

Chapter 9: From *Amoris Laetitia* to Ebola: Accompaniment as a Model for Medical and Pastoral Care

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The Church will have to initiate everyone—priests, religious and laity—into this “art of accompaniment” which teaches us to remove our sandals before the sacred ground of the other (cf. Ex 3:5). The pace of this accompaniment must be steady and reassuring, reflecting our closeness and our compassionate gaze which also heals, liberates and encourages growth in the Christian life.

Pope Francis, *Amoris Laetitia*, no. 169.

I especially ask Christians in communities throughout the world to offer a radiant and attractive witness of fraternal communion. Let everyone admire how you care for one another and how you encourage and accompany one another.

Amoris Laetitia, no. 99.

Someone good at such accompaniment does not give in to frustrations or fears.

Amoris Laetitia, no. 179.

To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end.

Paul Farmer, “Accompaniment as Policy”¹

¹ Paul Farmer, “Accompaniment as Policy” (commencement address, Kennedy School of Government, Harvard University, May 25, 2011), in *To Repair the World: Paul Farmer Speaks to the Next Generation* (Los Angeles: University of California Press, 2013), 233–248.

I first proposed this essay, having read and reviewed Paul Farmer's *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* for *America Magazine*, because I thought accompaniment, a word that very much belongs to Pope Francis's own magisterial legacy, very much bridges the world of Catholic theological ethics and the type of public health that Farmer unfailingly proposed.² This essay is the fruit of that idea, starting with the pope's proposal and the challenges it has encountered from some in the Catholic hierarchy. It then turns to Farmer's own use of the term and to witnessing his accompanying care among Ebola victims as an indictment of the sanitarians' brutal attempt to contain and not care for its victims. Believing that Farmer's legacy illuminates further the urgency of accompaniment and the way it liberates many from the shackles of colonialism, I conclude with a word about how that legacy might further Francis's campaign to reform both Church ministry and those who govern those works.

Pope Francis on Accompaniment

Much has been written about accompaniment, particularly as it appeared in Pope Francis's apostolic letter on love in the family, *Amoris Laetitia*. There he raised up the consciences of the laity, particularly those who are married, arguing that they needed to be listened to and engaged. Specifically, he called for a ministry of "accompaniment" by clergy and lay ministers who need to encounter and walk with lay people as they sought pathways of greater connection with the church and the sacraments. That ministry is captured in the first three quotations cited above. In a manner of speaking, the pope was anxious about two matters: first, that the church, and especially her priests and bishops, did not adequately appreciate the complexities and exigencies of married and family life and, more interested

² Paul Farmer, *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* (New York: Farrar, Straus and Giroux, 2020); and James F. Keenan, "Paul Farmer went to Africa to Fight Ebola. He Found a People Devastated by War and Racism," *America*, March 12, 2021, www.americamagazine.org/arts-culture/2021/03/12/paul-farmer-book-review-ebola-africa-health-240206.

in upholding church rules, they failed to reach out to laity struggling for understanding and support; and, second, at the same time, the laity took the lack of outreach ministry as a sign that they did not belong and have begun withdrawing from the church.

The type of ministry he proposed has borne fruit wherever it has been engaged. Yet, there has been an evident episcopal agnosticism in some quarters, including in the United States, wherein bishops have decidedly not received the magisterial teaching offered in *Amoris Laetitia*. Over the past five years, I have looked at both the wonderful reception and the disturbing non-reception of the ministry of accompaniment proposed by Pope Francis.³ I have concluded that the episcopal non-reception is integrally connected to a toxic culture within the hierarchy, that I call “hierarchicalism,” which generated both the sexual abuse crisis as well as its own step-child, clericalism.⁴

Moreover, the moral theologian Conor M. Kelly has argued that the ministry of accompaniment is not only a message for those in marital ministry or for those in charge of dioceses and parishes. He has charged moral theologians with the responsibility to accompany the laity so that moralists would recognize pathways for the development of both the laity in having a forum to voice their experiences and struggles *and* of the Church in having a moral tradition true to the Gospel and the needs of the People of God. In “The Role of the Moral Theologian in the Church: A Proposal in Light of *Amoris Laetitia*,” Kelly responds to the papal admonition that “the teaching of moral theology should not fail to

