want on your side. However, if you were to point out, But a young attending physician makes one hundred thousand dollars, not twenty, and that's five times what it cost to try to save a boy's life—that just makes you sound like an asshole. Same world, same numbers, same figures, same currency.

Related Characters: Doctor Paul Farmer (speaker)

Related Themes:  

Related Symbols: 

Page Number: 289

Explanation and Analysis

Farmer offers Kidder one final explanation of why arguments for efficiency are immoral. There are some people (cynics, in Farmer's opinion) who would argue that John's treatment in Boston was a colossal waste of money, since it cost thousands and didn't save John's life. Kidder's point, however, is that these arguments place an unfair burden on the lives of third-world citizens. No first-world person would ever have to argue for why she "deserves" healthcare—the only relevant argument would be that doctors have a moral duty to help the sick. It's only when we bring up third-world people that the question of of cost-efficiency is brought up in the first place. Furthermore, Farmer argues, focusing on the cost-efficiency of treatment is the *wrong* issue. It would be better to focus on the ludicrous amounts of money spent on other, non-life-saving issues and professions, not the relatively small amounts of money that good doctors spend on sick patients in Haiti.



SUMMARY AND ANALYSIS

The color-coded icons under each analysis entry make it easy to track where the themes occur most prominently throughout the work. Each icon corresponds to one of the themes explained in the Themes section of this LitChart.

CHAPTER 1

Tracy Kidder begins his book by noting that he first met Dr. Paul Edward Farmer in 1994, “because of a beheading.” Kidder, a journalist, was in Haiti at the time, reporting on American soldiers who’d been sent to fight a military junta (ruling faction) and support the country’s new democratic government. The American soldiers were badly outnumbered, making it difficult for them to keep order. Recently, one of the democratically elected leaders of the country had been found headless in a river.

In 1994, Kidder meets Captain Carroll, the leader of the American troops in Haiti. Carroll is a sincere, earnest man, who devotes huge amounts of his time to helping the Haitians. He resides in the military barracks near the river.

One day in December, the barracks gets some visitors. A group of four Haitians tells the soldiers that a doctor named Paul Farmer has come to see Captain Carroll. Kidder notices immediately that Farmer is short, delicate, and skinny. Farmer asks Carroll if his military team has been having any medical issues. Then he tells Carroll that he doesn’t approve of the U.S.’s plan for helping Haiti—it’s too business-friendly, he claims. Farmer argues that the Haitians are losing confidence in the U.S. military. Kidder senses that Farmer has far more experience with Haiti than Carroll does. Farmer boldly tells Captain Carroll that he should arrest the junta leaders suspected of the beheading. Carroll tells Farmer that he’s constrained by his orders. After much arguing, Farmer leaves, along with his Haitian companions.

A few weeks later, Kidder meets Farmer on board a flight to Miami. On the flight, Farmer gets to talking about the military. He tells Kidder that he has the utmost respect for soldiers, but he despises the American leadership that orders them to risk their lives making bad decisions in foreign countries. In Haiti, he explains, American soldiers are unpopular because they’ve allowed hated junta leaders to go free. Farmer also tells Kidder that he studied medicine and anthropology at Harvard: he holds both an M.D. and a Ph.D.

Kidder starts his book with a bang, immediately introducing us to the dangerousness of life in Haiti: this is clearly an impoverished third-world country, with an unpredictable government. The picture Kidder paints in these opening pages—a handful of American soldiers attempting to maintain peace through force—suggests that Kidder’s book is at least partly about America’s foreign policy, and its relationship with the Third World.



Although this book is full of denunciations of American foreign policy, Kidder still makes it very clear that as individuals, the majority of Americans are good, honest people trying to do their best with limited resources.



Farmer is an anomaly in this scene: he’s an American, not a Haitian, and yet he doesn’t associate with the army. Indeed, he actively opposes American military intervention. This is the perfect way to introduce Farmer to the book: he represents a hitherto untried “third way” for Haiti, combining respect for Haitian tradition with the advantages of American medicine and technology. When we first meet Farmer, we see him as a clever negotiator, but ultimately an ineffective one. At the end of the day, Farmer is most productive as a doctor, not a politician: Kidder will keep returning to this idea.



Farmer is clearly an intelligent man. Unlike most doctors—even the doctors who devote their lives to practicing medicine in the Third World—he has a deep understanding of the political and economic sources of inequality: in short, he knows why the Third World remains poor and dangerous. This is reflected in Farmer’s anthropological training: rather than only studying medicine, he also studies the culture and history of the places where he works.



A few weeks later, Kidder invites Farmer to dinner in Boston. Above all, Kidder is struck by Farmer's easy-going attitude—he seems totally happy with his own life. Farmer is also optimistic about Haiti. He claims that Americans can do a great deal of good by trying their best and following their instincts. Kidder finds this a little hard to swallow: his time in Haiti has convinced him (along with many of the soldiers) that there's nothing America can do for the country. No matter what, there will always be poor, suffering Haitians. Kidder notes that he wouldn't see Farmer again until 1999.

The first thing that interests Kidder about Farmer is that Farmer seems to be completely happy with his life. Although Kidder's book is a fascinating work of history and journalism, it's also about the ethics and philosophy of happiness. Kidder wants to ask the question, "What does it take to be truly happy?" and, even more to the point, "Why don't more people devote their lives to helping those in need?"



CHAPTER 2

In Boston, Kidder explains, the medical neighborhoods are eerily quiet. There's Harvard Medical School, Dana-Farber Cancer Institute, the Children's Hospital, and other legendary medical institutions. One such institution is the Brigham, a hospital where Farmer sometimes works.

The beginning of Chapter Two contrasts markedly with the beginning of Chapter One. In Boston, there are no beheadings or military juntas. Farmer's life in America is one of relative ease and success compared to the conditions he and his patients face in Haiti.



The year is 1999. Farmer works in Brigham, and specializes in Infectious Diseases, or I.D. He's a "big-shot" Boston doctor now, a professor of anthropology and medicine at Harvard Medical School. Today, Farmer has dealt with six cases, including the case of an HIV-positive man named Joe. The doctors suspect that Joe has contracted tuberculosis. Farmer examines X-rays of Joe's lungs, and notices a spot that previous doctors have assumed is tuberculosis.

Farmer balances his work in Haiti with consultations in Boston. Although Farmer is a "big-shot," and presumably could teach and lecture for the rest of his career, he chooses to instead work one-on-one with his patients—demonstrating his commitment to humanitarian work.



Farmer goes to talk to Joe, who's very amiable, despite his condition. Farmer tells Joe that his X-rays indicate a case of pneumonia, and tells him he needs to gain some weight if he's going to survive much longer. Kidder (who seems to be standing in the room with Joe and Farmer) notes that Farmer spends an unusually large amount of time with his patients—most "big shots" make some small talk and then leave as soon as possible. Joe tells Farmer he needs a warm place to stay—a place where, preferably, he could drink beer and get healthier by gaining some weight.

Farmer is a rarity: a famous, successful doctor who not only continues to meet with his patients, but also talks with them and clearly enjoys spending time with them. Farmer is thinking holistically about Joe's healthcare—instead of simply prescribing a treatment, he gives Joe long-term advice about how to take care of himself. The long conversations he has with his patients help him to prescribe the most effective treatments.



A few days later, a note circulates around Brigham. The note tells the staff to get rid of Joe's "cold, drugs, and vodka" and replace these things with "warmth, our drugs, and a 6 pack of Bud." Everybody can tell immediately that Farmer wrote this note. Farmer has found a homeless shelter for Joe. Although the shelter forbids drinking, Farmer has snuck Joe a six-pack of beer, just as Joe had asked for. As Farmer walks out of the shelter, Joe says, "That guy's a fuckin' saint." Farmer tells Kidder that he'd love to be a saint, but that he'll have to work much harder to achieve such a goal.

Farmer's decision to smuggle beer into Joe's shelter is symbolic of his radical outlook on medicine and healthcare: he's not an establishment figure, either in Boston or in Haiti. Farmer plays by his own rules, always looking out for the interests of his patients first and foremost. The idea of "saintliness" will show up again and again in this book. Farmer himself doesn't even seem very interested in the concept, however—he is just working hard at what he thinks is right, and isn't concerned with titles like "saint."



In early 2000, Farmer leaves Brigham and travels back to Haiti. He emails Kidder, telling him to come back to Haiti to see his work first-hand.

By now, the dynamic of the book is clear: Kidder is the observer and narrator, and Farmer is the protagonist—the hero whose life Kidder must try to understand.



CHAPTER 3

In 2000, Kidder is in Haiti, having been invited there by Farmer. He's driven through Haiti along the National Highway, a road surrounded on all sides by decaying houses and ruined cars. After three hours, the car arrives at Zanmi Lasante, the huge building where Farmer practices medicine and takes care of patients. Zanmi Lasante is something of a miracle to Kidder: a paradise of health and efficiency in the middle of an extremely poor country.

We're back in Haiti, the antithesis of peaceful, quiet Boston. In the same way that Farmer represents the "third way" between Haiti and America, Zanmi Lasante is a blend of American medicine and day-to-day Haitian life: an oasis in the middle of a desert.



Kidder follows Farmer through a typical day. Farmer wakes early, dressing in jeans and a t-shirt. His co-workers and patients call him "Doktè Paul." Every day Farmer walks outside Zanmi, where a massive crowd of injured and sick people waits to be treated. Farmer finds the people whose needs are most urgent, and takes them inside immediately.

When reading about Farmer, it's hard not to think of Jesus Christ walking through the streets, surrounded by lepers desperate to be cured. We can sense that Kidder is awestruck by Farmer's generosity and brilliance. Farmer may not be a saint, but at first glance he certainly looks like one.



Kidder observes life in Cange, the nearest city to Zanmi Lasante, during his first week. There are hundreds of thousands of peasant farmers in the Cange area. They work in unsanitary conditions, and work long hours. When Zanmi Lasante was first established, Farmer and his colleagues arranged a system whereby patients only had to pay about 80 cents per visit. Under Farmer's leadership, however, almost nobody pays even this low fee: he's simply ignored the hospital rules in the interest of helping more people. At Zanmi Lasante, there are schools and houses being built. Hundreds of children are vaccinated every day. The charity that funds Zanmi Lasante, Partners in Health (PIH), was founded by Farmer himself.

We've already see that Farmer is something of an iconoclast in the medical world—he has no problem smuggling beer into a homeless shelter, for example. Here, Farmer's rule breaking is even more extreme: he blatantly violates the "admission policy" for Zanmi Lasante, essentially treating his patients for free. As Kidder describes the Haitian facilities, we have to wonder who's paying for all this—if the expensive treatments and complex equipment that Farmer uses every day are entirely funded by Farmer's own charity.



Kidder notes that the average hospital in Massachusetts serves about 175,000 people a year. Although Farmer's facilities in Haiti serve about the same number, they do so with a tiny fraction of the budget. Farmer continues his work in Haiti thanks to private donations, as well as some of his own money. In 1993, the Macarthur Foundation awarded him a "genius grant" of 220,000 dollars. Despite his relatively high salary from Brigham, Farmer lives in a small house, and he often finds himself in debt due to his generosity in funding his hospital in Haiti.

As we learn more about him, Farmer does seem to be "saint-like" in almost every way. Although he works with huge amounts of money, he never spends this money on himself. He also seems uninterested in saving or being cost-effective (something we will see more of later), as he sometimes uses all of his resources to fund his medical projects in Haiti and the Third World.



Kidder gives more information about Farmer. He's married to a Haitian woman named Didi Bertrand. They have a daughter, who lived with Didi when she was studying anthropology in Paris. Many of Farmer's friends note that he didn't spend much time with his wife and daughter during his daughter's early years. Farmer explains that he is too busy helping the sick.

This passage sets up a tension in Farmer's character. Clearly, Farmer is a very good man, devoting his time to the sick and poor to an unmatched extent. And yet he seems to be reluctant—or maybe just too busy—to give too much time or attention to his family: ironically, the form of love that usually comes most easily to people.



Every morning in Haiti, Farmer goes to his offices in Zanmi Lasante. He usually has a couple dozen patients waiting to see him. On the first day Kidder observes him, Farmer meets with an elderly woman with tuberculosis of the spine. She kisses Farmer in gratitude for all he's done to help her. A peasant tells Kidder, "God gives everyone a gift and his gift is healing." There are rumors throughout Haiti that Farmer is a magician or a sorcerer.

Seemingly everyone whom Farmer has ever treated regards Farmer as a great, almost supernaturally gifted man. While other accomplished doctors remain isolated from patients, preferring to spend their time conducting research, Farmer takes the opposite approach. We also see here the theme of science, magic, and religion—aspects of healing that are especially intertwined in places like Haiti.



Kidder takes a moment to explain the Haitian attitude toward magic. Many Haitians believe in sorcery—indeed, they sometimes cite sorcery as the reason for their medical problems. One woman explains that her son has "sold" his brother to a sorcerer. Farmer is comfortable talking with patients in terms of magic and sorcery for long stretches of time.

Farmer's devotion to his patients doesn't stop with healthcare itself. He's also spent time learning about Haitian culture so that he can better communicate with the people he treats, and can treat them in a more holistic way that doesn't seem foreign or invasive to their lifestyle.



In Haiti, Farmer uses new antiretroviral drugs to treat AIDS and HIV. These drugs are still cutting-edge, and Farmer is the only one using them in Haiti. Nevertheless, the drugs are very expensive, meaning that Farmer has had to lean on his connections in Massachusetts frequently.

All these treatments and hospitals aren't free. Someone needs to pay for them, and the payments mostly come from wealthy people who live back in the U.S. A good book about Farmer's work must also discuss Farmer's financial backers, as he would be much less effective without them.



Kidder describes how late one night Farmer rushes to the Zanmi Lasante facilities, where a young girl is suffering from meningitis. Farmer calmly prepares to give the girl a spinal tap in order to determine which drug would be most effective in treating her. As he prepares the spinal tap, the girl whimpers that she's hungry. Kidder notes that only in Haiti would a child talk of hunger at such a time.

The disparity between life in Boston and life in Haiti is mind-boggling. The little girl who complains of hunger is probably starving—one would have to be exceptionally hungry to think of food even after a spinal tap had made her so nauseous. Kidder's book aims to familiarize readers with Farmer's work, but also with the difficulties of life in Haiti—a country that usually receives very little attention.



CHAPTER 4

Kidder senses that Farmer is treating him like a student—someone to be trained in the importance of helping other people. Farmer is fond of repeating a story about his first visit to Haiti in 1988. He was treating a woman for tuberculosis, but had to return to the U.S. to treat an injury of his own, a broken leg. When he returned, he found that the woman had died. Workers told Farmer that she would never have died had Farmer been present. Farmer took this episode as a mandate to work harder and devote himself to the lives of others.

As a young man in Haiti, Farmer was trying to maximize the effectiveness of treatments for tuberculosis. He noticed that many Haitians didn't take the TB pills they'd been given, because they believed TB to be caused by magic. He devised a study in which two groups of patients were given free treatments. One treatment consisted entirely of being given TB pills. The other treatment involved receiving pills, but also cash for food, free transportation, etc. Farmer determined that the latter treatment was significantly more effective at eliminating TB. In other words, the common wisdom in the medical community—that Haitian superstition was getting in the way of medicine—was wrong. The real problem was that Americans weren't fighting the root cause of Haitians' suffering: namely, institutionalized poverty.

Farmer spent long hours trying to understand the Haitians' attitude toward magic. Once, he spoke with a woman who was suffering from tuberculosis. The woman explained that she was taking all of her pills, because—of course—germs caused TB. She also told Farmer that she knew her disease had been caused by her argument with an old friend. Farmer asked the woman how she could believe in magic and science at the same time, to which she replied, "Are you incapable of complexity?" Farmer has now come to believe that Haitians—just like Americans—believe in all manner of supernatural causes, while also embracing science.

Kidder notes a common proverb in Haiti, "Beyond mountains there are mountains." This proverb applies to the village of Morne Michel, a faraway community that still sends patients to see Farmer. One day, Kidder and Farmer go to visit Morne Michel to track down a patient who's stopped coming in for his treatments. As they walk out to Morne Michel, Kidder thinks about the Haitian term for white people, *blan*, a term which sometimes refers more generally to all non-Haitian people. Farmer remembers a staffer who told him "All you *blan* look alike."

