

## Chapter 5: Liberation Theology and Public Health Ethics: The Tradition Behind Paul Farmer

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“A preferential option for the poor in health care” is part of the mission of Partners In Health (PIH), an organization co-founded by Paul Farmer.<sup>1</sup> Without a doubt, this motto and commitment guided Farmer during his life of service for the destitute sick around the world. The concept of the preferential option for the poor was developed by liberation theologians in Latin American. It grew out of an existential and pastoral practice of members of the Catholic Church who gathered in small communities in the 1960s to read the Bible and to lead literacy campaigns in the Brazilian Northeast. A similar practice among the poor was also developed by Catholic Action, a movement led by workers and students with a social ministry based on the method *see-judge-act*.<sup>2</sup> This movement gained force with the Second Vatican Council and the development of its innovations adapted for the Latin American context offered by the Conference of Latin American Bishops in Medellín (1968). The pastoral and social dynamism of these experiences offered the foundation for the systematization of a new way of doing theology, known as liberation theology. Rubem Alves, Juan Luis Segundo, Gustavo Gutiérrez, and Leonardo Boff were the first professional theologians to do theology in this new way, through which they offered a theoretical account of the preferential option for the poor.

According to his biographer Tracy Kidder, Paul Farmer’s first contact with liberation theology and, therefore, with the theoretical foundation

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<sup>1</sup> Partners In Health, “Mission,” [www.pih.org/our-mission](http://www.pih.org/our-mission).

<sup>2</sup> Ney de Souza, “Ação Católica, Militância Leiga no Brasil: Méritos e Limites” *Revista de Cultura Teológica* 14, no. 55 (2006): 39–59, [doi.org/10.19176/rct.v0i55.15033](https://doi.org/10.19176/rct.v0i55.15033).

for the option for the poor, came from his interest in the conflicts in Central America and the murder of Oscar Romero.<sup>3</sup> Later, as he tried to understand the oppression in Haiti under the Duvalier dictatorship, liberation theology offered him resources to read this reality. In this period around 1980–1983, Farmer read Gustavo Gutiérrez's *A Theology of Liberation* and other liberation theology material.<sup>4</sup> Here Farmer's love for serving the poor encountered a theoretical analysis of this service as a companion of the poor and against the structures of oppression and impoverishment.

Shortly thereafter, Farmer and a small group of friends founded Partners In Health, an organization that centered the option for the poor as the guide and lens for their service to the sick and promotion of health care as a human right. In 1995, almost ten years after the creation of PIH in 1987, he said:

To those concerned with health, a preferential option for the poor offers both a challenge and an insight. It challenges doctors and other health providers to make an option for the poor by working on their behalf. The insight is, in a sense, an epidemiological one: most often, diseases themselves make a preferential option for the poor. That is, the poor are sicker than the non-poor. They are at heightened risk of dying prematurely, whether from increased exposure to pathogens (including pathogenic situations) or from decreased access to services or, as is most often the case, from both of these “risk factors.”<sup>5</sup>

There is no doubt that in the context from which he came (the US) and in those where he and his partners served (several countries around the

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<sup>3</sup> Tracy Kidder, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World* (New York: Random House, 2003), 61–62.

<sup>4</sup> Paul Farmer and Gustavo Gutiérrez, *In the Company of the Poor: Conversations between Dr. Paul Farmer and Father Gustavo Gutiérrez*, ed. M. Griffin and J. W. Block (Maryknoll, NY: Orbis Books, 2013), 15–16; 161–162.

<sup>5</sup> Paul Farmer, “Medicine and Liberation Theology” *America*, July 15, 1995, [www.americamagazine.org/politics-society/1995/07/15/medicine-social-justice-149598](http://www.americamagazine.org/politics-society/1995/07/15/medicine-social-justice-149598).

world), Farmer embodied a genuine experience of a preferential option for the poor in health care. His practice made visible what many, especially in the field of theology in the US, only knew as a theory from books or had heard from pastoral experiences in Latin America. Moreover, Farmer thought that liberation theology methods, particularly the see-judge-act, and the preferential option for the poor were not only resources for theological studies and Church's pastoral and social ministry, but they were also helpful for other realms of social actions that aim to fight for justice and promote opportunities for the flourishing of the poor, such as practices of health care delivery and human rights advocacy.

As I heard from some US colleagues in theology, Farmer's account and practice of social medicine and liberation theology was the first time that one person had made this connection at the theoretical and, above all, practical levels in the context of health care. I do not remember having heard and read Farmer himself suggesting that he was an innovator in this way. I understand that certain limitations in the US (e.g., lack of fluency in Portuguese and Spanish) might have prevented US theologians from seeing beyond their own scholarship or that of their compatriots. Yet Farmer's work and novelty can be situated within a tradition that preceded him—the efforts of many—from which he learned and to which he then contributed, continuing its development and global expansion. It is inside this tradition that I read Farmer's work.