³ James F. Keenan, “Receiving *Amoris Laetitia*,” *Theological Studies* 76, no. 1 (2017): 193–212; James F. Keenan, “Receiving *Amoris Laetitia* throughout the World,” in *Pope Francis on the Joy of Love: Theological and Pastoral Reflections on Amoris Laetitia*, ed. Thomas Rausch and Roberto Dell’Oro (Mahwah: Paulist Press, 2018), 150–163; and James F. Keenan, “Regarding *Amoris Laetitia*: Its Language, Its Reception, Some Challenges, and the Agnosticism of Some of the Hierarchy,” *Perspectiva Teológica* 53, no. 1 (2021): 41–60, www.faje.edu.br/periodicos/index.php/perspectiva/article/view/4675/4605.

⁴ James F. Keenan, “Hierarchicalism,” *Theological Studies* 83, no. 1 (2022): 84–108, doi.org/10.1177/00405639211070493.

incorporate these considerations” (*AL*, no. 311).⁵ Kelly sees in the exhortation’s accounts of accompaniment, conscience, and discernment the trajectory that leads to this new function for the moral theologian. He highlights Pope Francis’s proposal that “individual conscience needs to be better incorporated into the Church’s praxis in certain situations which do not objectively embody our understanding of marriage” (*AL*, no. 303). Kelly recognizes Pope Francis’s discerning competence of conscience as resonant with conciliar theology, notably in *Gaudium et Spes*, no. 16, and writes: “By taking this conciliar idea seriously, *Amoris Laetitia* significantly advances the magisterial understanding of conscience, representing another step in an ongoing process of development and reclamation of the tradition that has been active in the church since Vatican II.”⁶

Effectively, Kelly directs moral theologians to accompany the laity in developing ways that the laity can better inform the Church in her ministry *and* teaching. He contends that the pope is prompting moral theologians to see that the “magisterial understanding of conscience” requires recognizing the priority of the process of discernment over the definition and application of rules. This emphasis on discernment was routinely recognized by readers of the exhortation,⁷ and moral theologians have read the exhortation’s magisterial endorsement of this discernment as a significant shift for their field. In a recent issue of *INTAMS*, I argued

⁵ Conor M. Kelly, “The Role of the Moral Theologian in the Church: A Proposal in Light of *Amoris Laetitia*,” *Theological Studies* 77, no. 4 (2016): 922–948.

⁶ Kelly refers to David DeCosse, “The Primacy of Conscience, Vatican II, and Pope Francis: The Opportunity to Renew Tradition,” in *From Vatican II to Pope Francis: Creating a Catholic Future*, ed. Paul Crowley (Maryknoll, NY: Orbis Books, 2014), 156–169.

⁷ See for instance, James Martin, “Discernment: A Key to ‘*Amoris Laetitia*,’” *America*, April 7, 2016, americamagazine.org/issue/discernment-key-amoris-laetitia; Nicholas Austin, “Discernment Charged with Merciful Love: Pope Francis’ *Amoris Laetitia*, on Love in the Family,” *Thinking Faith*, April 8, 2016, www.thinkingfaith.org/articles/discernment-charged-merciful-love-pope-francis%E2%80%99-amoris-laetitia-love-family. See also, Antonio Spadaro and Louis J. Cameli, “Watching for God: The Gift and Challenge of Discernment in ‘The Joy of Love,’” *America*, August 1–8, 2016, 24–27; William L. Portier, “A Balancing Act: Reading *Amoris Laetitia*,” *Commonweal*, May 20, 2016, 16–18.

that bishops and cardinals faithful to Francis stand with many contemporary moral theologians who have doubled up in interpreting and receiving the apostolic letter in promoting the need to accompany the laity as they discern in conscience their pathways forward.⁸

Paul Farmer and His Style of Accompaniment

Accompaniment is not an idea. It is a vulnerable, embodied practice where one responds to another and journeys with them. It is a very interpersonal form of engagement. The first time I met Paul Farmer, he was accompanied. In 2002, I was teaching “HIV/AIDS and Ethics” with the Jesuit AIDS physician, Jon Fuller, at Weston Jesuit School of Theology (WJST). Fuller suggested we invite Paul Farmer to speak to our graduate course. I did not know Paul at the time. He had not yet published his groundbreaking *Pathologies of Power: Health, Human Rights, and the New War on the Poor*.⁹ Fuller in his work on AIDS assured me that meeting Paul would be remarkable. It was.