Farmer tells the story of how he "let a woman die" again and again. In reality, this incident seems perfectly forgivable: Farmer is a good doctor, and in his (very reasonable) absence the quality of healthcare declines. But from Farmer's perspective, the story is a mandate to ignore his own pain and concentrate only on saving others. One consequence of this seems to be that Farmer doesn't spend much time with his own family: he's too busy with patients, whose problems seem larger and more urgent.



Farmer, like any good scientist, uses the scientific method to understand the root cause of a problem. Where his predecessors throw up their hands and conclude that healthcare in Haiti will always be subpar, Farmer tries to maximize the effectiveness of the TB treatments available. His conclusion is interesting because it suggests that the conventional Western wisdom is to blame the Haitians for their own sickness and poverty. In reality, Farmer seems to believe, the real cause of Haitian disease is outside Haitians' control: it's poverty (which is arguably caused by the United States).



*With one question ("Are you incapable of complexity?") the woman dismisses the narrow-mindedness of America's attitude toward Haiti—and toward much of the Third World. In many of the canonical works of anthropology, English-language researchers criticize or even ridicule third-world people for their superstitions (James Frazer's *The Golden Bough* may be the best example of this problem). Farmer's point is that these researchers can't see the superstitions and irrational beliefs in their own lives.*



The meaning of the Haitian proverb seems to be that challenges are never over: for every "mountain" that one succeeds in climbing, there's another mountain ahead. This concept could apply to Farmer's career, as Kidder clearly implies with the title of his book. Although Farmer works very hard, there are always new problems for him to attend to. Kidder's question, then, is whether Farmer's efforts are worth it if they will never solve all of Haiti's problems.



Farmer and Kidder walk out to Morne Michel. Kidder notes that Farmer has spent a lot of time learning about the history of the region and talking to “old-timers,” who tell him stories about Haiti’s past, before hurricanes destroyed much of the country’s agriculture and industry. Farmer learned that in the 1980s, the United States led an effort to destroy most of the pigs living in Haiti, since it was believed that pigs were carrying a dangerous swine fever. As a result of the slaughter of these pigs, farmers lost their source of income, and Haiti fell deeper into poverty.

As they walk through Morne Michel, Farmer tells Kidder about the misery that Haitians endure. They don’t have enough food to feed their families, and have to apologize to their children for leading them to starve. As Kidder listens, he’s unsure how to respond. They walk into the mountains, with Farmer noting the names of various plants and trees. When they arrive in the center of Morne Michel, Farmer finds the patient he was looking for, living in his hut. Farmer demands to know why the patient hasn’t been coming in to collect new medication. The patient explains that he’d been given false information, and hasn’t received his usual cash stipend. Farmer promises to fix the patient’s problem, and tells him to come in for more pills as soon as possible. As they walk away, Farmer tells Kidder, “Some people would argue this wasn’t worth a five-hour walk.”

On their walk back to the hospital, Kidder and Farmer pass by a cockfighting pit. As Farmer walks past, Haitians produce chairs for him to sit down—clearly, he’s respected throughout the area. Young women sit around him, smiling at him. Kidder recalls that Farmer was the first doctor to practice gynecology in Haiti, so he gave some of these women their first pelvic exams.

During their walk back, Kidder and Farmer stand on the top of a hill, looking down at Haiti. Kidder sees that much of the land is flooded, making agriculture impossible. As Kidder stares out, he thinks of the billions of people living in misery due to natural disasters. He doesn’t say anything, “for fear of disappointing” Farmer.

America’s treatment of Haitian pigs is an excellent example of the foolishness (disguised as foreign policy) that has kept Haiti impoverished for hundreds of years. Bad medical information (about the source of a swine fever) was just a blunder for the U.S., but its results led poor Haitians to fall into greater poverty. The suggestion is that Farmer is also working to correct American misinformation and imperialism.



Kidder devotes a lot of time to describing this house call. In doing so, he makes an important point: this is only one of the hundreds of house calls Farmer makes every week. We can’t help but pose the same question that Farmer himself brings up: “Was this worth it?” While it’s hard to deny that Farmer is doing good work in Haiti, and this good work involves his walking across mountains for hours every day, we wonder if his talents wouldn’t be better spent on medical research: developing a better TB treatment instead of personally treating dozens of TB patients. This is essentially the argument of cost-efficiency vs. the value of life, something that comes up again and again in the book and in Farmer’s work.



Even when he’s trudging across Haiti, Farmer is also training to become a better doctor: he’s familiarizing himself with the culture and geography of the country he cares about. As we’ve already seen, anthropology is a vital part of Farmer’s practice. He’s not just trying to cure his patients’ diseases, but also to improve their overall lives.



Kidder still can’t share Farmer’s optimism: even if Farmer’s good work in Haiti has concrete, measurable results, these results appear to pale in comparison with the bulk of human suffering in Haiti (let alone the world). The thought of such mass suffering seem paralyzing, but Farmer’s philosophy seems to be to take things “one case at a time,” and so he remains undaunted.



CHAPTER 5

Kidder researches Farmer's life. He was born in Massachusetts in 1959. His mother was a farmer's daughter, and looked a lot like Farmer. His father, who everyone nicknamed The Warden, was a competitive man, and worked as a salesman. When Farmer was a child, his father moved the family out to Alabama. As a child, Farmer was a prodigy. He studied herpetology (the study of reptiles) while he was still in grade school, and also excelled at studying the Bible, although he later said that he never felt "engaged" with Christianity. He read prodigiously, finishing *War and Peace* at the age of 11.

When Farmer was about 12, his father moved the family once again, to Tampa, Florida. Farmer's mother was a kind, lovely woman, who read to her children every night. Later on, she got a bachelor's degree from Smith College. Farmer's father urged his children to participate in community service. One day he took them to pick citrus in Florida, despite the fact that this was regarded as work for black people. This was Farmer's first experience with Haitians.

Farmer's father loved to go sailing. He had a boat, the *Lady Gin*, in which Farmer remembers sailing as a child—to this day, he keeps a photograph of the boat in his office in Haiti. Farmer thinks fondly of his childhood in Florida, though he remembers it being especially hard on his mother, who had to support her entire family. While Farmer denies that his career in medicine was "written" in his childhood, he admits that his childhood had a huge impact on his decision to go to Haiti and help the sick.

Farmer was an excellent student in high school. He was president of his class, and attended Duke on scholarship. At Duke, he was surrounded by wealthy people for the first time in his life, and joined a fraternity. He also developed interests in drama and art. But in the second half of college, Farmer began to reevaluate his life. He left his fraternity, saying that he couldn't in good conscience belong to an organization that didn't accept black students. He also inherited from his father a desire to look out for the oppressed and the poor.

In the second part of his book, Kidder will fill in the gaps in our knowledge of Farmer. We have seen his present "saintliness," but now want to know: what kind of childhood does a saint have? What led Farmer to have such a strong and constant desire to help the poor and suffering, at the expense of his own needs and desires? Kidder emphasizes that an important part of Farmer's effectiveness isn't just his work ethic—it's his genius. He is essentially a child prodigy, and (fortunately) happened to use his talents to help others.



Undoubtedly, Farmer was inspired to help the poor because of his parents, both of whom brought him up to value kindness, generosity, and community service. It's also notable that Farmer broke the "color line" at a young age: he was never raised to see whites as superior to other races, despite the prevailing influence of American culture.



Farmer's childhood is clearly important in his decision to go to Haiti as an adult, but it's not the whole story. After a certain point, Farmer's childhood can't explain his saintliness, as plenty of children who grow up practicing community service aren't particularly wonderful people when they're adults. Kidder accepts that there's a limit to how well we can understand Farmer through simple biographical details.



In college, Farmer flirts with the trappings of wealth and power: fraternity membership, parties, academic honors, etc. And yet ultimately he rejects most of these things, because they distract him from his love for people. Farmer has the charisma, intellect, and connections to fit in among the "one percent," but he refuses to do so. His priority is helping others, even as a young man.



Farmer's father died at the age of 49, very suddenly. He'd seemed to be a healthy man, but he probably had a heart attack. Farmer spent much of his childhood looking for his father's approval for everything he did: sports, academics, charity work. But Farmer's father was reluctant to show any enthusiasm for his son's successes. Behind Farmer's back, his father was extremely proud of him, and bragged about him constantly. But when Farmer himself was present, his father never praised him, reasoning that his didn't want his son to get a "swell head." Farmer remembers a letter that his father sent him after he was admitted to Harvard Medical School. The letter said, "I want you to know how proud I am," and it made Farmer weep.

It's hard not to read about Farmer's frosty relationship with his own father and not compare it with Farmer's relationship with his own child (Catherine) in Paris. We can sense that Farmer loves Catherine deeply, just as his own father loved him. But Farmer—just like his father, in a way—is reluctant to abandon those who are immediately in need in order to focus on someone whose life is relatively comfortable and happy—even if that person is Farmer's own child.



CHAPTER 6

Kidder interviews Farmer's friends from college. They recall that Farmer was warm, charismatic, and extremely clever. He studied abroad in Paris, where he took a class with the great anthropologist Claude Lévi-Strauss. During his time abroad, he learned to speak French fluently.

Farmer's intellectual accomplishments grow and grow. Kidder makes it clear that Farmer could have pursued a brilliant career in academia or research, probably becoming rich and famous without ever sitting with a real patient.



Farmer cites the 19th century doctor Rudolf Virchow as one of his biggest influences. Virchow is best remembered for being the first doctor to propose the theory of cellular pathology, now a cornerstone of biology, but he also designed Berlin's sewer system, changing it to the cleanest city in Europe. Like Farmer, Virchow was a *wunderkind* (young prodigy), doing much of his work before the age of 30. Virchow was also one of the founders of epidemiology (the study of diseases), and used his knowledge to minimize the outbreak of deadly disease throughout Europe.

Although Virchow is mostly famous for his discovery of cellular pathology, Farmer also admires him for his humanitarian work. As a young man, Virchow translates his energy and intelligence into public works projects. Likewise, Farmer's knowledge of medical history and city planning gives him a novel perspective on Haiti. Although the challenges facing Haiti seem severe, they're not so different from those that faced Germany 200 years ago.



Farmer was intensely political at Duke. In 1980, he was struck by the murder of Archbishop Oscar Romero in El Salvador, who was murdered for practicing "liberation theology" and supporting the emancipation of the poor. Shortly afterwards, Farmer met Julianna DeWolf, a nun who did impressive charity work in Haiti. DeWolf inspired Farmer to read more about Haiti, and to visit Haitian immigrants living in North Carolina.

Farmer had plenty of role models along the way, as his elite education and love for reading exposed him to the greatest minds—and humanitarians—of his time. It's interesting that Farmer gravitates to religious figures like DeWolf and Romero: although he has his doubts about the existence of God, he has enormous respect for clergy members who actually work with the poor and embody Christian charity—another argument for Farmer's "saintliness."



Kidder gives some information about Haitian history. In 1791, there was a massive slave revolt in Haiti, resulting in the country's emancipation from France, its colonial ruler. In 1804, Haiti became the first black republic in the world. For the next 200 years, democracy in Haiti was highly unstable, and for several decades, the U.S. Marines essentially ruled the country. And yet despite its tragic history, Haiti has its own proud culture, including Creole, the Haitian language that was born from the French practice of separating slaves in the New World. Many Haitians also celebrate the Voodoo religion, which includes aspects of both Islam and Catholicism.

In 1983, Farmer won a prize of 1,000 dollars for an essay about Haitian art. He decided to use the money to travel to Haiti and help the sick. He flew to Port-au-Prince, the capital. At the time, the country was ruled by Jean-Claude Duvalier, the so-called "Baby Doc," a notoriously ruthless dictator. Farmer was horrified to find that most of the tourists in Haiti were there to pay Haitian locals for sex. Farmer volunteered at the Albert Schweitzer Hospital, while also working at the charity Eye Care Haiti.

In order to be a good doctor, Farmer maintains, one must understand one's patients, and this means understanding their culture and rich history. Farmer has a lot of respect for Haiti because it's been through so much adversity: slavery, hurricanes, civil wars, uprisings, etc. While most academics become increasingly withdrawn during the course of their research, Farmer's research into Haitian history has the opposite effect: it inspires him to go out and experience the country first-hand.



Farmer's first impressions of Haiti are awful. He sees that for many Americans, the country is a place to go to have cheap, anonymous sex—wealthy tourists essentially exploiting the poor, oppressed populace just because they can. It's significant that Farmer starts work at a hospital named for Albert Schweitzer—another famous doctor and philanthropist, who was a brilliant organist and theologian before he gave up his successful life to start hospitals in West Africa.



CHAPTER 7

The chapter begins with a letter that Farmer received from a woman he wanted to marry. In the letter, a woman named Ophelia Dahl tells Farmer that she can't possibly provide Farmer with the life he wants, despite the fact that she loves him dearly. She explains that the qualities she admires most in him—his devotion to the poor, his compassion for others—are also the qualities that make her dislike him. She feels that she can't "keep up" with his interest in medicine and charity.

Kidder explains that Farmer met Ophelia Dahl in 1983, when they were both working at Eye Care Haiti. Ophelia, a well-to-do English woman, wanted to help the starving in Haiti, but found it difficult to adjust to her new life in a new country. After she met Farmer on a rainy day (which she claims she'll never forget) she realized she'd finally found someone she could open up to. As Farmer spent more time with Ophelia, he learned that she was the daughter of a famous British actress, Patricia Neal, and the even more famous British author Roald Dahl. Ophelia poured out her insecurities about her family and her fame, and Farmer listened, calmly and patiently.

It's almost refreshing to read Dahl's letter, because it says some of the things that we've been thinking. Farmer is an incredibly impressive figure—but he's so impressive that it would be maddening to spend any serious amount of time with him. Next to Farmer, everyone else seems selfish, shortsighted, and inferior.



Dahl and Farmer come from very different worlds. Farmer's parents are working-class people, while Dahl's are world-famous (who hasn't read Charlie and the Chocolate Factory?), and yet the two seem to bond immediately. Farmer doesn't scorn Dahl's wealth and fame or hold it against her—instead he finds her sincere, thoughtful, intelligent, and kind. It's also telling that she has given up what could surely be an easy and celebrity-filled life in order to help the sick and the voiceless.



As Ophelia spent more time with Farmer, she came to see that he was charming, sensitive, and more than a little nerdy. Clearly, he was fascinated with his anthropological work in Haiti. She remembers a day when they witnessed a traffic accident in Port-au-Prince together. A woman died in the car crash, and as a result children stole the dozens of mangoes in her car. Ophelia remembers the look of “silent shock” on Farmer’s face.

Ophelia quickly realizes that Farmer is no ordinary man: not only is he thoughtful and intelligent (to the point where he’s a bit of a nerd), but he’s also passionately devoted to helping other people. Farmer’s shock at the car crash seems to stem not just from the sudden death of the woman, but also from the fact that the surrounding children must be so hungry that they don’t have a second thought about immediately stealing food from the victim.



Within a few months, Farmer and Ophelia became lovers. Farmer wrote her a poem called “The Mango Lady,” about the woman in the car crash. As their relationship blossomed, Ophelia learned more about anthropology and Haitian history from Farmer. Farmer used his conversations with Ophelia to build up a theory of poverty. He came to believe that the world was being torn apart by the rich and powerful—in Haiti, for instance, decades of irresponsible American foreign policy had left the country in the hands of vile dictators like Baby Doc.

In this section we see the development of Farmer’s worldview. We’ve gotten hints of this before, but here Farmer clearly decides that the first-world countries of the world (like the U.S.) are largely responsible for the miseries of the third-world countries, such as Haiti. Plainly Farmer feels guilty about being an American, and he treats his work in Haiti as an opportunity to rectify some of the problems his own country has caused in the past.



In late spring, Ophelia headed back to her home in England, having finished her work in Haiti for the time being. She began preparing to begin her premed education. She and Farmer sent one another love letters, and recommended each other books. A few months after returning to England, Ophelia and her father had lunch with Graham Greene, the author of the novel *The Comedians*, which is about life in Haiti. Ophelia wondered what Greene would have made of Paul Farmer.