Therefore, in this chapter, I situate Paul Farmer's work within the broader lens of liberation theology in public health, particularly the activism of liberation theologians and health activists who have long advocated for universal health care coverage in Brazil, stressing health care as a human right. This liberation approach in medicine precedes Farmer's work, and also occurred simultaneous in time without one knowing the other. I argue that Farmer can be seen as part of this liberating perspective, one that he incorporated in his medical service after his reading of earlier Latin American liberation theologians. Hence, he brought to the US context (and to English readers) a liberation approach to medicine, present in his public discourse and practice around the world, through his own

voice/hands and the actions of the organization he co-founded, Partners In Health. In doing so, Farmer helped to expand the liberation approach to global public health, offering a new pluralism that mediates the dialogue between the global and the local.

## **Liberation Theology and Health Care in Brazil**

It would be ideal to examine a liberating approach to health in Latin America, but a comprehensive analysis would require more space than a book chapter.<sup>6</sup> Therefore, in this chapter, I focus on Brazil, the country that has, perhaps, produced more liberation theologians than any other in the region. To demonstrate this liberating approach to health care, I begin by offering three stories of liberating practices in medicine (led by health professionals) and liberation theology in health care (theologians who examine health challenges from a theological approach). They suggest that a liberating perspective in health care precedes Farmer and also occurred simultaneously without any direct or indirect connection between the practitioners in Brazil and the activism of Paul Farmer.

In 2006, I had an opportunity to work with Adolfo Serripierro, a physician who also was a Catholic priest, in Fortaleza, a northeast Brazilian city. This doctor-father, along with a religious brother and nurse, lived in a very humble house in the midst of an impoverished area, a *favela* (slum) known as Pirambú. Born in Italy where he became a priest and a physician, Serripierro came to Brazil in 1960s as a missionary. In a new country, he finished his medical education with residency in infectious-diseases and gynecology. In 1989, he opened a small medical clinic in Pirambú, where he offers care for the poor, particularly for young girls who were entrapped in prostitution and victims of violence and human trafficking. Later, he founded the organization *Associação Maria Mãe da Vida* that provides education to these girls (and the children that many have) and a path for

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<sup>6</sup> I think this is a work yet to be done. I do not know any comprehensive work that attempts to examine experiences of a liberating approach to health care in Latin America.

them to be reintegrated into society with opportunities to flourish away from prostitution and violence.<sup>7</sup>

Unlike Farmer, Serripiero is not a writer, and Farmer never heard of him. But Serripiero is clear that his work is an embodiment of the preferential option for the poor in health care. This option not only guides his work for and with the poor, but it also leads his lifestyle. He literally lives among the poor, experiencing the same insecurity and challenges the people in his *favela* experience. Serripiero was part of a movement in the early years of liberation theology called *comunidades inseridas* (inserted communities), where many religious leaders were inspired by the innovations of the Vatican II and the call of the Latin American Bishops for a poor Church with the poor. A great exponent of liberation theology and of a poor, servant Church, Brazilian Bishop Hélder Câmara,<sup>8</sup> was one of the voices that inspired Serripiero's liberation approach in health care, going beyond offering medical services for the poor but also being a poor himself among them.

Explaining his work, Serripiero says: "Being a missionary, we proclaim the Christ, Son of God made man, who experiences the human condition in its humblest expression, guiding the prophetic actions from a preferential option for the poor."<sup>9</sup> He sees himself as a missionary in health care, providing care and dignity for the poor as a prophet who speaks for justice from the reality and lens of the poor.

During my time with Serripiero, I witnessed his liberation approach to health care, his use of liberating methods—above all, the preferential option for the poor guiding his work as a doctor among the poor—and his spirituality. Serripiero is a man of a great liberating spirituality. A very active man, he would stop for hours in the silence of the night to meditate on the mystery of Jesus whom he had contemplated during the day in the face of his patients. For him, the statement of the CELAM's Conference

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<sup>7</sup> For information about Associação Maria Mãe da Vida, see [ammv.org.br/](http://ammv.org.br/).

<sup>8</sup> Hélder Câmara, *Essential Writings*, ed. F. McDonagh (Maryknoll, NY: Orbis Books, 2009).

<sup>9</sup> Adolfo Serripiero, "Uma Missão Camiliana" *Boletim ICAPS* 23, no. 232 (2005): 1.

at Aparecida is clear: “In the face of the poor, we contemplate the face of the crucified Jesus.”<sup>10</sup>

Serripierro’s work with the poor as a physician did not begin in 1989 in Pirambú but in 1972 when he joined another physician-priest, Fr. José Raul Matte, to care for the destitute sick in one of the most remote and abandoned areas of the Brazilian Amazon, in the region around the city of Macapá, at the margins of Amazon River. Fr. Matte was a medical doctor who specialized in pediatrics. Like Serripierro, Matte embraced the liberating approach to serve the poor as a physician and a priest by delivering health care to impoverished communities at the margins of the world’s largest river. With a boat named Saint John Baptist, Matte and his team travelled to the deep Amazon Forest to serve the poor. As his colleague who went to Pirambú, Matte not only served the destitute sick but also lived their life, being a poor man among the poor who cared for them and prayed with them.