Paul arrived at our class along with Tracy Kidder, who was then writing *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World*.¹⁰ Kidder wanted to see Paul in action, and he did. Paul was remarkably fluid. It was as if he had always known everyone in the class and that he and I were long-time friends. There was a playfulness and familiarity to his style that let him approach others easily. He was accompanying us. Since then, I have always thought of Paul as remarkably familiar; he slips in without any need of recognition, a bit of an approachable everyman, completely interested and accessible to the

⁸ James F. Keenan, “Eight Ways that *Amoris Laetitia* is Being Received and Promoted around the World,” *INTAMS Marriage, Families & Spirituality* 28, no. 1 (2022): 4–17.

⁹ Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2003). Paul had already coedited, with Margaret Connors and Jannie Simmons, *Women, Poverty and AIDS: Sex, Drugs and Structural Violence* (Monroe, ME: Common Courage Press, 1996).

¹⁰ Tracy Kidder, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (New York: Random House, 2003).

other. And, almost always, accompanied. The key was not people moving to him first; as I saw in the class, it was him moving to me and my class first.

Two years later, at the XV International World AIDS Conference in Bangkok, I ran into any number of people whom I knew only by their name tags and who invariably asked me, "Have you seen Paul?" I was struck by the question. I did not know these people, but I knew whom they wanted to find. I remember thinking: who is known by their first name at a meeting of 25,000 public health experts? Paul was.

For years, I have taught Paul's works in my courses, but I have also introduced any number of my undergraduate and graduate students to him, personally. Famously, I introduced Brienna Naughton to him as an undergraduate, and she ended up working at Partners In Health, including a three-year stint in Rwanda. One can say, as I do on these pages, that he accompanied others, but it still bears noting that he rarely went anywhere unaccompanied. Paul was magnetic. Whenever I brought him to speak at Boston College (BC), he came with a crowd. As in Bangkok, where Paul was, others gathered. People trusted him in uncanny ways, in part because he first trusted them.

In 2012, I arrived in Nairobi for a meeting of Catholic Theological Ethics in the World Church (CTEWC). The Jesuit theologian Agbonkhianmeghe Orobator was organizing a pan-African meeting of CTEWC there at Hekima College. A car had been sent to pick up the team from Boston College who arrived there. When we got into the car, the driver asked, "Who's Keenan?" I answered, and he slipped me a piece of paper that said, "Jim, Jennie, and I just got into Nairobi, and as he dropped us off, he remarked he was picking up another group, yours! Let's get together, Paul." The only Jennie I knew was Jennie Weiss Block; the "Paul" had to be Farmer. Five minutes into my arrival in Nairobi, I already received welcome notes from Paul.

In order to remember us, he gave us nicknames. For instance, he called me his spiritual director and Jennie Weiss Block his "interior decorator." He called me "*nihil obstat*" because he learned that at WJST I was hoping to receive a *nihil obstat* from the Vatican Congregation on Education, a

status that means there is nothing I wrote or said that the Vatican Congregation would find objectionable. He gave me the name so as to ensure that I would be recognized as such. Like Pope Francis, he not only proposed accompaniment for the work he oversaw and participated in, he lived it.

Paul Writing on Accompaniment

Paul wrote on accompaniment before Pope Francis proposed it as a recognizable style of ministry in the Church in his apostolic letter. While there are two significant discourses that Paul gives on the term, one in 2006 and then another in 2011, after the second discourse, Paul makes the term one of his trademarks, using the rich concept extensively in three of his more cited works, *Reimagining Global Health: An Introduction*,¹¹ *In the Company of the Poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutierrez*,¹² and *To Repair the World: Paul Farmer Speaks to the Next Generation*.¹³

In a significant but little-known address, “Accompaniment: The Missing Piece of the Funding Puzzle,” given at *Grantmakers In Health’s* 2006 Annual Meeting on Health Philanthropy, Paul offered a description of his work in Haiti and then Rwanda with Partners In Health as literally a caring, interpersonal engagement between provider and patient. He saw this way of delivering health care as normative and brought the practice to a wider audience like philanthropists so that they could “bring a lot of people on board to support a broader movement for equity and to promote human rights.”¹⁴ Accompaniment directs us not to a disease but

¹¹ Paul Farmer, Arthur Kleinman, Jim Yong Kim, and Matthew Basilio, *Reimagining Global Health: An Introduction* (Berkeley: University of California Press, 2013). The word appears in Farmer, *Pathologies of Power*, but only as an innocent descriptive in an accompanying editorial.