Here Kidder conveys the sheer strangeness of Paul Farmer by contrasting his career with that of Graham Greene, a world-famous author who traveled to many third-world countries (including Vietnam and Cuba). Whereas Greene travels the world looking for literary inspiration, Farmer travels it in search of illnesses that need to be cured.



CHAPTER 8

In May 1983, Farmer came to Cange, Haiti for the first time. He was immediately struck by the crudeness of the dwellings in the town—most were made of old wood. Many of the people he saw were also visibly ill in some way, and it seemed that there was no medicine available. Farmer was awestruck that an entire community could endure so much poverty.

Although Farmer grew up in a working-class home, he also grew up in America, meaning that he has no first-hand experience with the level of poverty he witnesses in this scene. In essence, this scene represents everything Farmer has to confront during his time in Haiti.



Farmer left Cange shortly after visiting, as he had more work to attend to in Port-au-Prince. It was there that he contracted dysentery. During his sickness, Farmer studied liberation theology, and read more about the history of Voodoo. In liberation theology, the emphasis is on righting the world’s wrongs here and now—not waiting for God to solve these problems in the afterlife. It especially emphasizes helping the poor, and also fixing wrongs that exist on an institutional level as well as a personal one.

Although Farmer has plenty of religious doubt, he embraces liberation theology—originally a quasi-socialist form of Catholicism, but now applied to other denominations as well. Farmer seems to accept this doctrine because of its usefulness: even if he doesn’t think that Catholicism is literally true, adhering to liberation theology helps people to focus on the here and now and address the world’s concrete problems.



Shortly after recovering from his dysentery, Farmer met a young American doctor. Once, when the young doctor was about to fly home, Farmer asked him if he was sad about being sent back to the U.S., where he'd be unable to continue helping the Haitians. The doctor replied, "I'm an American and I'm going home." Farmer remains baffled by this mindset—the idea that people should restrict their kindness and generosity to people who are like them.

Inspired by his studies of liberation theology and his experience with the young doctor, Farmer set out establishing new hospital facilities in Haiti. Using his college connections in the U.S., he raised money for blood-banking equipment, and helped install it in a hospital in the town of Léogâne. But over time, Farmer became disillusioned with the hospital—it catered too exclusively to the wealthiest Haitians, leaving the truly desperate Haitians unaided. He decided to build "my own fucking hospital."

Farmer went to the Haitian town of Mirebalais to work for the priest Père Lafontant. Lafontant's clinic exemplified the same problems as many of the other clinics Farmer had seen in the country: patients had to wait in line for hours to see a doctor who didn't ask about their medical history, and often gave them sub-par treatment. With Lafontant's permission, Farmer began to spend more time in the poverty-stricken town of Cange, where there was no clinic at all. Farmer conducted research to determine what kind of clinic would be best suited to Cange's needs. Farmer found that a huge percentage of premature deaths in Cange were infant or childbirth mortalities.

In early 1984, Farmer was treating a young woman in Cange who suffered from malaria. While the woman's father wanted her to be treated with Voodoo methods, Farmer convinced him to allow him to use his American medical training. Farmer's treatments were a complete success. And yet he couldn't stop thinking about the importance of Voodoo in Haiti. He quickly decided that the best doctor in Haiti would be one who had mastered American medicine while also respecting and understanding Voodoo culture. Only this kind of doctor would be able to separate his patients' bodily problems from superstitions, and provide the best treatments.

Most people think of themselves in national terms: as an American, a Haitian, an Italian, etc. Farmer finds this way of thinking self-consciously narrow-minded, and indeed can't even relate to it. For him, The truly good person should be able to help anyone who needs help, whether he shares citizenship with them or not.



Farmer's criticism of existing healthcare in Haiti is that it only furthers the existing inequalities of Haitian society, rather than eliminating them. If the wealthiest and most powerful Haitians get the best healthcare, then over time inequality only becomes greater and greater—essentially echoing the way first-world countries treat Haiti as whole, so that poverty is never eliminated. Farmer's emphatic phrasing shows just how frustrated he is by human corruption and limitations—not just that of Americans, but of Haitians as well.



Farmer again uses his anthropological training to help others and improve his medical practice. While most doctors in the area confine their questions to the bare minimum—symptoms, etc.—Farmer uses his innate sense of compassion and curiosity to ask other pertinent questions, becoming a much more competent doctor in the process. Farmer conducts macroscopic research to determine what kind of help his patients need—a project that most doctors would find impractical.



It's almost common sense that a good Haitian doctor should understand Voodoo, even if he doesn't believe it. The fact that so few American doctors practicing in Haiti understand Voodoo at all is evidence of the nationalism and condescension often inherent in American healthcare in the Third World. While there are many goodhearted doctors who devote their time to helping the Haitians, they still think of the Haitians as somehow alien or childish. Western beliefs like Christianity are considered valid "religion," while Voodoo is only "superstition."



Kidder loops back to discuss Farmer's training in medicine. In 1984, the 24-year-old Farmer enrolled at Harvard Medical School. He spent almost half of this year in Haiti, and only showed up at medical school just often enough to pass his classes, but no more. And yet Farmer's grades were some of the best in his class. He was highly respected among his fellow students, as they knew that he was devoting his time to helping the Haitians.

It's impressive that Farmer maintains impeccable grades during this entire time, and this only reiterates the fact that his decision to pursue hands-on work in Haiti is a true anomaly. Most doctors with Farmer's academic brilliance would choose to go into high-level research and never see a patient again, while Farmer, by contrast, establishes his own practice, and even still performs house calls.



CHAPTER 9

During his years in Harvard Medical School, Farmer developed his own form of religious faith. Farmer struggled with Christianity and belief in God, yet he had enormous respect for both. They were certainly preferable, he reasoned, to the worship of money or success—the “religion” of most of his Harvard classmates.

Farmer's philosophy is open-minded: he doesn't look down in Haitians for believing in Voodoo, any more than he looks down on Catholics for believing in God. Rather, he believes that any ideology is worthwhile as long as it teaches people to help others.



In 1985, Ophelia flew back to Haiti to see Farmer. By this point, Farmer was comfortable with his role as an American doctor in Haiti: he wore a cross on his shirt, making him seem like a “priest” among his people. Ophelia immediately remembered what she loved about Farmer. She recalls taking a shower with him one Sunday evening—a warm, intimate moment that she still describes as the most romantic of her life.

Although Farmer wears a cross, he clearly doesn't subscribe to every tenet of Catholicism, as evidenced by his religious doubts and also by the shower he takes with Ophelia. The love affair between Farmer and Dahl makes Farmer seem more human and relatable—he is saintly in terms of his work ethic, but still subject to “average” feelings like romantic desire.



Ophelia loved spending the summer with Farmer. And yet she couldn't help but notice the differences between her own personality and abilities, and Farmer's. Farmer was a genius—he studied for his classes at Harvard by using flash cards, and never missed so much as a question. He was already beloved in his community, while Ophelia, on the other hand, still felt like a *blan* and an outcast. Once, an old man offered Ophelia his walking stick. Ophelia modestly declined, but Farmer sternly told her to accept this “incredible gift.” Ophelia began to get the sense that she could never live up to Farmer's lofty standards for good, moral behavior.

As Ophelia spends more and more time with Farmer, her sense of despair grows. She's close with Farmer, but because he's such a good man, he also feels like an alien to her. In many ways, Ophelia is the character in this book who most resembles Kidder (and who stands in for the reader) as she struggles and often fails to understand Farmer. Ophelia is clearly an intelligent and moral person, and it's only when compared to Farmer that her intelligence and virtue fall short. This ultimately leads the two to grow apart.



During his time with Ophelia, Farmer threw himself into the design of his new hospital. He conducted a new health census, often walking from village to village to interview as many people as possible. During the course of one census, Farmer was overjoyed to learn that Père Lafontant and a team of American engineers would be building a pipe system for the community, giving the Haitians access to clean water. This drastically decreased the incidents of infant mortality.

As good a man as Farmer is, he's not the only one who cares deeply about helping others. People like Père Lafontant are an important rebuttal to the idea of Farmer as a “white savior” of the Haitians. Lafontant is just (or almost) as concerned with helping the people of Haiti as Farmer is—he just doesn't have the same resources and connections. It's also notable that so many of the humanitarians in this book are priests: whether they literally believe in God or not, they consider Catholicism a personal mandate to help others.



Farmer admired Père Lafontant for his calm leadership. Under his supervision, engineers established a pipe system. Farmer was able to help Lafontant by showing him his census information. Farmer had found the optimum way to target malaria, tuberculosis, and malaria—three of the deadliest diseases in Haiti. Farmer was also inspired by Lafontant’s holistic approach to improving the community. Where a typical doctor would have just tried to increase vaccinations, Farmer—influenced by Lafontant—wanted to wipe out institutionalized poverty, the root cause of sickness in Haiti.

Farmer’s ambitious plans for helping the Haitians would require huge sums of money. Farmer was able to get help from a charity called Project Bread, which specialized in providing free bread for the poor. The director of the charity, a wealthy businessman named Tom White, read an essay of Farmer’s called “The Anthropologist Within,” and was impressed by Farmer’s ambition and intelligence. White was a respected philanthropist, and gave millions of dollars to Catholic charities.

White contacted Farmer, and ended up flying out to meet Farmer in Haiti. The poverty in Haiti made a huge impact on White, who had grown up in an unstable household dominated by an alcoholic father. After his meeting with Farmer, White became increasingly involved in Farmer’s health projects in Haiti. He paid to have a Haitian clinic rebuilt, and modestly refused to name the new clinic after himself. Once, White told Farmer that he was thinking of flying to Haiti and working as a missionary, to which Farmer replied, “In your particular case, that would be a sin.”

When Farmer fights disease, he takes an holistic view of the problem. Instead of just treating individual cases of HIV or malaria, he uses his research, his rapport with patients, and his anthropological training to attack the root cause of the problem. This involves acknowledging some harsh truths, however: for one, that traditional healthcare in Haiti simply doesn’t do very much to fight the problem.



Farmer’s success in Haiti is based on his ability to convince other people to think like him. He’s lucky to have a wealthy support group, headed by donors like Tom White, who share Farmer’s attitude toward America, charity, and Haiti. It’s a mark of Farmer’s ambition and far-sightedness that he’s able to convince millionaires and billionaires to wipe out disease in an entire country.



Like Farmer, White gets into humanitarian work in part because of his childhood: he knows firsthand what it’s like to be poor and frightened. But here again, knowing this information about White’s childhood simply isn’t enough, as obviously there are many wealthy children of alcoholics who don’t become generous philanthropists. Kidder acknowledges that, after a certain point, we can’t understand why good people do good things. There’s no biographical explanation, and part of it simply must involve a person’s will or a predisposition for charity. Farmer suggests that for White to become a missionary would be a “sin”—seemingly because White can do so much more good by using his money to help thousands of others than by using his personal presence to help a few. This may be a commentary on missionary work itself (it’s arguable how “helpful” simple conversion to religion is without any charitable work to accompany it) but it also might show Farmer being rather hypocritical. Farmer himself might be more objectively “useful” if he didn’t make house calls or visit individual patients, and instead focused on fundraising, politics, and research, but instead he prefers to do what is most immediately necessary at the time to do the most good, one case at a time.



CHAPTER 10

For the second half of the 80s, Ophelia visits Farmer in Haiti every summer. Although Ophelia treasures her time with Farmer, she finds herself trying to spend as much time as possible in Port-au-Prince, the cleaner and more prosperous part of the country. Farmer finds these visits tiresome—when they're in Port-au-Prince, Ophelia can tell that he is constantly thinking about getting back to Cange. Once, during a car ride, Ophelia accuses Farmer of being too self-righteous. Farmer immediately stops the car and yells for Ophelia to get out of the car. Ophelia is secretly pleased with herself—she's finally proved to herself that Farmer has human flaws, and isn't a saint.

In the summer of 1986, Baby Doc is ousted from power. Many in Haiti think that Baby Doc's departure signals the beginning of a new, more democratic era in the country's history—but instead, power shifts to the military, and things remain more or less the same. Once, Farmer and Ophelia are in Port-au-Prince when shots break out: the army is breaking up a political demonstration. Ophelia wants to get out of danger as soon as possible, but Farmer insists on going back to help the wounded.

In 1988, Ophelia comes to live with Farmer in Boston, where Farmer is busy with his clinical rotations. Although Farmer is forced to remain outside of Haiti, he uses his time in Boston to raise money. He founds a charity called Partners in Health, and convinces a rich college roommate, Todd McCormack, to be on the board of advisers. Other PIH members include Jim Yong Kim, another medical student at Harvard. Kim shared Farmer's ambitions, and despises the American establishment for contributing to institutionalized poverty. Kim worries that building clinics in Haiti will only make Haiti more dependent on Western aid. Only a radical attack on the root causes on Haitian poverty can truly eliminate the country's problems. Farmer agrees, and insists that he is an ally to anyone trying to challenge institutionalized poverty.

At the end of his clinical rotations, Farmer is preparing to come to Haiti permanently. Then he is hit by a car in Boston, and has to spend weeks in the hospital with a broken leg. In the hospital, he tries to convince Ophelia to come with him to do charity work in Haiti. Ophelia is sure that Farmer loves her, and she knows that she loves him, but she doesn't want to commit to a life in Haiti, where she knows she'll never be more important to Farmer than his medical practice is.

The great irony of Farmer's life is that while he excels at showing love and compassion for complete strangers (the people most of us would ignore), he's often bad at expressing his love for the people who know him well (i.e., the kind of love that comes easily to most people). One result is that the people who know Farmer well secretly delight in angering him—anything to prove that he's "only human."



Although Farmer wants to address the root causes of disease in Haiti, there seems to be almost no progress in doing so. On the contrary, the current dictator is merely replaced by another similarly dangerous government force. The more Haiti changes, the more it stays the same. This might make us question Farmer's mission: if Haiti remains a corrupt, impoverished state, then what good is Farmer's work?



Although Farmer doesn't approve of the "one percent" lifestyle, he knows that he must depend upon the wealthy for funds. Thus, he has no qualms about using his relationship with his roommates and other college friends to help Haitian patients. Farmer and Kim are realistic about their humanitarian work abroad, but they're not cynical. It's all too easy for Americans to believe that charity work never accomplishes anything, and this mindset is often a way for the wealthy and powerful to rationalize the status quo instead of trying to change it. Farmer finds that the opposite is true: it would be barbaric not to try to improve the quality of life in Haiti.



This is a revisiting of the episode that later inspires Farmer to work harder, as his broken leg (supposedly) causes the death of a Haitian patient. It's not a coincidence that this is also the moment when Ophelia realizes that she and Farmer can never be truly close. Ophelia simply can't compete with Farmer's patients, and she (like most humans) needs a little selfishness and comfort in her life.



In the early 90s, Farmer proposes to Ophelia, and she turns him down. Hurt, Farmer tells Ophelia that he can't see her—it would be too painful. For many years afterwards, Ophelia only hears about Farmer through Jim Kim. But gradually, Ophelia works her way into the structure of PIH. Farmer has a lifelong “weakness” for forgiving people. Eventually, he forgives Ophelia for turning him down, and soon, they're back to their old friendship.

Even though Farmer is extremely busy with his patients, and feels guilty giving attention to anyone who doesn't seem to immediately need it, he is still subject to his romantic desires, and he wants to get married. Clearly Farmer loves Ophelia, but it's also clear that he has different ideas about what a marriage should be: Farmer must be aware that he wouldn't be spending more than a few hours a week with his wife. Ultimately, this kind of marriage is too psychologically taxing for Ophelia to accept.



CHAPTER 11

In December 1988, after recovering from his broken leg, Farmer returns to Cange, Haiti. Haiti is in shambles at the time—the departure of Baby Doc has made the country weak and violent. Around this time, Farmer becomes closer with a priest named Jean-Bertrand Aristide, whom he's known since 1986. Aristide exemplifies liberation theology, and his sermons are about fighting poverty in Haiti. At this time, Farmer is working on his Ph.D. thesis in anthropology, writing about AIDS in Haiti. In the thesis, Farmer argues that AIDS panic is weakening Haiti, since Haitians are considered an “AIDS group,” a label that's more a product of racism than good science.