Matte, who died in 2021, began to understand the liberating approach in his early twenties while in medical school. At this time of his education (1954–1959), Matte joined a student branch of Catholic Action, known as JUC (Catholic University Youth). Catholic Action was a Brazilian version of the European movement of Young Catholic Workers, which popularized the see-judge-act method that was developed by Cardinal Joseph Cardijn.<sup>11</sup> This method was embraced in Latin America, first by Catholic Action and then by liberation theologians and activists, becoming the most used method of liberation theology. In one of his works, Farmer discusses how he uses liberation theology’s see-judge-act in his medical practice.<sup>12</sup> Studying medicine and engaged in the activism of

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<sup>10</sup> Conferência Episcopal Latino Americana, *Documento de Aparecida* (São Paulo; Brasília: Paulus; Edições CNBB, 2007), no. 393.

<sup>11</sup> Movimento Cardijn, “Ver, Julgar, Agir: 50 anos de prática social Católica,” *IHU online*, May 21, 2011, [www.ihu.unisinos.br/noticias/43514-ver-julgar-e-agir-50-anos-de-pratica-social-catolica](http://www.ihu.unisinos.br/noticias/43514-ver-julgar-e-agir-50-anos-de-pratica-social-catolica).

<sup>12</sup> Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2003), 145–152.

JUC, Matte felt a call to be a physician to serve the poor. Later, he realized his vocation was to do that as a priest, joining the Saint Camillus Seminary in 1961 and being ordained a priest in 1967. A few years later, Matte began his medical and evangelical mission in the Amazon River, living and serving the poor until his death.

Matte was not a scholar but a servant who was aware that his mission was a humble realization of the preferential option for the poor in health care. He never wrote a scholarly work. He dedicated day and night to caring for the destitute sick and to praying with them, the *ribeirinhos*<sup>13</sup> and indigenous who lived at the margins of Amazon River, an area in today's Brazilian State of Amapá, sharing borders with French Guiana and Suriname. However, he liked to write reports about these medical trips throughout the river and its communities. Some of those reports were collected and published.<sup>14</sup> In them, we can see the simplicity of a man who was a "companion of the poor" (to use an expression often said by Farmer) with a spirituality rooted in the Christological faith of an option for the poor and committed to promote justice in health care from the lens of the communities he served. In the Foreword of this collection, Matte's religious superior stresses that Matte's service is an "experience that concretizes one of the priorities of Brazilian Conference of Consecrated People ... : 'revitalize the prophetic-missionary dimension of Religious Consecrated Life, action in new peripheries and boards, strengthening the option for the poor.'"<sup>15</sup>

The final person I want to spotlight is Zilda Arns Neumann and her work with the *Pastoral da Criança*. Arns was a Brazilian physician, specializing in pediatrics and public health, who founded the *Pastoral da*

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<sup>13</sup> *Ribeirinhos* is a Brazilian expression to refer to humble, poor people who live at the margins of rivers in rural areas.

<sup>14</sup> José Raul Matte, *Missões Camilianas no Foz do Rio Amazonas: A Serviço da Vida e da Saúde dos Mais Pobres e Doentes*, ed. L. Pessini and F. Giannella Jr. (São Paulo: Centro Universitário São Camilo; Província Camiliana Brasileira, 2012).

<sup>15</sup> Leo Pessini, "Prefácio," in José Raul Matte, *Missões Camilianas no Foz do Rio Amazonas*, 10.

*Criança* in 1992 with the mission: “Promoting children’s development in light of the evangelical preferential option for the poor from womb to six years old, through basic guidelines on health, nutrition, education and citizenship, based on the Christian mystique that unites faith and life, contributing to their families and communities carrying out their own transformation.”<sup>16</sup> Arns was challenged by her brother, a Cardinal of São Paulo and great liberation theology leader Paulo Evaristo Arns, to begin a project to reduce infant mortality in Brazil. Zilda Arns accepted the challenge and launched a project that helped Brazil to reduce infant mortality by more than half; in the communities served by the *Pastoral da Criança*, infant mortality is below the national average. Today, this organization works in eleven countries, including Guinea-Bissau, Philippines, Mozambique, Bolivia, Venezuela, and Haiti (where Arns died, a victim of 2010 earthquake while caring for Haitian children).