¹² Paul Farmer, Michael Griffin, and Jennie Weiss Block, eds., *In the Company of the Poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutiérrez* (Maryknoll, NY: Orbis Books, 2013).

¹³ Paul Farmer, *To Repair the World: Paul Farmer Speaks to the Next Generation* (Berkeley: University of California Press, 2019).

¹⁴ Paul Farmer, “Accompaniment: The Missing Piece of the Funding Puzzle” (plenary

to an encounter with others whose health suffers because of inequitable, unhealthy contexts.

In that lecture, Paul proposes the word less as an idea and more as a living practice, as he simply notes that their own PIH health care workers in Haiti and Rwanda are called *accompagnateurs*. These provide a patient “accompaniment—not just giving him his pills but asking how he is feeling, finding out if he needs help with anything from child care to fees for education.”¹⁵ Paul describes the experiences of their *accompagnateurs* who encounter all the precarity, challenges, and unanticipated problems that make up life in rural Haiti and Rwanda. Were health-care workers to be found in nice urban health-care centers and not in the communities where their patients lived, they would not encounter the causes of their patients’ conditions. Accompaniment meant better engagement with a patient’s actual well-being.

In 2011, Paul offered an address, “Accompaniment as Policy,” to the graduates of the Kennedy School of Government, where he introduced them to the word as “an elastic term.” He emphasized the term’s Latin origins “*ad cum panis*,” which refers to a journey that requires taking bread together, noting how the parameters of the journey are unspecified, though the journey, like the bread, is shared. He then set the terms of the journey:

There’s an element of mystery, of openness, in accompaniment: I’ll go with you and support you on your journey wherever it leads. I’ll keep you company and share your fate for a while. And by “a while,” I don’t mean a little while. Accompaniment is much more often about sticking with a task until it’s deemed completed by the person or people being accompanied, rather than by the *accompagnateur*.¹⁶

remarks, Washington, DC, 2006), Grantmakers In Health’s 2006 Annual Meeting on Health Philanthropy, www.gih.org/publication/accompaniment-the-missing-piece-of-the-funding-puzzle/.

¹⁵ Farmer, “Accompaniment: The Missing Piece of the Funding Puzzle,” 7.

¹⁶ Farmer, “Accompaniment as Policy,” 233–234.

In this address, where one can hear how much Paul recognized the significance of the practice, he notes that leaving the terms of the journey to those being accompanied makes accompaniment “more supportive than supervisory.” Clearly replacing the supervisory with the supportive is effectively the same move that Francis makes for ministers walking with the laity. Giving the decision regarding the parameters of the journey to the one being accompanied, Farmer recognizes the agency of that one, but that recognition of agency can only happen through familiar, physical proximity.

In the commencement address, Farmer quotes the theologian Roberto Goizueta: “To ‘opt for the poor’ is thus to place ourselves *there*, to accompany the poor person in his or her life, death, and struggle for survival.”¹⁷ He adds that Goizueta depends on one of the great liberation theologians of Latin America, Gustavo Gutiérrez, who emphasizes “the necessity of physical proximity to accompaniment.”

As a society, we are happy to help and serve the poor, as long as we don’t have to walk *with* them where they walk, that is, as long as we can minister to them from our safe enclosures. The poor can then remain passive objects of our actions, rather than friends, *compañeros* and *compañeras* with whom we interact. As long as we can be sure that we will not have to live with them, and thus have interpersonal relationships with them...we will try to help “the poor”—but, again, only from a controllable, geographical distance.¹⁸

The journey of accompaniment is a tangible, undeniable interpersonal relationship where one walks with another in order to support the other on their journey.¹⁹

¹⁷ Roberto Goizueta, *Christ our Companion: Toward a Theological Aesthetics of Liberation* (Maryknoll, NY: Orbis Books, 2009), 192.

¹⁸ Goizueta, *Christ Our Companion*, 199.

¹⁹ Two months after the commencement address, Paul reiterated many of the themes on accompaniment for a much broader audience; see Paul Farmer, “Partners in Help: Assisting

Ebola and Accompaniment

Paul's experience with Ebola taught him not only the absolute need to replace the barbaric policies of containment with caring accompaniment; it also prompted him to recognize that his patients were in danger not only from the disease and the social structures that made the disease possible but also from the medical practitioners who embodied in their containment approaches the same colonialist vices that prompted the disease in the first place.