It's remarkable to see how easily Farmer moves back and forth between academia and hands-on work in Haiti. He seems to see no real distinction between his anthropology research and his medical practice in Haiti. This is what makes Farmer such a good doctor: he's willing to put in the hours with his patients, but he also backs up his work with a great deal of academic research that keeps him thinking in “big picture” terms.



In 1990, Farmer receives his Ph.D. and his M.D., and wins prizes for his AIDS thesis. He's now 31 years old, and has been practicing serious medicine for 6 years. He's accepted into the Brigham Hospital—one of the most prestigious in the world. Farmer and Kim, who's also accepted to Brigham, make an arrangement that enables them to divide their time evenly between Cange and Boston.

It's a testament to the good organization of the Brigham Hospital that Farmer is allowed to travel back and forth between the U.S. and Haiti for years. It's also a testament to Farmer's skill: Brigham would rather have him for half the time than not have him at all.



In 1990, it's rumored that there will be elections in Haiti. To his great surprise, Farmer finds that he's become a political target, and he receives threatening phone calls from the Haitian military. Although Farmer isn't an overtly political figure (as far as the Haitians are concerned), he's a popular figure, and is known to support Aristide in the upcoming elections.

It's darkly ironic that Farmer becomes a political target because he supports the right of Haitians to elect their own leaders. Farmer wants the best for the people of Haiti: he wants them to live in a country with a stable government and a safe society. Sadly, the junta punishes him for supporting these causes.



In the summer of 1991, Farmer goes to work at Brigham, and uses the time to raise extra money for his clinic in Cange. The fundraising is a great success, and it appears that there will be a hospital in Cange after all.

Farmer is talented at working around problems, and even though he can't work in Haiti, he finds other things to do with his time. In the world of medicine and global philanthropy, there's always other work to be done.



On September 29, 1991, Farmer travels back to Haiti to consult about the hospital construction plans. When he arrives, he's surprised to find that Aristide has been elected, and then immediately deposed by the military. As a result, Farmer has been declared unwelcome—he's told that he's unable to enter Haiti. Farmer flies back to Boston, where he spends the next few months, until Père Lafontant bribes the military to take Farmer's name off the no-fly list.

On his next trip to Haiti, Farmer is pleased to find that he can enter the country without a problem. He resumes his medical practice, helping a young man (Kidder names him Chouchou Louis to hide his identity) who's been savagely beaten by the army. Chouchou is beaten for criticizing the state of the roads in Haiti—a statement the army interprets as an attack on their leadership. Farmer is unable to save Chouchou's life. Afterwards, he is careful not to draw attention to himself. By treating a victim of the military government, he's making himself a political target. Back in Boston, he adds Chouchou's name to Amnesty International's list of Haitian victims, and writes a piece on the man's death in *The Boston Globe*.

CHAPTER 12

Ophelia travels to Cange in the early 1990s, at the time of Haiti's military junta. She's terrified of being arrested or killed for being associated with Paul, who supported Aristide. She's even more disturbed after she learns that Farmer has accepted 10,000 dollars from Tom White—money which he plans to use to fund an underground pacifist resistance movement. Farmer becomes more reckless in his life. One day, soldiers stop him in his car and order him to say, "Long live the Haitian army." Farmer refuses at first, but eventually gives in when the soldiers point their guns at his head.

One day, a soldier comes to Farmer's hospital, armed. Farmer rushes to the soldier and tells him to leave. The soldier points his gun at Farmer and asks him, "Who the fuck are you?" Farmer coolly replies, "I'm the person who's going to take care of you when you get sick." The soldier continues pointing his gun at Farmer for a few moments longer, then leaves the hospital. Kidder notes that Farmer was absolutely right: because of his superior medical knowledge, he was never hurt or attacked during the time of the junta—he was simply too valuable to Haiti.

Farmer and his friends aren't above breaking the rules in Haiti. Morally speaking, Lafontant's bribe is roughly equivalent to Farmer's decision to smuggle beer into a homeless shelter: it's technically against the rules, but it's also done with the goal of helping others.



Farmer faces an increasingly difficult task. Although his goals for Haiti are, on a fundamental level, political (he's trying to improve Haitian society as a whole, not just the lives of individual Haitian patients), he must hide his political affiliations in order to retain his freedom and safety and thus continue to save lives. Nevertheless, Farmer continues his ambitious project for Haiti during this period by exploring other avenues for effecting change. Here, for example, he uses his talent for writing and journalism to spread the word about the injustices in the country.



This scene seems like another test of the rigidity of Farmer's beliefs. Farmer is fearless and idealistic, but he's also practical and willing to compromise. He gives into the Haitian soldier, not because he's frightened, but because he knows he's too valuable to others to allow himself to be shot—if he dies, hundreds or thousands of future patients may die as well. It's strange to think about yourself in such distant terms, but we get the sense that Farmer is used to thinking exactly this way.



Farmer knows when to compromise on his political stances, but he also knows when his value as a doctor gives him the freedom to be political. In simplest terms, Farmer is valuable to Haiti—both the poor and the rich. As a result, he has a special license to say what's on his mind, since the Haitian government knows they'd be foolish to hurt him in any way.



In 1993, Farmer receives his MacArthur genius grant. At the awards ceremony in Chicago, Farmer notes ruefully that his own fortunes are improving as Haiti's are declining. At least three of his close Haitian friends have been murdered. In the winter, he decides to travel to Quebec City, where he writes most of a book called *The Uses of Haiti*. In this book—which Kidder considers the best of his works—Farmer describes the history of American foreign policy in Haiti. He details America's refusal to recognize Haiti as a democracy during the early 1800s, and its decision to fund the modern Haitian army, right up to the time of the junta. Farmer alleges that the U.S. government doesn't oppose the junta in Haiti, but actually supports it economically by breaking its own trade embargo with Haiti. Farmer supports American military intervention in Haiti, because, he reasons, America already *has* intervened militarily in the country—the only difference is that now, America could use its military to support democracy instead of dictatorship.

For much of 1994, Farmer lectures across America about the situation in Haiti. He isn't particularly popular, since he's regarded as a "left-wing" extremist. Some of his audiences ask him if he's Haitian, as they can't imagine any other reason he'd care so much about Haiti. Fed up with lecturing, Farmer returns to Haiti in October of 1994, the day that Aristide is reinstated as president.

When Farmer returns to Haiti, he finds a country torn apart by the junta. Thousands have been killed for allegedly opposing the military, and public health has declined throughout the country. Père Lafontant has completed a new hospital, but most of Zanmi Lasante's other health projects have been abandoned. Zanmi Lasante is one of the only places that shelters people who have been beaten or hurt for opposing the junta. Because of this "politicization" of the hospital, many hospital workers have resigned in fear.

Farmer is now 35 years old. In the U.S. he's a superstar in both medicine and anthropology, and one of the most highly regarded doctors in the country. Nevertheless, he regards PIH as his most important job. At the time, PIH has only a few dozen members, mostly in Boston. PIH runs AIDS-prevention programs for Haitian immigrants in the city, and supports a few health projects in other parts of North America (a public housing program in Mexico, for instance). Kidder notes that PIH is on the verge of changing altogether, and becoming an international player in the process.

Farmer accumulates a large number of awards and honors during his career as a doctor. But instead of resting on his laurels, as many other great doctors would do, he uses his increasing influence to throw himself into the task of eradicating poverty and disease in Haiti. Journalism is one of Farmer's most important weapons for fighting injustice. By "getting the message out," Farmer is convincing the people of the U.S. to join him in his quest. One could argue that this is the reason that Farmer agreed to let Tracy Kidder write a book about his career: Farmer wants to educate young, talented people in the U.S. (and around the world) about the importance of medicine and charity work in the Third World.



Although Farmer is a charismatic writer and speaker, he finds lecture tours stifling at times—he's so used to working one-on-one with his patients that lecture tours feel distant and ineffectual by comparison. It's a mark of the public's narrow-mindedness that Farmer's audiences assume he must be Haitian: the idea of helping foreigners is so alien to them that they assume Farmer must have some selfish or nationalistic reason for his work in Haiti.



Zanmi Lasante wasn't designed to be a political institution at all: it's only goal was to help those who needed help. But in a war-torn country headed by a corrupt dictatorship, apolitical institutions automatically become political. By taking care of opponents of the junta, Zanmi Lasante starts to look like an anti-government institution.



As the second part of this book comes to an end, Farmer is at the height of his prestige: he has the MacArthur Grant, and he's renowned in the medical and anthropological worlds. And yet Farmer is still unfulfilled, as he hasn't accomplished his (admittedly impossible) goals of fighting poverty and disease in the Third World. Farmer is always striving to do more. As he's already said, he's not a saint, but he's always trying to "work harder."



CHAPTER 13

Kidder begins by describing an epidemiological map. A standard map of this kind shows the regions that are particularly susceptible to a disease, with the map color-coding how at-risk the population is. In Haiti, for example, the majority of the country is color-coded “at risk” for TB and typhoid, among other diseases. In the U.S., the map looks a little different: the country as a whole is very low-risk, but there are small areas, such as Harlem or South Boston, in which public health is even lower than in many third world countries.

Tuberculosis, or TB, is one of the deadliest killers in the world. A fairly effective drug treatment for TB has been in existence for decades, and yet much of the third world doesn’t have access to it, Kidder writes. As a result, pharmaceutical companies don’t invest money in researching a TB vaccine, and so billions of people carry TB bacilli in their bodies. In the majority of cases, the bacilli don’t cause any health problems, but the onset of HIV or AIDS can cause these bacilli to grow and cause full-fledged TB.

In Haiti, Farmer faces a serious problem: multidrug resistant tuberculosis bacilli. MDR-TB (i.e., multidrug resistant tuberculosis) was common in Haiti in the 90s. In 1995, Kidder says, MDR-TB claimed the life of one of Farmer’s close friends, who was living in Lima, Peru.

CHAPTER 14

While studying at medical school, Kidder explains, Farmer visited a church run by the priest Jack Roussin, or Father Jack. The church is in a largely African American neighborhood. Jack, much like Farmer is a colorful, charismatic man. Farmer, impressed with Jack’s commitment to public health and social justice, appoints Jack to the board of advisers of PIH.

Father Jack travels to a slum in Lima, Peru, where he’s to take on a new parish. He tells Farmer that PIH should start a project there. Farmer agrees, and convinces Tom White to raise 30,000 dollars for the venture. In Lima, Jack and Jim Kim plan to establish a second Zanmi Lasante, devoted to curing diseases. Their plans are extremely ambitious: they imagine a hospital so well-run that other slums in South America will imitate it.

Kidder makes an important point: the distinction between the Third World and the First World isn't as straightforward as it might seem. Although the U.S. is clearly a first-world country, there are large chunks of the U.S. where poverty is rampant and the quality of life is horrible—just as bad as it is in Haiti. In other words, it's an oversimplification to divide the world up between the rich and powerful U.S. and poor, weak Haiti—there are rich and poor people everywhere on the planet.



It's chilling to think that pharmaceutical companies don't invest in life-saving treatments simply because the suffering patients live in a poverty-stricken country, but it's hard to argue otherwise. Because pharmaceutical companies' priority is making money, not saving lives, large numbers of people across the world suffer from treatable diseases like TB.



This is interesting because it suggests that Farmer is motivated by his personal life—his Peruvian friend—as well as his more abstract sense of right and wrong. After all, there are diseases, poverty, and corruption in every country on earth, but Farmer can only do so much at a time—and for now, that means expanding his focus from Haiti to include Peru as well.



Although Farmer seems like an anomaly when compared with the average American, Kidder makes it clear that he's far from the only person who chooses to devote his life to helping the poor and suffering. Farmer may be the most successful humanitarian in the book, but he's far from the only one.



Father Jack is an ambitious character, and seems to share Farmer's mindset—he doesn't think in terms of dollars and cents, but rather in terms of lives being saved and quality of life being improved overall.



Father Jack and Jim Kim encounter difficulties almost immediately in Lima. Their hospital, in the small district of Carabayllo, is vandalized by guerilla soldiers, since it's regarded as "crumbs for the poor," i.e., a pathetic charity effort designed to sap the poor of their revolutionary energy. Then, in 1995, Father Jack becomes seriously ill, and has to be flown back to Brigham in Boston, where he's diagnosed with TB. Within only a few days, he's dead—the victim of drug-resistant TB.

It's frustrating that Father Jack's first hospital is destroyed by Peruvians—the very people the hospital is meant to help. The guerillas' reasoning is very frustrating as well, but also somewhat understandable: they believe that any outside humanitarian efforts short of a revolution are actually harmful to Peru, because they create a system of dependency and just reinforce the status quo. Farmer and Kim, who strive to remain apolitical, reject this mindset.



Farmer is devastated by Father Jack's sudden death. He investigates drug-resistant TB, wondering how deadly it's been for South America. He visits hospitals throughout Peru, always asking the doctors if they've failed to successfully treat any cases of TB. He discovers that there have been many cases of failed TB cures, even in very good hospitals. Farmer assembles his data and sends it back to Jim Kim in the U.S.

The death of a close friend makes Farmer especially invested in pursuing TB treatments in Peru—in this sense, Farmer's work in Peru is markedly different from his projects in Haiti. At the same time, it's clear that Farmer is still motivated by liberation theology and other selfless, far-reaching belief systems.



CHAPTER 15

Kidder comes to Carabayllo with Farmer. He's struck by the traffic congestion in the area, and the gloom of the city by day—there's so much smog that it's difficult to see more than a few miles. Migrant workers come to Carabayllo from the surrounding countryside, hoping to find shelter, electricity, and clean water.

Carabayllo is something of a safe haven for migrant workers, even if its living conditions seem subpar for an American. Because many people come to Carabayllo from surrounding areas, it's the ideal location for a good hospital.



In Carabayllo, Farmer and his assistants identify 10 cases of MDR-TB. He obtains samples of TB bacilli in these 10 patients, and flies them back to Boston for testing. Farmer reviews what he knows about multidrug resistance. Sometimes, antibiotics can *cause* multidrug resistance bacilli if the antibiotics aren't consumed regularly: the bacilli build up immunities to the treatments. But this can't be the cause of the MDR in Carabayllo, Farmer knows, as the only clinic that gave out antibiotics "did its job properly." There must be another cause of the MDR.

Above all else, Farmer is a good scientist, and he's able to be objective and disinterested when necessary. Following the steps of the scientific method, he identifies the problem and collects as much information as he can about the causes and effects of this problem. By interviewing patients and studying the structure of TB bacilli, Farmer gets closer and closer to isolating the cause of TB mutations.



Farmer develops a hypothesis for the cause of the MDR-TB. The 10 patients must have had a natural resistance to some of the usual TB drugs being distributed in Peru. When this is the case for a patient, taking other TB drugs can actually cause new MDR-TB, rather than wiping out TB. Farmer terms this process "amplification." As Farmer makes his conclusion, he feels guilty for feeling so excited about such a dismal subject—this feeling, he notes, is the irony of medicine.

It's important to understand Farmer's emotions here, because they tell us a lot about Farmer himself. He is enjoying himself in this particular moment, as he's a scientist solving a complex problem. And yet Farmer is also a moral, sensitive human being who can't remain wholly objective—he's proud of himself for solving the problem, but ashamed for feeling good about something that causes so much human suffering. These are the two sides of Farmer's personality: the brilliant scientist and the compassionate "priest."



Farmer researches the history of TB treatments in Lima, and realizes that the World Health Organization (WHO) has been inadvertently breeding MDR-TB. Worse, he learns that the WHO recognizes the existence of MDR-TB, and doesn't think it's a serious enough problem to treat. Farmer notes the bitter irony: in New York in the 80s, a strain of MDR-TB prompted a billion dollar research program that wiped out MDR-TB in New York. In Peru, by contrast, the same problem prompts no research at all.

Here Kidder complicates his point slightly, and further condemns Western racism and imperialism. While it's true that big pharmaceutical companies base their decisions to manufacture drugs on the "dollars and cents" of the matter, they also favor American lives over Peruvian lives. The very idea of talking about the "dollars and cents" of a TB research program implies that the lives being saved are somehow cheap and expendable—measurable by cost-efficiency, rather than an inherent and priceless value.