Arns used to say that *Pastoral da Criança* was a service of the multiplication of the loaves. The biblical narrative present in the four gospels inspired her community-based method. She said: “I adapted this methodology of the miracle to the project, by organizing communities and identifying leaders who, trained and with the spirit of Christian fraternity, multiplied knowledge and generosity in neighboring families.”<sup>17</sup>

Her project was simple, all based on the generosity and strength of humble people from their own communities. They were leaders and agents of transformation, caring for pregnant women and children. Arns understood the historical force and creativity of the poor, working to empower them to multiply actions of promoting health and life for children in impoverished communities. *Pastoral da Criança* is a concrete realization of what Gustavo Gutiérrez called the irruption of the poor in

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<sup>16</sup> Pastoral da Criança, “Missão,” [www.pastoraldacrianca.org.br/missao](http://www.pastoraldacrianca.org.br/missao).

<sup>17</sup> Zilda Arns Neumann, *Depoimentos Brasileiros: Zilda Arns Neumann* (Belo Horizonte: Leitura, 2003), 13.



history.<sup>18</sup> The success of the project had an impact on the newly created Brazilian health system, a direct result of the movement for health reform and its fight for universal health coverage as a right. Liberation theologians and community leaders in the so called *Pastorais Sociais*,<sup>19</sup> a social ministry of Catholic communities focused on areas such as health care, workers' rights, land reform, and environmental protection, played a significant role in the process of democratizing and developing Brazil's Unified Health System. This system has a model of community participation in decision-making in local, municipal, state, and federal levels. Community members of *Pastoral da Criança* participate in all levels of process and decision-making.

Adolf Serripierro, Raul Matte, and Zilda Arns developed community-based projects sustained and led by their own communities, with little to no external or international support from big philanthropic donations. All of them served the poor with a poor life, living in destitute communities. Arns's project gained some national and international recognition, enabling her to expand the work of *Pastoral da Criança* to other countries. Serripierro and Matte were part of the movement of *comunidades inseridas*, a liberating movement that led many religious priests, nuns, and community leaders to live among the poor, serving them with them. This occurred in many areas of social ministry where the poor were suffering. Serripierro and Matte represent those who did this in field of health care. Among those, we can include great theologians who helped to systematize liberation theology, such as Clodovis Boff—who after coming back from his doctoral studies in Europe in the 1970s, went to the state of Acre, in the Amazon region, to serve in a project caring for people with Hansen's disease<sup>20</sup>—and Ivone Gebara, who developed her work in advocacy for

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<sup>18</sup> Gustavo Gutiérrez, "The Irruption of the Poor in Latin American and the Christian Communities of the Common People," in *The Challenge of Basic Christian Communities*, ed. S. Torres and J. Eagleson (Maryknoll, NY: Orbis Books, 1981), 107–123.

<sup>19</sup> Conferência Nacional dos Bispos do Brasil, *A Missão da Pastoral Social* (Brasília: Edições CNBB, 2008).

<sup>20</sup> Clodovis Boff, *Feet-on-the-Ground Theology* (Maryknoll, NY: Orbis Books, 1987).

women's health and reproductive rights.<sup>21</sup> They were not physicians or nurses, but their work had significant impact in public health, especially for those who, like myself, would shape their work for health care as a right and universal coverage in Brazil.

## **An Encounter: Two Experiences in Liberating Approach to Health Care**

The first time I heard about Paul Farmer was in 2012 in a Global Health and Theological Bioethics class at Boston College. My professor Andrea Vicini (who has a chapter in this book) introduced me to the work of Farmer, with his texts: "Personal Efficacy and Moral Engagement in Global Health: Response to Kleinman and Hanna's Religious Values and Global Health"<sup>22</sup> and "Listening to Prophetic Voices: A Critique of Market-Based Medicine."<sup>23</sup> These texts sounded incredibly familiar to me. It seemed that I knew and had seen everything written there before, but now it was in English and not in Portuguese! The familiarity I felt reading Farmer's texts is certainly not felt by most of his readers in the US. The content did not impress me too much. I was impressed, rather, with who was developing it, a *médico estadunidense*, a professor in a secular institution (Harvard), who approached health care via liberation theology, using some liberating concepts to read the reality of impoverished communities and their health struggle.

Vicini realized that I was very excited about Farmer's writings and told me he was coming to Boston College for a public talk. I went to hear him, and after his talk, I was brave enough—with the broken English of an

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<sup>21</sup> Ivone Gebara, "The Abortion Debate in Brazil: A Report from an Ecofeminist Philosopher under Siege," *Journal of Feminist Studies in Religion* 11, no. 2 (1995): 129–135.

<sup>22</sup> Paul Farmer, "Personal Efficacy and Moral Engagement in Global Health: Response to Kleinman and Hanna's Religious Values and Global Health," in *Ecologies of Human Flourishing*, ed. D. K. Swearer and S. L. McGarry (Cambridge, MA: Center for the Study of World Religions, distributed by Harvard University Press, 2011), 91–97.