In *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History*, Paul writes the defining critique of why care and not containment must always be the only option to health care crises. In it, the story of accompaniment is the key that differentiates actual care from containment. In containment, people are not cared for; indeed, it was precisely to avoid the interpersonal dynamics of care that prompted the control model in the first place. In this monumental work, we follow Paul as he goes in October 2014 with others from Partners In Health to West Africa, specifically to Sierra Leone, Liberia, and Guinea, "the Kissi triangle" as it is known, to respond to the "longest and largest" Ebola epidemic in recorded history that was threatening to hemorrhage beyond its borders. As he writes, "To nurse the sick and to introduce supportive and critical care was what led us there in the first place."²⁰

These are fighting words. In this astonishing work, Paul reveals that he and his team were fighting a public health battle against those "sanitarians," as he calls them, who were promoting a "control-over-care response" to the pandemic. As Paul notes, "there was too little *T* in the ETU" (Ebola Treatment Unit).²¹ With an emphasis on quarantine and isolation, Africans were again being denied care (treatment), and Paul stood with others in realizing that without safe and effective care in the equation, the response would be a failure.

the Poor over the Long Term," *Foreign Affairs*, July 29, 2011, www.foreignaffairs.com/articles/haiti/2011-07-29/partners-help.

²⁰ Farmer, *Fevers, Feuds, and Diamonds*, xx.

²¹ Farmer, *Fevers, Feuds, and Diamonds*, 13.

While history was on the sanitarians side, truth was on his. Unfortunately, control had been a key response on other occasions in the face of contagion, but Farmer did not consider it a legitimate health care response because, in his eyes, failing to provide care meant that the patient was effectively to be sacrificed. Until actual treatment was engaged, until patients were cared for, and cared for well—in other words, accompanied in the fullest sense—the Western global health regime would not be providing effective health care. Moreover, the place itself was a formative context. In the Kissi triangle, slavery, resource extraction, colonialism and warfare had left its people with both “a public health desert, which is why Ebola spread, and a clinical desert, which is why Ebola killed.”²² Into that desert, Paul went to bring care.

To help us realize what was at stake, Paul introduces us to the actors. From the start, Paul, an anthropologist as well as a physician and global health expert, wants us to appreciate that with care (treatment), every American but one survived the virus. While we see Americans and Europeans medevaced home into safety and recovery, we see in Sierra Leone physicians like Humarr Khan and surgeons like Martin Salia struggling to not only provide care but inevitably being brought low and killed by the virus in context. The difference between those who lived by being brought to their US and European homes and those who died in Sierra Leone was care. Care needed to be brought into the desert.

The decision to go to the triangle is told in the second chapter, “Tough Calls.” Paul confesses how in June 2014, while attending a surgery conference in Sierra Leone’s capital Freetown, a native of Sierra Leone, his student Dr. Bailor Barrie, desperately tries to draw Partners In Health into the emerging Ebola epidemic. Paul resists and leaves. In the meantime, while confronting his anxiety, Paul discovers in his eventual resolve to return that the matter of fact struggle on the horizon had no time for anxiety. Instead, he resonates with the conviction of Dr. Rieux from Albert Camus’s *The Plague*: “The essential thing was to save the greatest

²² Farmer, *Fevers, Feuds, and Diamonds*, 23.

possible number of persons from dying and being doomed to unending separation.”²³

And so, we enter the triangle. To help us understand the magnitude, Paul gives us not numbers, but names. While Trump tweets panic and rage in the background, Paul introduces us to Ibrahim Kamara who “by the age of twenty-six had survived Ebola and the loss of more than twenty members of his family.”²⁴ Ibrahim is not only a victim of Ebola, but he becomes one who teaches others how to care in a time of Ebola. He becomes an *accompagnateur*. And so, Ibrahim wants Paul to hear his story, and, in listening, Paul realizes that he must write this book as a witness to Ibrahim’s struggle to care, to provide as Paul later calls it, a lesson in “expert mercy.”

Ibrahim’s narrative of care and surviving is the story of Sierra Leone. The spectacular epiphany of his resilient compassion appears as nine year-old Mariatu, weighing only twenty-nine pounds, having watched her mother and sister die of Ebola, and having sat in hospital unable to eat in fragile silence for days, whispers into Ibrahim’s ear. Once Paul lets you hear what she said, he has hooked you forever.

