

## Chapter 10: Wasting Time with the World's Poor: Theological and Scriptural Foundations for Paul Farmer's Praxis of Accompaniment

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David Hilfiker, a physician who, like Paul Farmer, often uses theological language when critiquing the medical-industrial complex's<sup>1</sup> barrier-laden model of care for the poor, also shared Farmer's interest in speaking to doctors early in their career. Like Farmer, he saw how quickly the economic pressures and quotidian moral distresses of modern medical practice crush the idealism with which many enter the profession. Hilfiker recalls an address to medical students and faculty in which he described the lives of his impoverished inner-city patients and his struggles to meet their basic health needs. While his younger listeners found Hilfiker's stories inspiring, a professor of pediatric surgery publicly chided him, saying, "I can only applaud your commitment to the poor, Dr. Hilfiker, but don't you think it's a waste of your professional education?... It seems to me your job might better be done by a social worker or nurse practitioner, while you used your talents more effectively elsewhere."<sup>2</sup>

If most physicians would quickly brush off such pointed public criticism, Hilfiker faces it head-on. Farmer's approach to poverty medicine was more ambitious than Hilfiker's, but I suspect Farmer would have done likewise. Near the end of Tracy Kidder's *Mountains Beyond Mountains*,

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<sup>1</sup> I use the term, "medical-industrial complex" to signify that conjunction of political, economic, scientific, technological, educational, and social interests, institutions, and investments that make the US health care system the most expensive in the world despite its relatively poor public health outcomes when compared to other economically developed nation-states.

<sup>2</sup> David Hilfiker, *Not All of Us Are Saints: A Doctor's Journey with the Poor* (New York: Ballantine Books, 1994), 213.

the author takes an arduous hike with Farmer who wants to see for himself the living conditions of one of his Haitian patients with tuberculosis. Along the way, the two Americans discuss the massive institutional barriers that prevent the world's poor from receiving appropriate medical care. Farmer describes the morally fraught triage process of choosing when, where, and to whom one allocates time, money, and other scarce resources in such unforgiving systems as “a long defeat,” saying:

You know, people from our background—like you, like most PIH-ers, like me—we're used to being on a victory team, and actually what we're trying to do is to make common cause with the *losers*. Those are two very different things. We *want* to be on the winning team, but at the *risk* of turning our backs on the losers, no, it's not worth it. So you fight the long defeat ... And most of the time when people ask about triage, most of the time they're asking not with open hostility but deep distrust of our answer.<sup>3</sup>

The phrase, “the long defeat,” is more often associated with J.R.R. Tolkien<sup>4</sup>, but Farmer uses it here in an apt and telling way. He reminds us that history is written by the human victors in a fallen world: the rich, the powerful, the healthy, and well-fed. In the eyes of those whose opinions are said to matter, choosing to ally with the so-called losers is a waste of time.

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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), 288–289. Emphases in the original.

<sup>4</sup> In *The Lord of the Rings*, Galadriel tells the surviving members of the Fellowship, “He (i.e., Celeborn) has dwelt in the West since the days of dawn, and I have dwelt with him years uncounted...and together through ages of the world we have fought the long defeat,” J.R.R. Tolkien, *The Fellowship of the Ring*, Second Edition, (Boston, MA: Houghton Mifflin, 1954), 372. In a letter to Amy Ronald dated December 19, 1956, Tolkien writes, “Actually I am a Christian, and indeed a Roman Catholic, so that I do not expect ‘history’ to be anything but a ‘long defeat’— though it contains (and in legend may contain more clearly and movingly) some samples or glimpses of final victory,” Letter 195, *The Letters of J.R.R. Tolkien*, edited by Humphrey Carpenter (Boston, MA: Houghton Mifflin, 1981), 255.

Farmer, of course, used different measures of value. Never conspicuously guilty of the sin of sloth, he nonetheless cast his lot with the world's poor, spending precious time in their company when he might otherwise have been courting wealthy donors or challenging entrenched bureaucracies to modify short-sighted policies. In defending his habits and choices, Farmer was more likely to quote liberation theology and Catholic social teaching than cite scripture, yet the authors and documents he drew upon were deeply informed by biblical texts of which he was no doubt familiar. What follows is an attempt to understand Farmer's praxis of accompaniment as a theologically informed "waste of time," first through my own experience as a physician, then through the words of Paul Farmer, David Hilfiker, and selected theologians and philosophers, and finally through relevant passages from scripture. I conclude with a short coda on Paul Farmer as a doer of the word (James 1:22) whose insights on the proper use of time might inform health care professionals, theologians, and the Church.

## **Life Lessons from the Long Defeat**

In small ways, I have skirmished in the long defeat throughout my medical career: providing hospital-based pediatric care on the Navajo Nation, helping direct an inner-city community health center, and staffing clinics in rural Honduras. I have taught medical students and residents how to adapt their care to vulnerable patient populations in challenging settings.<sup>5</sup> I have consulted at Indian Health Service facilities where creative colleagues provide outstanding health care with grossly inadequate resources. I have chaired international medical conferences on indigenous child health and advocated for native child health on Capitol Hill.<sup>6</sup>

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<sup>5</sup> Tiffany Diers, Susan Montauk, Lisa Vaughn, Corinne Lehmann, Joseph Kiesler, Charles Schubert, Douglas Smucker, and Brian Volck, "Competencies for the Adaptable Physician: Training Residents to Care for Vulnerable Populations," *The Open Medical Education Journal* 2 (2009): 26–35.