<sup>23</sup> Paul Farmer, "Listening to Prophetic Voices: A Critique of Market-Based Medicine," in Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2003), 160–178.

international student only about two months in the US—to ask a challenging question. With his empathic personality, Farmer engaged with me in a very informal and funny way to answer to the question, and we met after the event. It was the beginning of an intellectual relationship—sometimes close and often distant—between two people interested in liberation theology and health care for the poor.

When I met Farmer, I already had a strong experience and connection to liberation theology and health care in Brazil. I had served in the Brazilian northeast and Amazon with the two physicians presented above. I was part of a branch of *Pastorais Sociais* oriented to health care, the *Pastoral da Saúde*, through whom I had opportunity to develop an activism for public health and expansion of public medical services using the hermeneutical lens of the poor, and I had worked educating community leaders in impoverished areas for their agency in public health in the model of *Pastoral da Criança*'s method of community multiplication efforts. Moreover, I had a scholarly engagement with the field of bioethics and liberation theology where one can see the use of a liberating approach in health care, leading bioethical discussions in Brazil to focus on public health and to collaborate on the activism for health care as a right as part of the health reform movement that eventually created the Brazilian universal health care system.<sup>24</sup>

As a result, when I met Farmer in the fall of 2012, I had published in the spring of the same year a book where I addressed liberation theology, public health, and bioethical issues.<sup>25</sup> This book was built on the shoulders of great scholars and activists who had acted for health promotion, the development of universal public health coverage, and health care as a human right from a liberating perspective for decades, combining their

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<sup>24</sup> I develop this work of liberation theologians in bioethics and their participation in the health reform movement in the article “Theological Bioethics and Public Health from the Margins: Epistemology and Latin American Liberation Theology in Bioethics,” *National Catholic Bioethics Quarterly* 22, no. 2 (2022): 239–255.

<sup>25</sup> Alexandre A. Martins, *Bioética, Saúde, e Vulnerabilidade: em defesa da dignidade do vulneráveis* (São Paulo: Paulus, 2012).

fight for justice in health care with the struggle for democracy and social justice for the poor. They developed a liberation bioethics from the hermeneutical lens of the preferential option for the poor in health care.

Although leaders such as Arns, Matte, and Serriperro did not offer written scholarly works related to their liberating approach to health care, liberation theologians have complemented their work with the development of a liberation bioethics. Their contribution brings the cry of the poor for health to the center of health care, helping to break down the barriers of a bioethics focused on the physician-patient relationship and the use of technology, themes imported from the US, to move to the challenges that the poor were facing in their reality because of oppression, disproportional vulnerability to fall ill, lack of access to medical assistance, and premature death.

Pioneers of this social bioethics within the Catholic moral perspective were Márcio Fabri dos Anjos and Christian de Paul Barchifontaine. They developed a bioethical account that placed the problems of justice in accessing health care at the center of this discipline in Brazil, enlarging it to a practice of defending public health with universal coverage and the expansion of health services. Trained in moral theology, dos Anjos offered methodological elements for development of this social bioethics with a national character.<sup>26</sup> Coming from hospital practice, Barchifontaine provided a structure of militancy for justice in health care.<sup>27</sup> The influence

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<sup>26</sup> Márcio Fabri dos Anjos, "Bioética em Perspectiva de Libertação," in *Bioética: Poder e Injustiça*, ed. V. Garrafa and L. Pessini (São Paulo: Loyola, 2003), 455–465. M. F. dos Anjos, "Rumos da Liberdade em Bioética: Uma Leitura Teológica," in *Bioética e Longevidade Humana*, ed. L. Pessini and C.P. Barchifontaine (São Paulo: Centro Universitário São Camilo Press and Loyola, 2006), 129–140.

<sup>27</sup> Christian de Paul Barchifontaine, *Saúde Pública, Bioética e Bíblia: Sejamos Profetas!* (São Paulo: Paulus, 2006). C.P. Barchifontaine, *Saúde Pública é Bioética?* (São Paulo: Paulus, 2005). I also highlight a book on public health ethics edited with the secular bioethicist Elma Zoboli that gathers essays from a wide range of Brazilian bioethicists from different backgrounds: C.P. Barchifontaine and E. Zoboli, eds., *Bioética, Vulnerabilidade e Saúde* (São Paulo: Centro Universitário São Camilo Press, 2007).

of these two theologians<sup>28</sup> went beyond Catholic theological settings, locating both them and liberation theology as disciplinary partners of secular bioethicists in the fight for universal health care coverage.<sup>29</sup>