“The Two Ordeals of Yabom” follows “Ibrahim’s Second Chance.”²⁵ Yabom Koroma’s first ordeal is confronting the Sierra Leone civil war; her second is surviving Ebola but losing her husband and sons. We see the gaunt Yabom begin her recovery, however, when the survivors program finds her the job of manager of an Interim Care Center where she mothers eighty-four orphans. Yet again, the survivors become the needed care-givers.

But it is not just the means of treatment that concerns Farmer. Earlier he asked: how could a world region boasting such abundant natural wealth have become “a public health desert ... and a clinical desert.”²⁶ In the middle of the book, he goes down the rabbit hole of history to explain how

²³ Farmer, *Fevers, Feuds, and Diamonds*, 68.

²⁴ Farmer, *Fevers, Feuds, and Diamonds*, 96.

²⁵ Farmer, *Fevers, Feuds, and Diamonds*, 144-176.

²⁶ Farmer, *Fevers, Feuds, and Diamonds*, 28.

colonial control suffocated the natural life out of the once enormously prosperous triangle leaving it a clinical desert; slavery, resource extraction, subjugation, social theft, the breakdown of local society, and the resulting civil wars helps us see why it was there that Ebola had a chance.²⁷ Colonialism remains present in the land and in the sanitarians and their non-treatment.

Throughout the book, Paul narrates the pervasive colonial disinterest in the health and care of the local people. Still, he offers those who go against the grain and insist on care as part of civilization, among them, Albert Schweitzer, W.E.B. DuBois, and Graham Greene. No matter his rage, while Paul names “the good,” he rarely vilifies by name the sanitarians he opposes.

There is much wisdom in this magisterial work—the riveting preface, the chapters on Ibrahim and Yabom, the epilogue on COVID as another “Black” disease—but the penultimate chapter, “How Ebola Kills” is a tour-de-force. There, in seven steps, Paul indicts the sanitarians: after taking everything away from the people of the triangle, the withholding of care in the pandemic was the last move of racist colonialism. Through the seven simple steps, Farmer shows how neglect and absence of care is integral to the spread of the virus:

The verdict is in on the control-over-care approach. ... It didn’t work during the height of the surge. During the first months of the epidemic, frightened families wanted professional and social assistance with caregiving, but what they got were martial, legal, and prejudicial approaches to Ebola, often downright disrespectful of cultural norms that could have been made safer.

But then, he immediately adds, the activism of the people of the triangle emerges: “Such approaches were not and could not be consistently applied because of brisk resistance from historically-minded and thus distrustful

²⁷ Farmer, *Fevers, Feuds, and Diamonds*, 177–189.

locals—and because of clumsy and often contradictory messages from long-resented authorities.”²⁸

Farmer is at war against a “therapeutic nihilism” that he rightly notes arises from colonial racist roots. The presumption that “medical intervention cannot change the outcomes,” which gave the sanitarians the excuse they wanted, was a comforting fallacy. Farmer’s verdict reads it differently. This is the “therapeutic nihilism again, which often leads to the dank dungeons into which black bodies, more than white ones, fall.”²⁹

In an interview by his landmark organization Partners In Health, Farmer provided the background of the book: “It was the night I met Ibrahim,” Farmer recalled, referring to one of the survivors. “We started talking and he told me he’d lost twenty-three members of his family to Ebola. I was shocked into silence. And what he said next was: ‘I’d like you to interview me about my experience.’”³⁰

In the interview, Farmer noted that “writing is a solitary endeavor, right? But you can make it a bit more social. And for this book, it had to be a social process.”³¹ To see if he was getting the narrative right, he read parts of the book to Ibrahim and Yabom and another survivor, a young man, named Mohamed but known simply as “the Chairman” “for the efforts he made on behalf of fellow Ebola sufferers.”³² “They understood that they should interrupt me, correct me, [and] explain where I’d gone off on a false track. That was an emotionally rich if sometimes painful way to write. I learned a lot with them.”³³

²⁸ Farmer, *Fevers, Feuds, and Diamonds*, 475.

²⁹ Farmer, *Fevers, Feuds, and Diamonds*, 475.