CHAPTER 16

In Peru, there is a "rigorous" anti-TB program, established in 1991. Farmer believes that at the present, faulty drug treatments have caused hundreds of drug-resistant strains of TB and other diseases. Farmer remembers meeting a Denver-based doctor named Michael Iseman, one of the world's foremost authorities on MDR-TB. Iseman has been treating MDR-TB for years, often for huge sums of money. He has a success rate of only 60 percent, which isn't very good for a U.S. facility.

Farmer isn't a specialist in TB, but his time in the medical world has given him an important weapon for wiping out TB in the Third World: he has a huge network of friends and connections who specialize in the diseases he's trying to eliminate.



Jim Kim and Farmer plan to treat MDR-TB in South America. Jim cynically points out that first world countries might need to pay more attention to the problem, because TB is an airborne disease—in other words, anyone, rich or poor, can get TB, so it's a danger to the U.S. as well as Peru. In 1996, PIH begins treating TB patients. They hire a team of epidemiologists, including a brilliant doctor named Meche Becerra.

Kim is being cynical, but he's also making a very important point: the disturbing fact is that the First World is more likely to spend money to wipe out a Third World disease if there's a reasonable possibility that such a disease could spread to the First World at some point in the future.



In 1997, the PIH team proceeds with treating TB in South America. In Carabayllo, the doctors take on patients suffering from TB. Right away, they find that their research is unpopular in Peru, because it implies that the Peruvian government's health measures are insufficient. Farmer and his team are derisively nicknamed *Médicos aventureros*: "adventuring doctors." The government points out that neither Farmer nor Jim Kim has a legal right to practice medicine in Peru (in reality, these rules are almost never enforced in Peru). As a result, Farmer is forced to stop his treatments mid-way through, resulting in the death of a young man named David Carbajal.

By calling Farmer a mere "adventuring doctor," the Peruvians imply that he's somehow more interested in his own fame and success than in curing the disease he's come to Peru to treat. The Peruvians think Farmer is like a typical spoiled "voluntourist," who travels to Peru to "help people" but winds up posting about his trip on Facebook instead. This is certainly a valid perspective for locals to have of most visiting volunteers, but we know that in Farmer's case this implication is very wrong.



Farmer tries to use his political influence to work around the Peruvian government. He makes a speech on TB in Chicago in February. He argues that it's vital to treat MDR-TB in the third world, even though it's extremely expensive. Farmer argues that the costs of treating individual cases of MDR-TB pale in comparison with the costs of allowing TB to thrive in the third world—it could spread to the U.S. easily. A few days later, there's a rumor that someone at Farmer's talk has called the director of Peru's national TB program and told him that the program is killing patients.

Farmer is a clever politician and tactician, as well as a good doctor. Even though Farmer doesn't really care about the costs of treating TB in Peru, he knows that he has to convince his wealthy American colleagues to fund his ventures. For this reason, he implies that the consequences of not treating TB could be dire for the U.S. In other words, he briefly speaks the language of his patrons and measures the value of Peruvian lives in terms of American lives.



CHAPTER 17

In 1994, Farmer begins dating a new woman, Didi Bertrand. She's the daughter of a schoolmaster in Cange, and said to be the most beautiful woman in the city. Farmer courts her for two years, and finally marries her in 1996. Jim Kim is Farmer's best man.

Again, it's remarkable that Farmer to get married in the first place, as he's so busy that he has almost no time to spend with his family. Didi Bertrand seems well aware of this fact—unlike Ophelia, she doesn't expect Farmer to spend a huge amount of time with her.



At 1997 comes to an end, Peru is costing PIH huge amounts of time and money. PIH treats about 50 MDR cases, representing approximately 10 percent of all cases in the slum. A friend of Farmer's, Howard Hiatt—an influential professor at Harvard Medical School—advises PIH to find new methods of payment before it invests any more resources in treatment. At the moment, PIH owes Harvard tens of thousands of dollars. Farmer reluctantly agrees, and convinces Tom White to send Harvard the money.

At this point in his career, Farmer still depends heavily on one donor, Tom White. The advantage of such an arrangement is that Farmer doesn't have to deal with much bureaucracy—the only person he has to convince is Tom. The disadvantage of such an arrangement is that it's short-term: Tom's not going to live forever, nor is his money going to last forever.



Jim Kim takes on a taxing schedule, in which he travels to Cange and then Peru, sometimes in the same day. Farmer's schedule is even tougher, and he barely sleeps at all anymore. He develops nausea, and sweats profusely. To his horror, he realizes that he has MDR. Although Didi wants him to return to the U.S. for treatment immediately, Farmer insists on completing assignments in Cange and Peru beforehand. A few days later, Farmer returns to Brigham, where he's "relieved" to find that he only has Hepatitis A. Farmer undergoes rigorous treatment for two weeks, after which he's sent—with Didi—to the south of France for a vacation, the first he's taken in many years. Nine months later, Didi gives birth to a daughter named Catherine.

Farmer's schedule becomes increasingly hectic as he divides his time between his new wife and child, his work in Haiti, and his research in Peru. It's unsurprising that Farmer contracts a disease during this time. The disease is an important reminder that Farmer, for all of his energy and determination, isn't superhuman. Like everyone else, he has limitations, whether he likes it or not. (This is also one of the funniest moments in the book: only someone like Farmer could be diagnosed with Hepatitis A and be "relieved.")



Farmer resumes his work in Peru working with MDR patients. The Peruvian government has "softened" its attitude to Farmer's program, partly because of the influence of Farmer's American connections. Kidder visits Farmer while he's reunited with a young boy named Christian, whom Farmer treated for MDR two years previously.

It's a mark of Farmer's talent as a politician and a persuader that the Peruvian government backs away from its opposition regarding PIH. Although the entire process took months, Farmer's speech has made waves. He's convinced the U.S., and thus Peru, that it's in everybody's best interest to explore new TB treatments.



Kidder backs up to explain Farmer's experience treating Christian. Two years ago, Christian was severely ill with TB, and could barely breathe. His lungs were covered with TB bacilli, and his spine was weak. Farmer deduced that the TB in Christian's body was drug-resistant, probably due to insufficient WHO (World Health Organization) treatments. Farmer supervised Christian's treatment, using extra dosages of the drugs Harvard prescribed for MDR cases. Two years later, Farmer was overjoyed to see that Christian had made an incredible recovery.

On the day that Kidder sees Farmer reunite with Christian, Farmer proceeds with his other cases. He examines a young girl with pulmonary TB. The girl has already been treated for TB with WHO drugs—a treatment that's resulted in a case of MDR, which is almost impossible to treat now. Farmer notes with frustration that the girl's previous doctors knew full-well that she had MDR, but they didn't dare go against the norms of the Peruvian government's treatments. Farmer believes that with a few more successful cases, like Christian's, the Peruvian government will finally embrace MDR treatments.

Farmer is always thinking long-term, but he doesn't lose sight of the individual patients he's cared for. Kidder never lets us forget that Farmer is an excellent hands-on practitioner as well as a good researcher and speaker. This poignant episode reminds us of the qualities that make Farmer's patients love him: his patience, his kindness, his humor, and his personal attention to each individual case he deals with.



Farmer's greatest asset as a medical practitioner is that he never loses sight of the connection between individual patients and the big picture. The end of Chapter 17 is an excellent example of this principle: Farmer knows that by spending time one-on-one with children like Christian, he has an opportunity to change the national policy on TB in Peru. On some level, it isn't "cost-efficient" for Farmer to spend so much of his time on individual cases, but such personal attention seems to add up, and may end up doing even more good in the long run than if Farmer focused only on research or effecting political change.



CHAPTER 18

It's April 1998, and a special meeting of tuberculosis specialists, organized by Howard Hiatt, gathers in Boston. Farmer's hospital in Lima has treated 53 patients over the last 2 years, and more than 85% of these patients have been completely cured. Hiatt has been so impressed by this news that he's organized the TB panel to celebrate Farmer's achievement.

At the panel, doctors argue that MDR is the result of human error, meaning that it's a testament to a country's bad medical practices. One doctor, Arata Kochi, argues that Farmer's innovations in Lima have changed TB treatment forever: from now on, the emphasis will be on treating individual patients, regardless of the costs, so that drug-resistant strains won't spread throughout the community.

Fortunately, Farmer has been enormously successful in Peru. Other people always seem to want to give him awards and praise, but Farmer himself only moves on to the next challenge—to the "mountains beyond mountains."



Farmer's most important achievement in Peru is arguably to change the way Peru deals with outbreaks of disease. The emphasis is no longer on saving money in the short term: thanks to Farmer's speeches and work, the Peruvian government is more willing to invest large amounts of money in treating patients here and now, recognizing that this is the best way to avoid further outbreaks in the future.



One of Hiatt's colleagues, a doctor named Alex Goldfarb, talks about his experiences treating TB in Russian prison populations. Hiatt and Farmer explain how expensive it is to treat TB, but add that the costs of treatment are actually lower than the costs of waiting to treat MDR-TB later on. Goldfarb explains that his budget is limited: even if he could devote his time to treating MDR, he'd still only have the money to treat a small fraction of his patients in Russian prisons. Goldfarb makes an important point, Hiatt acknowledges: sooner or later, doctors have to face the reality that their time and money is limited, even if, in a perfect world, it would be better to treat all cases of MDR.

Goldfarb is a harsh realist, but he's making a very important point. In a perfect world, doctors would have the money to cure every sick patient on the planet. But this simply isn't the case: doctors have to choose which patients they care for, and which ones they ignore. This necessarily means that doctors have to "play favorites" whether they want to or not. Farmer has spent most of his career refusing to believe in the finitude of human resources: he wants to believe that he can spend his life "curing the world."



On the second day of the conference in Boston, Jim Kim discusses his work with PIH in Peru. He argues that money for TB treatment should come from private donors, rather than government programs—the reason is that government programs are unreliable and frequently subject to corruption. He concludes that doctors should never underestimate the efforts of a small group of people, such as Farmer and his PIH team.

So far, Farmer's cooperation with Tom White supports Jim Kim's argument: it's easier for all concerned when private donors support PIH. But the problem with private donors is that they're unreliable, too: they change their minds, lose their money, and—inevitably—they die and pass on their money to someone else.



CHAPTER 19

By 1998, it's become well known in the medical community that the usual TB treatments in the third world will fail, unless they're accompanied by the MDR treatments pioneered by Farmer in Peru. Farmer's research has begun to establish a new paradigm in the medical world. Previously, medical programs were measures for their cost-effectiveness: i.e., they were only adopted if the necessary financial resources saved a significant number of human lives. Farmer has used his influence to point out an uncomfortable truth, however: usually, the philosophy of "cost-effectiveness" is used to preserve the status quo. Thus, MDR treatment is said to be "cost-effective" in New York, but not in Haiti. Farmer wants to drive down the cost of MDR treatment to the point where it's feasible to treat MDR patients throughout Peru.

Farmer uses his experience with anthropology and his knowledge of American foreign policy to argue for the futility of cost-effectiveness arguments. As Farmer pointed out before, nobody talks about the "cost-effectiveness" of treating TB in America: it's understood that the lives of Americans are worth preserving at any cost. It's only when Americans begin to talk about treating TB in faraway, third-world countries that the arguments for cost arise. In this way, the very notion of cost-effectiveness always implies a second-handedness to the value of the human lives in question; e.g., Americans' lives are more valuable than Haitians'.



Kidder stops to give some background information about Farmer's partner, Jim Kim. Kim was born in South Korea and grew up in Iowa in the 70s. His father, who'd grown up in North Korea, was a talented periodontist (specialized dentist). His mother was a sharp-minded woman who taught Jim the importance of arguing and public speaking. Jim was popular and charismatic in high school, even though he was the only Asian in his school.

Kidder has spent so much time talking about Farmer that we've forgotten who Farmer's colleagues are—he can't do all this work alone. Jim Kim is another very impressive doctor and humanitarian, and in some ways is more impressive than Farmer himself. It's worth knowing a little more about him.



Jim Kim studied at Brown, where he deliberately spent most of his time with black and Hispanic students. Kim came to believe that race was “the central problem of his life.” He got a Ph.D. in anthropology, doing most of the research in pharmaceutical companies in South Korea. When he met Farmer, he was struck by Farmer’s devotion to helping the people of Haiti. Inspired by Farmer, Kim decided to devote his energy to fighting poverty in the Third World.

In the late 90s, Jim Kim and Farmer are researching drugs for treating MDR. They know from experience that the cost of a drug varies enormously from country to country. One TB drug costs 30 dollars in Boston, 9 dollars in Paris, and 20 dollars in Peru. Jim Kim knows that the best way to drive down the cost of a drug—as he and Farmer are trying to do in Peru—is to convince the World Health Organization (WHO) to encourage the production of cheaper alternatives to a drug. Kim tries to convince the WHO to do so, but his arguments fall on deaf ears.

Jim Kim makes contacts with a Dutch pharmaceutical company that specializes in making second-line (i.e., generic off-brand) drugs for a fraction of the normal price. Kim thinks that he can use companies of this kind to lower the cost of TB drugs. But this is a difficult process: in order to lower the cost of a drug, Jim has to convince pharmaceutical companies that there will be a large market of medical projects for the drug. But the only way to establish such a market is to lower the price. The only way to break through this circular chain is to lobby the WHO, which has already turned Kim down.

Kidder goes over the basics of the WHO. The World Health Organization is a coordinating site for the world’s government health departments. It’s always underfunded, and infamous for its bureaucracy. One major concern of the WHO with regard to Jim Kim’s project is that the MDR drugs could become too widely available—in other words, the drugs could become so cheap that they’ll be traded on the black market, resulting in new resistant strains of TB.

Jim Kim tries to strengthen his case by finding a precedent for promoting a second-line drug in the third world. He finds that an organization called the Green Light Committee promoted second-line meningococcal vaccines in the third world. Kim and Farmer plan to found a new committee for the circulation of second-line TB drugs. The committee will gradually reduce the price of these drugs.

Jim Kim has always experienced life as a racial minority in the U.S., and as a result he approaches his work in Haiti in slightly different terms than Farmer. For Farmer, working in Haiti is a matter of right and wrong—a reflection of his universal moral principles. For Kim, however, working in Haiti is a form of racial solidarity (and correcting international racism) as well as moral idealism. He feels a strong connection to Haitians, in part because of his own feelings of racial otherness in the U.S.



Kim’s strategies for lowering the cost of TB drugs suggest another different between Farmer and Kim. Farmer, at the end of the day, is a medical doctor, focused on spending time with his patients. Kim, by contrast, feels more comfortable thinking in statistical and economic terms: he wants to fight disease indirectly by negotiating with pharmaceutical companies and the WHO. This is why they make such a good team—one is more politically minded, and the other focuses more on individual cases.



In facing the bureaucracy and greed of big business, Kim faces a challenge every bit as difficult as the challenges Farmer has faced while treating disease in Haiti. With corporations Kim can’t rely on his power to persuade or lead by example: he must instead try to help TB victims by following a set of strict procedural rules, and by framing things in terms of economic risks and profits.



The World Health Organization seems to specialize in the kind of practical, utilitarian thinking that Farmer despises. And yet it’s hard to dismiss the WHO’s argument that too many cheap drugs could lead to a boom in black market trading. This kind of calculation may seem cold-blooded, but in the grand scheme of things it saves lives.



In order to bring down the cost of drugs, Jim Kim is forced to enter the world of pharmaceuticals. He’s trying to fight the problem from the inside, and so must “dirty his hands” with big business and placing economic value on human lives. All this further challenges traditional ideas of charity “saintliness.”



By the year 2000, the new Green Light Committee, headed by Farmer and Jim Kim, has driven down the costs of MDR drugs by about 95 percent. Jim Kim's strategy worked: it's now "cost-effective" to treat MDR in Peru and other underdeveloped countries. Farmer acknowledges that Kim was the "mastermind" behind the success of Green Light.

Jim Kim and Farmer meet in Austria to attend a conference on TB. They discuss the "O for P," an abbreviation for "a preferential option for the poor," which they're pursuing in Peru. At dinner, Kim tells Farmer that he has ambitions of getting into politics—helping alleviate suffering on a broader scale than medicine would allow. Farmer supports Kim's ambition, as he knows that Jim would be an honest and trustworthy public servant.