Among the innovations offered by liberation theologians to bioethics, I highlight the concept of *misthanasia* suggested by dos Anjos in 1989, which became a key concept for bioethics in Brazil. This concept was first developed as a criticism of the narrow discussion of biomedical ethics regarding end-of-life and its focus on euthanasia and physician-assisted suicide. While euthanasia, meaning etymologically “good, happy death,” mainly refers to bioethical discussion related to terminal patients, dos Anjos asks about “bad, unhappy deaths” because of lack of proper medical assistance, especially those deaths outside hospitals. Those deaths make us “think about slow and quiet deaths created by systems and structures.”<sup>30</sup> Therefore, the neologism *misthanasia* incorporates these slow and quiet deaths in bioethics and end-of-life concerns: “*Misthanasia* makes us to think about those who died by hunger...makes us to think about the death of an impoverished person, embittered by the abandonment, because the lack of the most basic resources.”<sup>31</sup>

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<sup>28</sup> Dos Anjos was recognized by the US Catholic bioethicists M. Therese Lysaught and Michael McCarthy in the anthology they compiled with a wide range of voices looking at bioethics from the lens of Catholic social teaching, as an influence for their work on Catholic bioethics and social justice “grounded on the insights of liberation theology, the preferential option for the poor, and a praxis-based approach,” a novelty for bioethics in the US context. M. Therese Lysaught and Michael McCarthy, eds., *Catholic Bioethics and Social Justice: The Praxis of US Health Care in a Globalized World* (Collegeville, MN: Liturgical Press, 2018), 16.

<sup>29</sup> José E. de Siqueira, Dora Porto, and Paulo A.C. Fortes, “Linhas Temáticas da Bioética no Brasil,” in *Bioética no Brasil: Tendências e Perspectivas*, ed. M.F. dos Anjos; J.E. de Siqueira (Aparecida, SP: Ideias e Letras, 2007), 163–209.

<sup>30</sup> Márcio Fabri dos Anjos, “Eutanásia em Chave de Libertação,” *Boletim ICAPS* 7, no. 57 (1989): 6.

<sup>31</sup> dos Anjos, “Eutanásia em Chave de Libertação,” 7.

## **Liberation Theology, Bioethics, and Social Medicine in Paul Farmer**

Although Paul Farmer never mentioned the concept of *misthanasia*,<sup>32</sup> his liberating approach to medicine helped him to develop a sharp criticism of bioethics and its endless discussion related to the choices of those who have access to health care. He affirms, “In an era of globalization and increased communication, this selective attention can become absurd. The world’s poor already seem to have noticed that ethicists are capable of endlessly rehashing the perils of too much care, while each year millions die what the Haitians call ‘stupid deaths.’”<sup>33</sup>

Like liberation theologians and bioethicists in Brazil, Farmer developed this account from his encounter with the reality of the poor and the experience of listening to them. As a physician and scholar engaged with the poor in different countries and cultures, Farmer was very aware of the failure of bioethics developed in the global north to include issues related to social justice, the challenges faced by marginalized communities in accessing health care, and the manipulation of these vulnerable populations in abusive research experiments at national and international levels. He stresses that “without a social justice component, medical ethics risks becoming yet another strategy for managing inequality.”<sup>34</sup> Bringing bioethicists out of this selective attention—shifting from managing inequality to becoming a prophetic voice against the abuses of people’s integrity and stupid deaths—passes through the courage of listening to the poor, via a practice situated among them. Only this can open scholars and clinicians to see health challenges from the lens of the poor: “Within and

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<sup>32</sup> Farmer knew the liberation approach to bioethics developed by Márcio Fabri do Anjos. He quotes several times dos Anjos’ article, entitled “Medical Ethics in the Developing World: A Liberation Theology Perspective,” published in English in the *Journal of Medicine and Philosophy* in 1996. In this article, dos Anjos did not address the concept of *misthanasia*. Farmer quoted dos Anjos at: Paul Farmer, *Partner to the Poor: A Paul Farmer Reader*, ed. Haun Saussy (Berkeley: University of California Press, 2010), 483.

<sup>33</sup> Farmer, *Pathologies of Power*, 205.

<sup>34</sup> Farmer, *Pathologies of Power*, 201.

across national boundaries, the destitute sick should be the primary judge of any code of ethics.”<sup>35</sup>

For Farmer and liberation theologians, the best way to recognize and understand the abuses against people’s human rights is from the perspective of the poor. He strongly defended the thesis “that human rights abuses are best understood (that is, most accurately and comprehensively grasped) from the point of view of the poor.”<sup>36</sup> Poverty created by structural violence—that impoverishes, makes sick, and kills millions of people around the world—to maintain the privilege of powerful people and nations is a human rights abuse. Leonardo Boff affirms that poverty and its deaths are the scandal of humanity’s failure.<sup>37</sup> Following this, the lack of access to health care imposed on the poor is a human right abuse and as such it must be addressed.

Farmer shows the existence of an evil relationship between structural violence, the suffering of the poor, and human rights abuses. Working in health care for the poor allows us to see this relationship. Considering liberation theology’s social analysis to explain and understand human suffering,<sup>38</sup> Farmer develops an anthropology of suffering in which structural violence and poverty are essential to understand what he calls the “extreme suffering of the poor” and its “connection to human rights abuse.”<sup>39</sup> Therefore, structural violence must be included in the human rights debate and advocacy.<sup>40</sup> The human rights community and bioethicists largely fail to see this connection.