³⁰ Partners In Health, “Q&A: Dr. Paul Farmer on His New Book: Fevers, Feuds, and Diamonds,” November 17, 2020, www.pih.org/article/qa-dr-paul-farmer-his-new-book-fevers-feuds-and-diamonds/.

³¹ Partners In Health, “Q&A.”

³² Farmer, *Fevers, Feuds, and Diamonds*, 99.

³³ Partners In Health, “Q&A.”

Paul explained his anger at the quality and purpose of the “international response,” “which replicated colonial priorities of disease control over care.”³⁴ He notes:

Even when I was still a medical student, I found hard-core disease control unnerving—all of your attentions are focused on stopping the spread of a pathogen without adequate attention and resources for treating people suffering from said pathogen.

Where in the world was the priority most reliably placed exclusively on disease control with little interest in the care afforded the natives? This paradigm came into being during colonial rule. Year in, year out, epidemic this and epidemic that, I could find some undercurrent that said: “Good, high-quality medical care is for us—not for you, Black people and brown people. We got disease control for you.”³⁵

Paul’s book has been received much as it was presented, by recognizing the need to replace containment with care. I found Martha Lincoln’s summary insights very helpful:

Though this volume covers an enormous amount of terrain—an *Odyssey* or *Iliad* in global public health—its core argument is simple. Farmer submits that responsibly tendered medical care and a functioning health care system would have prevented the transmission of Ebola by inspiring public trust and shifting caregiving into professional settings—and that political economic regimes that operate by limiting and withholding care thus are vectors not only of violence but also of contagion.³⁶

³⁴ Farmer, *Fevers, Feuds, and Diamonds*, 99.

³⁵ Farmer, *Fevers, Feuds, and Diamonds*, 99.

³⁶ Martha Lincoln, “Global Health is Dead; Long Live Global Health! Critiques of the Field and its Future,” *BMJ Global Health* 6 (2021): 4, doi:10.1136/bmjgh-2021-006648.

She concludes naming Paul's argument: "For global health to equip itself with explanatory models and situational appraisals that are humanistic, critically historicized, and focused on upstream material causes."³⁷

Conclusion

At a recent conference in Rome about two hundred Catholic theologians and pastoral leaders met to discuss *Amoris Laetitia*. These theologians were among those who have labored most for its reception along with its model of ministry through accompaniment. For many of us, Francis's plea for accompaniment is so patently necessary for alienated laity that opposition to both the letter and the ministerial practice only furthers the harm that past practices prompted.³⁸ Had Paul been there at the conference, he would have lent support arguing that for any ministry of care, accompaniment is the only way forward.

Reading Farmer in the light of *Amoris Laetitia* yields parallels between accompaniment and care, between excommunication and containment, between sanitarians and hierarchs. They are helpful because they mutually highlight the efforts of the reformers in both contexts who see the need to go forward by a form of service that is measured by its humanity. Indeed, that is what Francis and Paul want: a more human approach to physical and spiritual well-being by drawing near to one another as we journey in support, especially of others whose own pathways have not yet been sufficiently recognized. As more take on accompaniment—physicians, ministers, moral theologians, lay persons, as well as those who carry in their

³⁷ Lincoln, "Global Health is Dead"; see also Sally Weiner, "Review of *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* by Paul Farmer," *Journal of Health Care for the Poor and Underserved* 32, no. 1 (2021): 582–583, doi.org/10.1353/hpu.2021.0042; and Priscilla Medeiros, Allyson Oliphant, Steven Farrow, and Priyanka Gill, "Anthropological Engagements with Global Health," *Medicine Anthropology Theory* 9, no. 3 (2022): 1–10, doi.org/10.17157/mat.9.3.5628.

³⁸ Christopher White, "Rome Conference Revisits 'Amoris Laetitia' and Church's Call to Welcome Marginalized Catholics," *National Catholic Reporter*, May 24, 2022, www.ncronline.org/news/rome-conference-revisits-amoris-laetitia-and-churchs-call-welcome-marginalized-catholics/.

bodies the scars of centuries of colonialism, racism, hierarchicalism, clericalism—more will learn about lives long overlooked, and walking with them they will see that it is the only way to move forward.³⁹



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³⁹ See the remarkable work, Gerard J. Ryan, *Mutual Accompaniment as Faith-Filled Living: Recognition of the Vulnerable Other* (New York: Palgrave Macmillan, 2022).