Kidder considers what Jim Kim and Farmer have accomplished in Peru. The medical world thinks in terms of cost-effectiveness, arguing that it's not efficient to fight disease in Haiti or Peru. For Farmer, this kind of thinking obscures the real issue: the *reason* that the costs of treating disease are high in certain parts of the world. By refusing to take cost-effectiveness arguments seriously, Farmer and Kim have dramatically reduced the price of a life-saving drug, helping entire communities.

In early 2000, Tom White's money is running out. He's spent millions of dollars on PIH and other similar ventures, and—just as he'd planned all along—he has little money left as he approaches the end of his life. Ophelia, who is now responsible for PIH's budget, warns of a funding crisis: PIH needs to find new donors, quickly.

Jim Kim, Farmer, and Ophelia devise a bold new strategy. Using their success with treating MDR, PIH will raise money for wiping out TB and other dangerous diseases—perhaps even AIDS—in Peru and the rest of South America. Kim is making inroads with big donors like the Gates Foundation, which has an endowment of 22 billion dollars. Kim plans to ask the foundation for 45 million dollars—an incredibly bold request. Even Farmer is reluctant to ask for so much money.

It takes years, but Kim succeeds in driving down the cost of TB drugs. More than anything, Kim's success proves that arguments for cost-effectiveness are almost always shortsighted. It's always possible to drive down the costs of a drug—it's just that most people don't feel any need to do so.



It's hard for Farmer to disagree with Kim, especially after Kim's success with TB. Kim has demonstrated that it's possible to enact enormous, positive changes by working within bureaucratic political world. While it's true that bureaucracy can be slow and corrupt, it's also true that bureaucrats are capable of accomplishing a lot when they actually take action. Farmer himself would never become a bureaucrat, but he respects Kim's thinking (and also needs Kim's political genius in order to do more good).



Farmer and Jim Kim have accomplished a great deal in Peru—they've done what the cynics said was impossible, and lowered the cost of a drug by 95%, saving many lives in the process. But of course, Farmer and Kim aren't the kinds of people who rest on their laurels: they're already thinking ahead to their next projects.



Here we can see the limitations of personal donations—it's been crucial that Tom White gives so much of his money to PIH, but his supply of money isn't endless. Ophelia returns as a character in the book, but now she's an important member of PIH, and no longer romantically connected to Farmer. Their friendship and charitable work has proved stronger than a break-up.



Kim's request for 45 million dollars is incredibly bold, but on the other hand, Kim has already accomplished a great deal in South America. If anyone deserves 45 million to fight disease in the Third World, it's Partners in Health.



CHAPTER 20

As the chapter begins, Howard Hiatt is explaining to Kidder that Farmer and Jim Kim have “mobilized the world to accept drug-resistance TB as a soluble problem.” But TB is only part of the problem. Outbreaks of malaria cause millions of death in the developing world, as does the ongoing AIDS crisis. Because of the danger of these threats to world health, Hiatt has long been trying to convince Farmer to devote most of his time to worldwide health strategy, instead of hands-on work in Haiti.

Farmer is now 40 years old. He’s a tenured professor at Harvard, and renowned for “redefining the field” of anthropology. He’s on the boards of countless medical councils around the world, and is regularly invited to lecture on public health. And yet Farmer continues to spend long hours working one-on-one with patients in Haiti. Kidder notices that Farmer receives about 75 emails a day: He’s bombarded with requests for advice from doctors in Brigham, or young ambitious students looking for a letter of recommendation. Despite being very busy, Farmer answers almost all of his emails immediately.

To get a sense for how busy Farmer has become, Kidder “tags along” with him for a month in early 2000. He travels to Cange, where he witnesses Farmer working late nights. Then he goes with Farmer to South Carolina for a church event; then Cuba for an AIDS conference; then Moscow for a TB conference; then Paris. Farmer’s travel is almost always paid for by the hosts of these conferences.

Back in Haiti, Kidder looks at the decrepit roads in Cange. Haitians built the roads under the supervision of the U.S. army in the 1910s, controlled by a system of conscripted labor that dates back to the time of slavery. Kidder and Farmer visit a Haitian prison to inspect the living conditions, and make a variety of other errands. In between errands, Farmer quotes a Bible verse: “Inasmuch as you have done it unto the least of these my brethren, you have done it unto me.”

As Farmer gets older and more famous, it becomes increasingly odd that he spends so much of his personal time with patients. This is unusual not only because most famous doctors concentrate on research, but because most famous doctors know that they can accomplish more by focusing on the “big picture.” Farmer, however, continues to focus on individual humans, considering one patient at a time with each case infinitely valuable to him, even as he also works to alleviate suffering on a political and institutional level.



It’s a mark of Farmer’s dedication that he answers all of his emails—fundamentally, he cares about human connection, whether it’s an email response or a patient consultation. To him, spending his life lecturing at Harvard Medical School is almost inconceivable.



The scene is now set for Part Four of this book, in which Kidder will follow Farmer around the world for a typical month in his adult life.



Kidder contrasts the derelict state of Haiti—a landscape that suggests the enormous difficulty of fighting poverty and misery there—with Farmer’s optimism. Although Farmer acknowledges that it’s very difficult, if not impossible, to eradicate poverty altogether, he also believes that any attempts to do so are not only crucial, but also are part of basic human decency. Any medical work in Haiti is good, even holy, no matter how futile it may seem in the long run. Again we see Farmer using religion insofar as it supports and inspires his work.



The next day, Farmer and Kidder fly to Miami. At the Miami airport, Farmer “catches up” with his friends—he’s spent so much time in the airport that he knows almost everyone there. Farmer and Kidder spend a night at the Miami Airport Hotel, and then wake up at 4 AM and prepare for a flight to Havana, Cuba. Farmer gives Kidder “travel tips”—for instance, he tells Kidder that a packet of peanuts and some Bloody Mary mix make a decent meal on the plane. Farmer shows Kidder a list of errands he’ll need to run in Haiti on behalf of his Haitian friends. Whenever Farmer leaves Haiti, his friends ask him to buy them things in Cuba or the U.S.

In this comic section, we get a sense for how much time Farmer spends traveling: he’s spent so many hours in the Miami airport alone that he knows almost everyone there. This brings up another important point as well. Although Farmer spends many hours every day helping patients, he also spends many hours a day sitting on a plane, not seeing any patients. This is the tradeoff that Farmer faces: ironically, by deciding to travel the world helping patients, he’s agreeing to spend a chunk of his month eating peanuts and drinking Bloody Marys.



CHAPTER 21

Kidder and Farmer land in Havana, and Farmer ecstatically notes the beautiful trees and green fields. Although Cuba is only 90 miles away from Haiti, its environment is far healthier. Farmer has great respect for Cuba—not as a communist society, but as an exemplar of good health. Cuba has largely gained control of the diseases that ravage Haiti: typhoid, TB, and AIDS. The story of Cuba’s public health programs, Farmer insists, is a miracle: despite its lack of funding from the U.S., its rocky relationship with the Soviet Union, and its long history of poverty, Cuba has become a model for third world countries. Cuba has even sent a team of 500 doctors to Haiti, where they work for free.

From the perspective of the United States, Cuba is a danger: a Communist dictatorship, located only a few hundred miles away from the U.S. And yet it’s hard not to be impressed with the state of Cuba’s healthcare. Similarly, it’s hard not to think that Cuba’s medical superiority is related to its success in remaining free of American military and economic control. Haiti may be a democracy (and therefore closer to the U.S.), but it’s deeply poverty-stricken, and part of that comes from its history with the West: a history of slavery, imperialism, and military interference.



Farmer has a conflicted relationship with communism. He finds it perfectly obvious that society is locked in a class struggle—one of the fundamental tenets of Marxism. He also respects communist ideology for embracing liberation theology. Yet Farmer also finds communist culture to be arrogant, and overly orthodox—one of the reasons that science never flourished in the Soviet Union. In general, Farmer distrusts “-ologies” altogether. His goal, he says, is to be as open-minded as possible.

Farmer’s views on Communism are predictably balanced. He sympathizes with many Communist tenets—particularly the idea that classes compete with one another for power. But because Farmer is first and foremost a doctor, he has a hard time accepting all of Communism. As with Catholicism, he accepts and doubts it at the same time, and avoids any belief system that is too rigid or stands in the way of universal compassion.



Farmer has flown to Cuba to attend a medical conference, visit a friend, Dr. Pérez, and buy antiretroviral AIDS drugs. He also wants to look into Cuba’s new medical school—an institution that, he hopes, could be used to train Haitian doctors. At the medical school, Dr. Pérez arranges for Farmer to meet with the president of the school, Dr. José Miyar Barruecos. Farmer asks Barruecos if he’d accept two Haitian students, and Barruecos agrees.

Farmer doesn’t want to create a “cycle of dependency” in Haiti, whereby he continues giving the Haitians free healthcare and they grow dependent on outside help. Rather, he wants the Haitians to learn to take care of themselves, and enrolling Haitian students at Cuba’s medical school is an important step in this direction.



At the medical conference, Farmer meets Luc Montagnier, the doctor usually credited with discovering AIDS. Farmer and Montagnier discuss the idea of establishing a “triangle” between Cuba, France, and Haiti, so that the three countries can exchange doctors, research, and funding. Farmer also delivers a talk on the history of poverty in Haiti, and its relationship with the AIDS epidemic. He argues that classifying Haitians as an “at-risk” AIDS group indicates U.S. racism and prejudice. Haitians aren’t especially promiscuous, and barely any of them use drugs; in other words, Haitians aren’t particularly at-risk for AIDS. Farmer argues that developed nations like the U.S. focus too exclusively on white victims of the AIDS crisis, ignoring the Haitians whenever possible.

After the conference, Farmer gets to work on his latest book, which is about the history of inequality and imperialism as reflected in national health policy. He tells Kidder that many of the measures being used to fight AIDS in North America—such as “AIDS sanatoriums”—resemble concentration camps.

The next day, Farmer and Kidder go on a tour of a Cuban sanatorium designed for AIDS patients. Farmer notes that there’s almost no medical evidence that quarantines have any great effect on the AIDS epidemic. To Kidder’s great surprise, Farmer praises the Cuban sanatorium quarters, calling them “pretty nice.” Kidder finds it difficult to sort through his own feelings on quarantine practices. Cuba, he notes, has one of the lowest rates of AIDS infection in the Western world. In part, this could be because the Cuban government acted quickly to isolate the infected, and reduced trade and travel with Africa and the U.S.

Kidder notes that Farmer travels more than anyone he’s ever met, and yet he’s never seen the tourist destinations in the countries he’s visited: he’s been to Peru, but not Machu Picchu, for instance. Farmer’s traveling, he claims, is a part of his medical practice—he needs to inspect facilities around the world to make sure that Zanmi Lasante is up to par. He tells Kidder that his visit to Cuba has inspired him to improve conditions in his hospital in Haiti.

It’s hard to argue that the U.S. interprets the AIDS crisis—and most health crises—in racial terms. Thus Haiti is considered to be an “at-risk” place, not because of medical facts about AIDS, but because Haiti is seen as inferior, foreign, and dangerous. Despite all empirical evidence to the contrary, the U.S. blames Haiti for its own problems: a clear sign of America’s condescension and disdain for its island neighbor.



Many have argued that the response to the AIDS crisis in the U.S. devolved into an excuse to persecute gays, blacks, and other minorities. Thus, gay people were feared and stigmatized for being HIV carriers, and yet they also weren’t given the healthcare they needed—much like the Haitians, they were blamed for their problems, but no efforts were made to care for them.



This is one of the most ambiguous passages in the book: it’s hard to tell what Farmer really believes about Cuba. While it’s true that Cuba has reduced the cases of AIDS, it’s also true that it has done so by drastically limiting people’s freedoms: sending some to quarantine and reducing trade with other countries. (It’s reminiscent of the old saying that dictators “make the trains run on time.”) There seems to be an inescapable tradeoff between personal freedom and health—a harsh reminder that in the real world, healthcare involves making some difficult decisions.



Farmer travels, but he’s no tourist—he’s in Peru, Haiti, etc., to help the poor, not to enjoy himself. Indeed, he seems to “enjoy himself” by helping the poor, as he apparently feels no need or desire to take any kind of vacation from his work.



As they're preparing to leave Cuba, Kidder suggests to Farmer that the Cubans must love Farmer for his denunciations of U.S. foreign policy, as he plays into their communist agenda. Farmer seems offended by this, and Kidder feels guilty for offending him. Later, on the flight, Farmer tells Kidder that journalists who write about passionate people usually "give the reader a way out": they portray the person's passion as a kind of obsession or psychosis, or suggest that the person has a political or ideological agenda. Farmer adds that he has no personal stake in the way Kidder depicts him, but his patients will suffer if Kidder paints Farmer as a political pawn. Farmer never mentions the matter again.

Farmer is deeply conscious of the fact that Tracy Kidder, a famous, Pulitzer Prize-winning author, is writing a book about him: i.e., he knows that Tracy's impressions of him will color the way he's perceived around the world. As a result, one could argue, Farmer uses the most important weapon he has: the fact that he's a doctor for thousands of people. By reminding Kidder of this undeniable fact, he's warning Kidder to present him in a favorable light. At the same time, we've seen ample evidence that Farmer is not, in fact, a political person: his priority is helping patients, not pushing dogma.



Farmer and Kidder's next trip is to Russia, by way of Miami and Paris. Kidder considers the small argument he and Farmer have just had. In the past, Kidder has wondered if Farmer's devotion to the poor is a kind of alibi: a way of defending himself from any and all attacks or criticisms. Farmer has devoted his entire life to helping people in need—thus, any attack on him could realistically be interpreted as an attack on his patients. But as Kidder sits next to Farmer on the plane, it's apparent to him that Farmer isn't posing in any way: he considers it his duty—in a way his only duty—to help those in need.

Kidder acknowledges that Farmer has an unbeatable defense whenever anyone disagrees with him: he can say that his opponent is threatening the health of thousands of people. At the same time, Kidder seems to acknowledge that this kind of thinking is petty and foolish: a confirmation of his own "inferior" moral status, rather than Farmer's. There's no real way to prove that Farmer is wholly sincere and consistent in his drive to help others, so we just have to take the word of his friends and acquaintances—people who have spent enough time with him that they would presumably be able to notice any insincerity or ulterior motive behind his actions.



CHAPTER 22

Before flying to Russia, Farmer and Kidder visit Didi, who's studying the history of colonialism. As they're taking a taxi from the airport, Farmer tells Kidder that he could easily wipe out poverty in Haiti if he "could get his hands on the money that the first world spent on pet grooming."

Farmer is making a joke, but as usual, his joke has a serious undercurrent: the Western world lavishes money on the most frivolous things, while the Third World starves.



In Paris, Farmer joyfully reunites with Didi and his daughter, Catherine. Didi asks Farmer when he's flying to Russia, and he answers that the flight is tomorrow morning. Didi seems upset, and Farmer looks shocked and speechless. Kidder notes that he'll always remember the look on Farmer's face: it's the only time he's ever seen Farmer at a loss for words or action. Farmer has faced some criticism lately for not spending more time with his wife and child.

When Didi married Farmer, we assumed she understood that she wouldn't see much of him. But here it seems that she's still grappling with the difficulties of being married to a "saint." Kidder seems strangely satisfied in this scene—in much the same way that Ophelia was satisfied when she saw Farmer display signs of anger. Kidder has just witnessed evidence that Farmer is "only human."



Kidder has asked Farmer about Catherine before. Shortly after Catherine's birth, a woman gave birth to a stillborn baby in Zanmi Lasante. Farmer found himself weeping at the sight of the dead baby, and he realized that he was imagining Catherine in its place. Farmer interprets this episode to mean that he's failed to practice true empathy: previously, he'd always failed to love his patients as much as he loved his own family and friends. Farmer reminds Kidder of Jesus's invocation to love one's neighbors "as thyself," and claims that he's spent his life trying to live up to this standard.

It's fascinating to see Farmer express so much emotion, and then explain the source of his emotion in the most counterintuitive terms. Most fathers wouldn't be the least bit ashamed of their reactions to the sight of a dead baby, and they would willingly admit that the grisly sight reminded them of their own children. Farmer, however, seems somehow ashamed of his reaction: he thinks he's been too selfish and territorial in privileging his own child above others, and thus has been neglecting his loyalties to his patients. Although this reaction would be bizarre to the vast majority of human beings, it fits with everything we know about Farmer. He's always striving to be as selfless and universally compassionate as possible, even if doing so alienates him from his own family.