The reflection and activism of liberation theologians for universal health care coverage in Brazil in the 1980s argued that health care and opportunities to enjoy a high standard of wellbeing should be viewed as a

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<sup>35</sup> Farmer, *Pathologies of Power*, 209.

<sup>36</sup> Farmer, *Pathologies of Power*, 17.

<sup>37</sup> Leonardo Boff, *Reflexões de um Velho Teólogo e Pensador* (Petrópolis: Vozes, 2018), 126–127.

<sup>38</sup> Farmer, *Partner to the Poor*, 336. This book is a collection of articles previously published by Farmer.

<sup>39</sup> Farmer, *Partner to the Poor*, 328.

<sup>40</sup> Farmer, *Partner to the Poor*, 343–444.

human right. This became part of the health reform movement and contributed to the health reform that included the right to health in the Brazilian constitution, followed by the creation of the Unified Health System to respond to this constitutional mandate. However, this generation of liberation theologians did not offer an account of structural violence as a risk factor for human rights abuses and the ways in which these abuses lead to the lack of health care and resulting premature deaths. They recognized direct human rights abuses committed by the oppressive dictatorship that governed Brazil for twenty-five years, but they did not read the collapse of health care services and the high rates of infant mortality, maternal mortality, and premature deaths as a direct or indirect result of structural violence understood from a human rights perspective. Farmer contributes to this liberating approach to health care by showing that there is a link between structural violence, human rights abuses, and health injustices that neither the human rights community nor bioethicists realize. It is interesting that liberation theology offered resources for Farmer to develop his account and analysis of the reality applied to the health context, while liberation theologians in bioethics and even its medical activism among the poor, such as the one mentioned above, did not realize the connections pointed out by him.

Farmer stresses—as a moral obligation, I suggest—the necessity to “discern the nature of structural violence and its contribution to human suffering” and abuses against human rights.<sup>41</sup> Structural violence makes people poor and vulnerable to extreme violence. For bioethicists and human rights advocates to recognize it, they must avoid reductionism in their analysis to understand the relationship between structural violence and human rights.<sup>42</sup> Farmer makes an incredible intellectual movement: using resources from liberation theology, he develops his critique of bioethics and human rights accounts; at the same time, he offers a contribution to the development of liberation theology in bioethics.

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<sup>41</sup> Farmer, *Partner to the Poor*, 337.

<sup>42</sup> Farmer, *Partner to the Poor*, 338



As an even sterner rebuke to the self-described pragmatism of those pushing for relaxed ethical practices in settings of great poverty, we once again hear the voice from liberation theology. This voice does not call for equally good treatment of the poor; it demands preferential treatment for the poor.<sup>43</sup>

This movement was possible because a key element of liberation theology: listening to the voices of the poor, believing that they have something to offer and that we can learn from them. Listening to the poor and the destitute sick is an opportunity to learn what social analysis cannot show. In one of his first works, Farmer already presented what he learned from the voices of the poor, saying that their “stories offer us privileged insights into what it means to be sick and poor and aware of the case of the suffering.”<sup>44</sup> He quotes Leonardo Boff and his brother Clodovis Boff to show from where he learned the relevance of hearing the poor.<sup>45</sup>

Farmer’s commitment to listening to the poor and to bringing their voices to global health and bioethics was clear in his work. Those who are familiar reading his books probably remember the stories of Manno, Anita, Dieudonné, Acéphie, Yolande, Jesús Valle, Julio, Tomás, Sergei, Humarr and many others. Farmer brought their voices, experiences, dramas and, most of the time, sad endings, to scholarly discussions, clinical practices, decision-making processes in public health, and to any opportunity he had to raise a prophetic voice on behalf of the poor for justice in health.

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<sup>43</sup> Farmer, *Partner to the Poor*, 447.

<sup>44</sup> Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame* (Berkeley: University of California Press, 1992), 262.

<sup>45</sup> Farmer quotes a passage of the Boff brothers’ *Introducing Liberation Theology* that says: “The oppressed are more than what social analysis—economists, sociologists, anthropologists—can tell us about them. We need to listen to the oppressed themselves. The poor, in their popular wisdom, in fact know much more about poverty than does any economist. Or rather, they know in another way, in much greater depth.” Farmer, *AIDS and Accusation*, 26.

Listening to the afflicted is not merely moral praxis, although it is that. It affords us rich insights into the sorts of problems that we have outlined in this essay [where he rethinks bioethics from a view from below]. Because the poor quite literally embody many of the ethical dilemmas stemming from injustices within medicine and public health, they add insights that cannot be obtained through reference to philosophy, statistics, or policy papers.<sup>46</sup>

Paul Farmer was a man who knew how to listen to the poor and learn from them. He not only served them as a medical doctor, but he contemplated them as a brother who recognized their dignity. This is like the mystical movement of those who make the option for the poor the guide of their existence and professional practice. Recognizing the dignity of the poor leads to recognizing global public health actions when they are oriented by the hypocrisy of cost-effectiveness, something that Farmer fought against. It prevents the poor from having access to the advances of medicine, giving them only what is considered cheap, creating double standards of care and ethics, one for the rich (and people in rich countries) and another, inferior and cheap, for the poor (and people in poor counties). The dignity of the poor exhorts us that the best clinical interventions must be available for them.<sup>47</sup> “The notion of a preferential option for the poor challenges us by reframing the motto: the homeless poor are more deserving of good medical care than the rest of us. Whenever medicine seeks to reserve its finest services for the destitute sick, you can be sure that it is the option-for-the-poor in medicine.”<sup>48</sup>

In his last major work, *Fevers, Feuds, and Diamonds*, Farmer reflects on the response to the Ebola epidemic in West Africa and advances his criticism of any paradigm that prevents us from offering the best medical care to treat the poor. In this case, he highlights the control-over-care

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<sup>46</sup> Farmer, *Partner to the Poor*, 482.

<sup>47</sup> Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley: University of California Press, 1999), 15.

<sup>48</sup> Farmer, *Pathologies of Power*, 155.

paradigm created by public health experts who do not know the reality of the poor nor listen to them. This paradigm neglects treatments for those who are infected and sick, producing a false conflict between prevention and treatment.<sup>49</sup> Although it does not seem that Farmer is intentionally developing a decolonial critique of certain global health practices, he certainly contributes to this critique by showing how paradigms like the control-over-care applied in former colonies follow the same structure of colonial-style inversion of clinical priorities.<sup>50</sup> Farmer reveals in global health practices the separation of people suggested by Cameroonian philosopher Achilles Mbembe: the division of people between those who matter—their lives must be protected and saved—and those who do not matter—they can die without proper treatment.<sup>51</sup>

### **Conclusion: Advancing a Legacy Among the Poor**

As I affirmed at the beginning of this chapter, I see the work of Paul Farmer as located within a tradition of a liberating approach to health care that began in 1960s in Latin America. This tradition offered resources for Farmer to develop his clinical and scholarly work among and from the poor. At the same time, he contributed the development of the liberating approach in health. Moreover, his contribution has special relevance for the US, the global north, and English readers.

Well known in the US, both in the academic world—in several areas, including theology and anthropology—and in the medical context and in the human rights community, Farmer did not enjoy the same status in Brazil (and most Latin America, I believe). He had never visited Brazil nor had PIH established any work on Brazilian soil. In our personal encounters, he often said that I would have to help him get to Brazil. We

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<sup>49</sup> Paul Farmer, *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* (New York: Farrar, Straus and Giroux, 2020), 19–33.

<sup>50</sup> Farmer, *Fevers, Feuds, and Diamonds*, 19.

<sup>51</sup> Achille Mbembe, *Necropolitics* (Durham and London: Duke University Press, 2019), 80.

took a first step in this direction with the translation of one of his main books, *Pathologies of Power*, published in 2018 in São Paulo.<sup>52</sup>

I did a search in the academic databases where most Brazilian journals are indexed, SciELO and CAPES Periodicos, to find out if Farmer was known by Brazilian academics, particularly in the disciplines of medical anthropology, bioethics, medicine, public health, and theology. The search confirmed my impressions: Farmer is almost unknown in Brazil. I found some articles on medical anthropology with references to some of his early works, a text translated and published as a book chapter in a volume edited by Fiocruz (a Brazilian center for public health research) and two essays on theological ethics with quotes from his works. There may be more; my search was far from being comprehensive. However, a conclusion that can be drawn is that Farmer's social and intellectual work is unknown in Brazil, even with the publication of one of his books in Portuguese.<sup>53</sup>

Perhaps some barriers that prevent Farmer's work from being known in Brazil are related to its similarity to many other projects that exist in Brazil or because of language or lack of presence of PIH there. The current context we are experiencing in Brazil—with the growth of anti-poor and far-right movements, the increase of poverty, and the support for neoliberal policies in health dismantling the Brazilian public health system—would benefit from Farmer's work and legacy, providing a precious contribution with his ability to navigate in secular and religious environments, always on the side of the poor. It is with this wish—that more people in Brazil and Latin America can have access to the Paul Farmer's work developed among the poor—that I conclude my chapter.

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<sup>52</sup> Paul Farmer, *Patologias do Poder: Saúde, Direitos Humanos, e a Nova Guerra Contra os Pobres*, translated by Alexandre A. Martins (São Paulo: Paulus, 2018).

<sup>53</sup> Certainly, this book has minimal or no impact because I did not find any book review of it, four years after its publication.

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