Farmer had come to Paris to celebrate Catherine's second birthday. Guests at the birthday party include many of Farmer's colleagues and PIH donors. The day after the birthday party, Farmer and Kidder move on to the airport and wait for a plane to Russia. On the plane, Kidder notes that Farmer speaks to fellow PIH members in a strange lingo, full of invented slang. "Lugar" is luggage, "DQ" means drama queen—usually in reference to hysterical arguments ungrounded in fact—and "scholbutt" means scholarly buttressing—citing sources in an academic article.

Kidder delights in explaining the ins and outs of Farmer's life—all the things that make him seem more flawed, human, and relatable. Here, for example, he enjoys learning Farmer's slang; a mark of his humor and creativity, but also the urgency and fast-paced nature of his work.



At Charles de Gaulle Airport, Kidder points out that the city seems like another world from Haiti. Farmer points out that this is wrong: Paris's prosperity is intimately tied to Haiti's poverty, and has been for many hundreds of years. Kidder finds himself frustrated with Farmer, and he wants to call Farmer sanctimonious and preachy. He wonders if Farmer can think of any kind of person worth knowing, other than a poor person or a campaigner on behalf of the poor.

As Kidder gets to know Farmer better and better, he finds himself more in Ophelia Dahl's boat—increasingly upset with his own immorality and pettiness. It's hard to disagree with Farmer's logic, and this is precisely the point: Farmer is so unwaveringly right in everything he does that it can be frustrating to spend any extended amount of time with him. The world is an unjust place full of suffering, and for most people, it's impossible to face this reality for long without seeking some kind of escape or distraction. Farmer, on the other hand, seems to keep this injustice and suffering in mind at all times, and thus feels an urgent need to fix it.



CHAPTER 23

The World Bank is trying to end the TB epidemic in Russia by funding medical research in the country. On the flight from Paris to Russia, Farmer explains to Kidder that this project has been going on for some 2 years. George Soros, the businessman and philanthropist, had donated 13 million dollars to treating TB in the former Soviet Union. When Farmer found out about this, he immediately wrote a letter to Soros, explaining that these treatments would fail, because they didn't incorporate drug-resistant TB. Farmer toured Russian prisons where there had been outbreaks of TB. He was amazed that the international response was so minimal. The international community seemed not to care about prison conditions.

Farmer continues to explain the history of the TB project in Russia. Farmer told George Soros that it would take about 5 billion dollars to fight TB throughout the world—an amount that Soros found surprisingly small. He used his political connections to Hillary Clinton, the First Lady at the time, to influence the World Bank to support giving Russia a loan to fight TB. Farmer agreed to be a consultant for the World Bank's project in Russia.

Kidder and Farmer arrive in Russia. Although they drive by Russia's beautiful towers and churches, they don't stop to look at any "tourist destinations." Instead, they visit the central prison of Moscow. Farmer is disgusted with the conditions inside the prison. Inmates with AIDS are quarantined, 50 to a room. One inmate claims that he was sentenced to 5 years in prison simply because he has AIDS. In Russia, Kidder knows, it's not unusual to be sent to jail for 4 years for stealing a loaf of bread. During this time, inmates contract many dangerous diseases, such as syphilis, AIDS, and TB.

Farmer and Kidder dine with the chief of Russian doctors, along with some of the chief's colleagues. The chief asks Farmer if America is a democracy, and Farmer answers that Americans are lazy democrats: wealthy Americans live in a democracy, but the poor don't. He promises to represent the interests of the Russian prison population at the World Bank the next day.

At the international level, healthcare is a complex interaction between wealthy donors, bureaucratic organizations like the WHO, and humanitarians like Jim Kim and Paul Farmer. As a result, it's often easy to lose sight of the patients themselves. This is especially apparent in this chapter, when Farmer concentrates on eradicating TB among Russian prisoners. In most societies, prisons are kept "out of view." Prisoners' rights aren't discussed, and prisoners themselves are seen as second-class citizens who "deserve" any suffering they experience.



It's amusing that George Soros thinks that 5 billion dollars is a small amount for fighting TB. But it's also a sobering reminder of the immense differences between the wealthy and the poor: men like Soros can have more money than the entire country of Haiti. In Soros's mind (and probably Farmer's), then, this is practically a mandate for Soros to devote his life to helping the poor, donating as much of his fortune as he can.



Kidder's description of a Russian prison is disgusting, frightening, and, above all, morally reprehensible. Most of the people in these prisons simply don't deserve to be there (though Farmer and Kidder will later have an argument about what portion does deserve to be there), and instead are just the victims of a corrupt system governed by unjust officials. In many ways, the prevalence of AIDS and TB is an apt metaphor for the futility of the prison system: people are sent to prison to be punished, but come out "infected" with crime and fear.



Farmer doesn't sugarcoat his opinions of the United States. The fact that he's among Russians, especially, means that he can be as critical of the U.S. as he wants without alienating his listeners. Farmer's view of the American political system is harsh but unfortunately quite accurate.



Kidder notes that Farmer and Jim Kim have demonstrated that MDR can be treated cost-effectively, meaning that they're often invited to TB panels in Russia. At the World Bank meetings, which aim to allocate new funding to Russia for wiping out TB in prisons, Farmer speaks alongside his old colleague Alex Goldfarb. Goldfarb, Farmer tells Kidder, is a somewhat unlikable man with an inflated sense of his own intelligence and talent. Nevertheless, Goldfarb is on Farmer's side. Prior to their meeting with the World Bank, Farmer and Goldfarb review the details of their plan for Russian prisons. Goldfarb wants to treat prisoners immediately, ensuring that dangerous strains of TB aren't released into the Russian population in the near future. Farmer agrees with this approach. They plan to ask for half the total loan being sent to Russia from the World Bank.

On the day of the World Bank conference, Farmer dresses in a surprisingly stylish suit, explaining to Kidder that politics is all about the perception of confidence and power. At the conference, the World Bank agrees to allocate about half of its total loan for the prison population. While this isn't ideal, it's a success for Farmer, since it means that the prison population will be taken care of for the foreseeable future.

Kidder watches Farmer and Goldfarb playfully arguing about prison populations. Farmer claims that the vast majority of people in prison don't deserve to be there. Kidder supports most of Farmer's argument, though he finds Farmer a little naïve—surely some people in prison deserve to be there. Farmer asks Kidder if Kidder thinks he's too idealistic, and Kidder admits that sometimes he does. Farmer nods and admits that without his clinical practice, he'd be nothing.

CHAPTER 24

In July of 2000, the Gates Foundation gives PIH a grant of 45 million dollars to wipe out MDR-TB in Peru in the next 5 years. Jim Kim, who's overjoyed with this development, plans to eliminate at least 80 percent of cases of MDR. Farmer is also delighted, though he worries that news of the Gates Foundation's generosity will result in less money being given to PIH by other donors.

Goldfarb is an important foil for Farmer, even though both are important philanthropists. Where Farmer is charismatic and humble, Goldfarb is argumentative and arrogant. Moreover, Goldfarb is more willing than Farmer to think in cold-blooded, utilitarian terms. Here, for example, he rationalizes prison treatments on the grounds that they could lead to outbreaks in the general Russian population later on. While this isn't the kind of reasoning that Farmer approves of, we've seen him use similar utilitarian strategies to convince American and Peruvian audiences of the efficacy of his TB treatments. Perhaps the difference between Goldfarb and Farmer is that Goldfarb truly believes in efficiency arguments, while Farmer merely uses them strategically.



Farmer's suit is an apt symbol for his pragmatic political engagement. Although he's most comfortable in ordinary clothes, he's willing to put on a suit if it'll help him convince others to fund his healthcare programs. Likewise, he's willing to temporarily silence his opinions or cater to others' views if it means helping to save lives.



This section—the last of Part Four—is something of a vindication for Kidder's point of view. Kidder is often skeptical of Farmer's lofty ambitions and idealist philosophy of right and wrong. Here, Farmer seems to admit that he can be naïve: unlike his friend Jim Kim, his greatest talent isn't for strategy, but rather for patient care. If Farmer wasn't so brilliant, successful, and well connected, he would never have achieved such influence, and probably would just remain an especially kind but unknown doctor on a local level.



The chapter begins on an optimistic note: with the Gates Foundation's endowment, Jim Kim seems to have a good shot at achieving his goals. As usual, Farmer doesn't allow himself to linger on a success, but immediately moves on to the next problem that needs addressing.



Although Farmer will be traveling to Peru to help out with the new Gates endowment, he continues to supervise Zanmi Lasante in Haiti. In spite of the generosity of the Soros Foundation, Farmer still needs to find long-term sources of funding for Haiti—Tom White’s money is almost gone, and other individual donations to PIH in Haiti are too irregular.

Although PIH has more money than it ever did before, the company remains remarkably frugal. PIH works out of the same tiny office in Boston, and spends only 5% of its budget on administering itself—the other 95% goes to patient services. There are about 50 people working for PIH in Boston, 400 in Haiti, and 120 in Peru. PIH has also expanded to Siberia, thanks largely to Alex Goldfarb’s actions. Goldfarb displeased the Soros Foundation by vocally supporting (and giving aid and comfort to) a former KGB agent who’d been ordered and refused to assassinate the Russian oligarch Boris Berezovsky. Because Goldfarb worked with the Soros Foundation, the Foundation found itself mired in a political controversy in Russia. Soros decided to pull out of Russia for the foreseeable future, and asked Farmer and PIH to replace his organization.

Shortly after the Soros Foundation appoints the PIH its successor, Jim Kim tells Farmer that he’s unable to come to a meeting in Russia, as he has another meeting to attend at the Rockefeller Foundation in Bellagio. Farmer is furious, and he tells Kim that there’s “real work” to be done in Moscow. Kim, Farmer, and Ophelia argue, and Kidder is amazed—he can’t remember seeing Farmer lose his temper before. Later, Ophelia tells Kim that Farmer’s outburst is “nothing” compared to some of his others. But Kidder is unlikely to see any of these, she explains, because Farmer never gets angry when his anger could endanger the success of PIH.

A few weeks after his argument with Farmer, Jim Kim flies to Siberia, and Kidder goes with him. They travel into the town of Tomsk, which has had a severe MDR-TB problem for many years. There, Jim Kim attends a banquet in honor of PIH’s new role in Russian health. Farmer is supposed to fly into Russia to join the banquet, but his assistant is unable to obtain a visa for him in time, and he’s delayed several days. After the banquet, Kim and some of his colleagues (including the wardens of Russian prisons) go karaoke singing.

Farmer needs to balance his commitments to his Haitian patients with his duties as the head of a major international nonprofit, PIH. Basically, he needs to temporarily neglect his house calls and find new donors.



In a bizarre turn of events, Goldfarb’s involvement with the KGB agent causes a vast “domino effect,” culminating in the Soros Foundation’s decision to pull out of Russia. It’s a mark of the fragility of the nonprofit world that the slightest association between one of its members and a specific political cause—in this case, Goldfarb and the KGB’s agenda—can spoil the Soros Foundation. Organizations like Soros’s put so much effort into being non-controversial and apolitical that the slightest disturbance in the status quo can topple them. We’ve seen this before with Farmer and his connection with Aristide in Haiti.



Farmer’s definition of “real work” doesn’t cohere with Kim’s, or (probably) ours. But for Farmer, real work involves real interactions with real people, rather than interactions with politicians and bureaucrats deciding how to move money around. What Farmer sometimes fails to appreciate (or tolerate) is that “real work,” by his definition, is only possible with the money and help of bureaucrats from the Rockefeller Foundation and its peers. Farmer’s close relationship with Tom White was all about personal relationships, but in reality non-profit work is more often about playing a political game.



Despite Farmer’s outburst, here we see the good work that Kim is capable of doing at the political level—by making inroads with politicians and bureaucrats, he’s essentially eradicated TB in an entire community. As frivolous as karaoke night might seem, it’s because of frivolities like this that Kim is able to build good relationships with the rich and powerful—people who might seem shallow or immoral to Farmer, but who are necessary for the funding of Farmer’s work.



The next morning, Jim Kim leaves Russia and Farmer arrives. He spends his day examining MDR patients, and attends another banquet in the evening. The next day, he and Kidder fly to Paris. On the plane, Farmer tells Kidder that he's been arguing with Tom White, from whom Farmer wants to raise 150,000 dollars for PIH. Farmer argues that it's best to act fast and treat suffering Russian prisoners, while White points out that the cost of treatment will fall greatly in only a few months, and thus PIH would be better off waiting before it treats any patients. Farmer insists that it's best to eliminate as much suffering as possible, as soon as possible.

Farmer travels more than ever, Kidder notes, and for a while Kidder communicates with him mostly by email. Farmer travels to Mexico, as well as Haiti, Boston, Paris, Peru, and Russia, giving diagnoses, delivering speeches, and treating the sick. Dr. Hiatt visits Farmer in Haiti, and notes that health conditions in Zanmi Lasante are every bit as high as they are at Brigham.

Farmer now turns to the project of fighting AIDS around the world. There have been antiretroviral AIDS drugs since the late 90s, but there's an intense debate about how best to use these drugs. Some say that prevention, rather than medical treatment, is the most effective (and cost-effective) strategy, while others argue that it's immoral not to provide those suffering from AIDS with drugs that could save their lives. Farmer maintains that there is no real distinction between prevention and treatment—as with so much of the medical “consensus,” it reflects the first world's disdain or ignorance of the third world.

Kidder notes that Farmer has already made the acquaintance of the influential economist Jeffrey Sachs, who founded the Global Fund, a prominent institution devoted to fighting AIDS. With the aid of PIH, the Global Fund develops a plan to spend 14 million dollars to fight AIDS in Haiti, via the Zanmi Lasante facilities. This project is extremely difficult, since at the time the U.S. was making it difficult for Haiti to accept aid of any kind. Nevertheless, the Global Fund succeeds in establishing large AIDS treatment centers at Farmer's hospital—centers that are visited by tens of thousands of Haitians. By treating HIV and AIDS, the Global fund also indirectly treats tuberculosis and even typhoid. Farmer is overjoyed by the success of this plan in Haiti—when Kidder discusses the matter with him, Farmer is weeping.

This is a good illustration of the limitations of Farmer's critique of cost-effectiveness. While it's perfectly clear that at times, arguments for cost-effectiveness veil racism and bigotry (the implication is that some lives matter more than others), in this particular case, it doesn't seem unreasonable to delay treatment for a few months if the end result will be a vastly more successful program, run by the same well-meaning people at PIH. Farmer's rule of thumb here is noble and high-minded, but there are times when it interferes with the greatest number of people getting the best possible treatment—i.e., the intuitive measure of good healthcare.



As frustrating as Farmer's idealistic view of the value of life can be at times, it's undeniably resulted in some stellar healthcare. Hiatt's assessment of Zanmi Lasante is only the latest evidence of this.



The distinction between healthcare and treatment, as Farmer conveys it, is really a distinction between bad doctoring and good doctoring. A good doctor, like Farmer, doesn't only examine his patients for their symptoms. Rather, he or she uses knowledge of a patient's life and culture to makes a diagnosis designed to eliminate the causes of their suffering, not just its immediate manifestations.



Farmer's notion of helping patients as soon as possible (rather than waiting for supposedly better treatment down the line) has a few interesting consequences. One consequence is that Farmer treats any success in treating patients—i.e., any improvements in their quality of life—as a victory. While a cynic would quickly become bogged down in the enormity of Haiti's poverty and suffering, Farmer treasures every healed patient (inspired in part by his study of Catholicism and liberation theology). While Haiti is far from “healed,” Farmer is proud of the work he has done there, and is able to see the small victories alongside the enormity of total suffering.



CHAPTER 25

Farmer has always found the flight from Haiti to Boston strange, Kidder reports. When he arrives in Boston he sees well-dressed people complaining about the most superficial of problems—a far cry from the poverty and suffering of Haiti.

In 2000, Kidder explains, PIH flies a Haitian child named John from Cange to Boston for **treatment** for a rare facial cancer, nasopharyngeal carcinoma. The process of diagnosing John requires several trips to and from Haiti, over the course of several weeks. Farmer's assistant, Serena Koenig, arranges an emergency medical visa for John, so that he can exit and enter Haiti without a problem. Farmer thought that he could conduct most of John's treatment in Haiti, with Serena's help and with shipments of treatment drugs from Boston. In the end, however, Serena decides that it is better to conduct the surgery in Boston, not Haiti. Preparing for the treatment costs nearly 100,000 dollars, but with much difficulty, Serena is able to convince Mass General to waive its fee. In order to do this, she's forced to make up family information for John. Although John's parents have checked him into Zanmi Lasante, and visit him periodically, Serena is forced to invent names for John's parents while filling out paperwork (since she doesn't know their real names, and doesn't want to wait for their next visit).

While Farmer attends a Soros conference in Europe, Serena prepares to fly John out to Mass General for a full **treatment** for his cancer. Kidder sees John lying in bed, and is shocked by his appearance—his limbs are terrifyingly thin and emaciated, and he makes a sickly gurgling sound when he breathes. Serena prepares for an ambulance to drive John from Zanmi Lasante to the airport—a form of transportation that, along with the medevac flight from Port-au-Prince to Boston, costs more than 18,000 dollars. In the days leading up to the car ride and flight, John's condition deteriorates, so that it's unclear if he'll be able to survive a long flight to Boston. Serena is unsure whether or not she should proceed with her plan. She emails Farmer asking for advice, and Farmer replies, very promptly, that he'll be in Boston in 24 hours, but that he thinks Serena should "consider other possibilities" in the meantime. Serena interprets this to mean that news of the flight will set an expensive precedent for future Haitian patients: everyone will want to be flown to the U.S.

It's hard for someone like Farmer, who's spent most of his adult life surrounded by poverty and misery, to adjust to the scale of most Americans' lives: their problems simply don't matter by comparison.



The story of John's experience with facial cancer will take up the majority of this chapter, and will provide Kidder with one of his most fascinating (and disturbing) case studies for the efficacy and morality of Farmer's medical philosophy. To begin with, Kidder makes it perfectly clear how much money Boston is spending on John's life: the equivalent of hundreds of thousands of dollars. But for the time being, there isn't a real ethical conundrum in John's treatment: although the drugs used to treat John may be expensive, we get the sense that they're overpriced (we already know from the chapters about MDR-TB that drugs can be 20 times as expensive as they "should" be). Even more basically, Kidder doesn't suggest that there's any reason why a boy's life shouldn't be worth 100,000 dollars of treatment. The only "rule-breaking" in this passage comes when Serena invents contact info for John—a victimless crime (which also reminds us of how Farmer broke the rules by sneaking beer into the homeless shelter).



Kidder conveys the crisis of John's treatment: the leadership is disorganized (Farmer, the clear leader of Zanmi Lasante, is gone, and Serena Koenig isn't sure what to do in his absence), the treatment is very expensive, and a decision needs to be reached very, very quickly. The short timespan of this chapter allows Kidder to focus on the split-second ethical decisions that doctors have to make. One important factor in Serena's decision is that of precedent: she reasons that flying John to Boston may cause greater harm and disorganization in the long term, because other Haitians will expect the same level of treatment. In general, Serena seems to naturally think as Farmer does—she should do whatever is necessary to save a patient's life at that moment—but she also makes herself think in the utilitarian terms of costs and benefits in the long run.



Serena decides to arrange for an ambulance to drive John to the airport, even though John's condition is uncertain. She reasons that she can prevent the flight from becoming a precedent for Haitian patients by saying that she paid for it herself. The ambulance service is extremely unreliable, and on the road to the airport, the ambulance breaks down. John needs a "suction device" to ensure that he can breathe properly during the car and plane rides. Without this device, his facial tumors would suffocate him.

The driver of the ambulance decides to arrange for another truck to drive John to the airport. Serena and the other hospital technicians hook up John's suction device to the truck's battery, and they drive off toward the airport. John is in great pain during this ride, not least because the road is extremely rocky and bumpy. After hours of driving, during which the car stops several times, John, Serena, and Kidder make it to the airport.

Kidder reports that John survives his medevac flight to Boston, helped by his suction device the entire time. When the group lands in Boston, the ambulance driver tells Kidder, "There's a lot of bad road between here and Mass General," a statement that, Kidder later realizes, is hilariously funny, considering what John has just been through.

The ambulance drives John to the pediatric wards of Mass General, and the team has John in bed very quickly. Farmer, who's agreed to meet Serena in Boston, tells Serena that she did the right thing by bringing John to Boston. A medical intern at Mass General criticizes Serena because John is so malnourished. Dr. Alan Ezekowitz, the head of pediatrics, subtly chastises this intern by saying, "This boy is a challenge. But I've cured sicker kids," and adding, "We can always do better, can't we?"

This is one time when summary simply can't do justice to the text. Kidder spends pages and pages going step-by-step through the process of moving John to Boston: it's agonizing to read these pages, because we see how difficult it's going to be to save his life. By focusing so intently on the moving process, Kidder makes us see the extent of the world's inequality: in the U.S., it would be inconceivable for a medical evacuation to last more than an hour—but in Haiti, it's a miracle such an evacuation lasts less than an hour.



It's physical torture for John to have to be in a car when he's already in so much agony. It's also psychological torture for Serena and the other medics to have to sit with John this whole time. During their long ride to the airport they must be grieving his suffering while also agonizing over the decision they've already made, questioning whether it was really a good idea to fly John out to Boston in the first place.



The ambulance driver's warning about the bumpy road reads like the punch line to a dark joke. But it also suggests the different levels of difficulty the First World faces compared to the Third World's problems: what seems like a big problem in the U.S. (i.e., a bumpy road) wouldn't even register as a problem in Haiti.



There are two important exchanges in this section: first, Farmer confirms that Serena did the right thing by bringing John to Boston—a huge validation for Serena, who must have been wondering, "What will Farmer say?" throughout the flight. Second, an intern who has faced none of Serena's challenges criticizes Serena's treatment of John. This seemingly reflects the cynicism and pessimism of the medical establishment, and also reminds us that healthcare is always, at its core, made up of flawed and limited human beings. From the perspective of an intern in Brigham, Zanmi Lasante has failed to take care of its patients—despite Farmer's best efforts, children like John are still malnourished. Ezekowitz's rejoinder to his intern is then also important because it reflects his (and Farmer's) optimism: even if he can't eliminate all of John's problems, he can do his best.



The medical team at Mass General proceeds with **treating** John. They identify tumors in John's nasal area and spine—extremely painful. Gradually, they realize that there's nothing they can do to save John's life: he's going to die. Serena nods, and whispers, "He's getting excellent care." She explains that there was value in bringing John to Boston, even if his life couldn't be saved: he got excellent care, and he will at least be able to die in a room where his mother can grieve without "flies all over her face."

A few days later, John's mother arrives on another flight. She's able to see her son just before the end of his life. Shortly after John's death, Farmer offers her a job at Zanmi Lasante, which she accepts. Months after the incident, the Haitians aren't mobbing Zanmi Lasante with demands for transportation to the U.S.—on the contrary, Farmer's assistant Ti Jean reports that the Haitians merely say, "Look how much they care about us." Moreover, Mass General waives medical fees for several other Haitian children in the months after John's death, and Serena is able to arrange for them to be flown up to Boston. Thus, John's death in Boston could be said to have a silver lining.

Kidder is unsure how he feels about John's treatment. In a sense, he thinks of it as a lesson in the impossibility of Farmer's project—a symbol of its futility.

CHAPTER 26

It is December, two months after John's transportation to Boston. Kidder is in Boston, preparing to travel to Cange with Farmer for one of the last times. In Cange, Kidder speaks with Ti Jean, Farmer's "chief of staff" at Zanmi Lasante. Ti Jean talks about local custom and superstition, and he shares Farmer's respect for hard work and selflessness. Jean tells Kidder that Farmer's "nest" is in Haiti—though he travels all over the world, Haiti is his base. At Zanmi Lasante, Kidder learns, many of the people who teach disease prevention classes are former patients of Farmer, some of whom suffered from MDR.

In this heartbreaking sequence, we can't help but ask, "Was it worth it to bring John to Boston?" One could say this is the "acid test" for one's feelings on healthcare. The intern who scoffed at Serena would probably say no—the process was a waste of time, money, and energy. But Farmer and (presumably) Ezekowitz would argue otherwise: even if they couldn't save John, they improved his quality of life by giving him a clean, warm place to spend his final moments, and at least they tried their best instead of giving up for the sake of cost-efficiency.



In the end, Farmer and Ezekowitz's point of view seems partly vindicated: contrary to what some had worried, the Haitians aren't mobbing Zanmi Lasante with demands for special treatment like John had. The usual arguments for the "cycle of dependency" simply aren't true, at least in this case: instead of expecting the best possible healthcare, the Haitians are still grateful to have any healthcare whatsoever.



Kidder refuses to make up his own mind about John's death, and in this way, he's allowing each reader to reach his or her own decision about the value of human life, cost-effectiveness, and cycles of dependency.



In the last chapter of the book, Kidder returns to the obvious benefits and successes of Zanmi Lasante. While it hasn't yet succeeded in wiping out poverty in Haiti, it's certainly saved many lives. One good measure of the value of Zanmi Lasante in Haiti is the fact that many former patients come back to the hospital to work. Farmer has saved many of their lives, and they want to repay him and further the good he's done for their community. (It's also true that working at Zanmi Lasante provides a steady job.)



Kidder mentions a boy named Alcante, who came to Zanmi Lasante with a severe case of scrofula—an infectious disease. After Farmer treated Alcante for the disease, he made a full recovery. Afterwards, Alcante’s entire family journeyed to Zanmi Lasante for treatment. As a show of respect and understanding, Farmer decided to walk all the way from Zanmi Lasante to the family’s home, in the town of Casse.

Kidder describes the long walk that he and Farmer make to Casse, accompanied by Ti Jean. The hike is even longer than the one he took with Farmer to Morne Michel, years before. Halfway through the hike, Farmer stops to make a house call. He arrives at the house, which shelters an elderly-looking couple. Inside, he greets a feeble-looking old man who’s had a stroke recently. Farmer examines the man and his wife, both of whom have high blood pressure. As Farmer proceeds, a group of small children gather in the doorway and point at him—he’s a legend.

After leaving the house, Kidder tries to ask Farmer a question he’s been formulating for a while—ever since John’s death. He points out that Farmer can never treat every sick person on the planet—there simply isn’t enough time. How, Kidder asks, can Farmer compare suffering—how can he decide which suffering should be treated immediately? Farmer tries to answer Kidder’s question. He brings up the concept of “triage”—a word that was first used to describe how French military doctors decided whom to treat on the battlefield. Triage can also refer to the hospital practice of beginning by treating the patients in the gravest danger. It is this second definition of triage that’s influenced Farmer throughout his life.

The book begins and ends with a long journey across Haiti (it was on such a journey that Kidder learned the Haitian proverb that gives the book its title). These walks convey the extent of Farmer’s devotion to his patients: although any other doctor wouldn’t bother to show respect by walking to Alcante’s house (surely treating his illness is respect enough), Farmer does so in order to learn about his patients, to become a better doctor, and simply because it seems like the right thing to do for this patient in this moment.



Farmer’s fame and prestige in Haiti are beyond all doubt in this scene. He’s helped many thousands of families and is a revered figure, but still doesn’t seem to have let this fame go to his head.



Kidder finally formulates the question that he’s been trying to ask ever since meeting Farmer: how does a doctor with limited time and resources decide how best to practice medicine? Because it’s impossible to take care of everyone, doctors—Farmer included—must choose which patients to consult with. This is, to say the least, a difficult decision, and Kidder has been struggling to understand it for some time now. From what we’ve seen, Farmer’s strategy is to focus on those whose need is greatest: in the sense that they’re seriously ill, that their case is urgent and presented to Farmer at a particular moment, and that they live in a poverty-stricken country.



Farmer discusses John's death with Kidder. It's certainly possible to question Serena's decision to move John to Mass General, spending almost 20,000 dollars in the process. And yet it's wrong, Farmer insists, to fault PIH itself for spending too much money—it makes more sense to criticize the airplane company for charging so much for a medical flight, or to criticize the first-world doctors who draw enormous salaries for providing basic treatment. Asking why PIH spent 20,000 dollars to save a boy's life, Farmer concludes, is the wrong question—it obscures the real, much more uncomfortable issue: why cash for saving the lives of children is in such short supply.

Kidder and Farmer continue walking through Casse. After many hours, they arrive at Alcante's home. Alcante and his family are delighted to see Farmer. Farmer reminds Kidder of a PIH worker who, years before, claimed that he would only install a water project in Casse if the people showed him that they "really wanted it." Farmer finds this conditional approach to healthcare outrageous: a good doctor knows what's best for his patients, whether they're aware of it or not. As Kidder listens, he considers that Farmer, a world-renowned doctor, still makes house calls. He's spent 7 hours with 2 families—2 out of millions.

Kidder remembers a wealthy donor who abruptly stopped donating to Farmer and PIH, on the basis that while Farmer was a great doctor, his nonprofit model simply wasn't sustainable. The donor pointed out that nobody could replicate what Farmer had done, and moreover, Farmer wasted too much time on individual patients, when his efforts would have been better spent on holistic planning. Kidder is sympathetic to this point of view. And yet he also agrees with Farmer that it's narrow-minded: by saying that Alcante and his family are too far from Zanmi Lasante to be cared for, one would be placing a relative value on human life. Once, Ophelia told Kidder that Farmer's "small gestures," such as his house calls, "add up" over time.

Farmer doesn't exactly answer Kidder's question. Instead, he dismisses it as a "red herring"—a distraction from the truth. The point is that questions about triage or "finite resources" always carry the implication that there's too little time and money. In reality, Farmer suggests, there's more than enough time and money to care for the poor—it's just that most people waste a disproportionate amount of money and time, and never devote their resources to helping others. Even the hypothetical well-paid doctor that Farmer discusses is part of the problem by this measure. Farmer has no clear solutions for this problem, but essentially he's saying that we think about economic value in an entirely skewed way—someone might pay thousands (or millions) of dollars for a car, a gemstone, or unnecessary plastic surgery, but still consider it a waste to spend far less money to save a child's life.



A good doctor, Farmer claims, must also be a good leader—almost like a parent. In other words, Farmer isn't simply negotiating a "contract" with his patients: he's helping them whether they understand the treatment or not. The very notion of making charity work conditional, Farmer adds, is often a way for people in the First World to rationalize their own indifference to the suffering of others. The implication of this mindset is that Third World people don't appreciate or desire good healthcare, and therefore don't deserve it.



As the book approaches an ending, Kidder has a major insight about healthcare ethics. Arguments for cost-effectiveness and limited resources have practical grounds, but it's also almost impossible to make these arguments without betraying some bias, whether it's the bias of the First-World citizen or that of the ignorant cynic. Because there is no way to "stand outside the system," Farmer maintains, the best course of action is to focus on the here and now (as liberation theology teaches), and try one's best to help all sick and suffering people, one at a time, to the best of one's ability.



Farmer and Kidder return to Zanmi Lasante. There, Ti Jean has been supervising patient care in Farmer's absence. Ti Jean gave one patient medicine, but also told him to see a Voodoo priest. Farmer points out that the vast majority of Voodoo ceremonies are designed to eliminate illness—a fact that has “eluded all the many commentaries on Voodoo.” As Kidder considers this fact, he thinks of the drums and chants of a Voodoo ritual, and realizes that it's not as foreign as it seems initially: it's just an attempt to cure the sick.

In the final section of the book, Kidder clarifies Farmer's position on the ethics of medicine with an elegant example. It's impossible to weigh the cost-effectiveness of healthcare without betraying some cultural or racial bias. Understood in this way, part of Farmer's goal in curing the people of the Third World is to eliminate some of the social and economic inequalities that separate them from the First World. In other words, Farmer isn't just curing Haitians—he's showing the rest of the world that Haitians' aren't somehow inferior or destined to always live in poverty. This is reflected in the Haitians' tradition of Voodoo. Although Voodoo may seem like an alien tradition to many Westerners, it's rooted in the same values that all human beings cherish and celebrate: the importance of life, health, and happiness.





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