<sup>6</sup> See American Academy of Pediatrics Committee on Native American Child Health, [www.aap.org/en/community/aap-committees/committee-on-native-american-child-](http://www.aap.org/en/community/aap-committees/committee-on-native-american-child-)

Though these have been professionally and personally rewarding for me and, I hope, of some benefit to those I claimed to serve, it would be far more telling to ask the latter rather than rely on my word.

On rare occasions—much rarer than I care to admit—I have worked *with* and *alongside* the poor: repairing roofs or weeding yards in a Hopi village and lingering afterward listening to a Hopi veteran's stories from the Korean War; digging a new outhouse or rebuilding a sheep pen alongside members of the Diné (Navajo) nation; hiking to a destitute Honduran family's one-room hut at the top of an eroded mountainside *milpa*; sharing meals, memories, and tears with parents and patients who became lifelong friends despite our many differences. While these make for great stories—details of which I am reluctant to share because they are so intimate—they largely serve as anti-credentials for anyone hoping to ascend the medical hierarchy. To what the author Wendell Berry calls medicine's "world of efficiency"—as opposed to the "world of love"—these experiences look like wasted time.<sup>7</sup> Once again, it would help to ask those I worked alongside if I proved anything more than a novelty in their lives, but I know these encounters have irrevocably changed me.

Changed how? Three ways come to mind. First, working *with* the poor exposed everyday realities of some who struggle to live on the wrong side of the world's savage inequalities: conditions I cannot unsee; wrongs I am obliged to remedy.

Second, I learned from good and bad examples that the poor must be privileged partners and active participants in any work of liberation. Restorative justice demands solidarity, not unidirectional charity.<sup>8</sup>

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health/. My service on this committee was limited to 2009–2015. All opinions expressed here are my own and do not reflect those of the Committee on Native American Child Health, the American Academy of Pediatrics, the International Meeting on Indigenous Child Health, or the Indian Health Service.

<sup>7</sup> Wendell Berry, "Health is Membership," in *Another Turn of the Crank* (Washington, DC: Counterpoint, 1995), 101.

<sup>8</sup> Farmer wisely warns against the progressive urge "to overstate the case against charity....To the extent that medicine responds to, rather than creates, underserved populations, charity will

Third, this work encouraged me to get over myself and the pretensions of my profession. I understand now that I possess a slender skill set, the bulk of which derives from my socioeconomic privilege rather than personal merit. Anyone with my training could do what I have done *for* the poor, and many have served them far better than me. Almost nothing I have done *with* them required a medical degree though, on occasion, the impressive initials after my name helped open doors and ears that may otherwise have remained shut. My wife, who is also a physician, had a similar epiphany during her studies in public health, wondering aloud, “Why did I waste my time becoming a doctor when what really makes a difference in the lives of the poor are basics like clean water, decent sanitation, and women’s education?”

### **Love’s Grammar in a Suffering World**

Perhaps “wasting time becoming a doctor” misses the mark. My wife and I have, like many other physicians, attempted to use our training and social standing for the benefit of the poor and, again like many physicians, have learned much from patients in our clinical care. Yet, our most profound lessons came when we transgressed socially constructed borders of wealth, education, nationality, race, and profession. As Paul Farmer lamented in a conversation with Gustavo Gutiérrez:

One of the things that happens in medicine is that professionals are so busy that they limit the borders of their world to wherever they are and to whichever patients get to them in their hospitals or clinics. That’s *their* world of the sick. But it’s not true of the sick. There are many who never receive good medical care. The world of the sick is vast, just like the world of suffering ... . The world of the sick is part of the world of suffering.<sup>9</sup>

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always have its place in medicine.” Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley, CA: University of California Press, 2003), 154.

<sup>9</sup> From “Reimagining Accompaniment: An Interview with Paul Farmer and Gustavo Gutiérrez,” in *In the Company of the Poor: Conversations with Dr. Paul Farmer and Fr.*

In that same conversation, Gutiérrez—citing examples from Farmer's work—stressed the centrality of loving relationship in response to that world of suffering. "Liberation from sin is liberation from the refusal to love," Gutiérrez said, and "to accompany, to be close, and to mitigate the suffering of individuals...is an expression of love, with the intention being to show that *you* are relevant to *me*."<sup>10</sup> On a Christian rationale for encountering the suffering other, he added:

Even today with the witness of Jesus, for some people, suffering is the means to save us. It is not so. It is love, not suffering. Suffering was the price to pay for announcing the Kingdom of God. Jesus accepted to pay this price, but for what? For love. We have no other reason than this.<sup>11</sup>

And drawing on the twentieth century Jewish philosopher, Emmanuel Levinas, Gutiérrez observed:

The grammar book of any language will tell you that the first person is "I," "I am." I think the first person is "you are," and after we have recognized that you are, we can say, "I am." ...Levinas calls this the priority of the ethical over the epistemological. First you establish a relation with the other, and then you have a basis for choosing to pursue knowledge ... . How we should be toward others, not what we can know, is the central question of philosophy.<sup>12</sup>

"Love" is a term rarely heard in hospital corridors and medical school classrooms. Health educators and medical ethicists typically speak of compassion rather than love, though the latter is chief among the

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*Gustavo Gutiérrez*, ed. Michael Griffin and Jennie Weiss Block (Maryknoll, NY: Orbis Books, 2013), 170. Emphasis in the original.

<sup>10</sup> "Reimagining Accompaniment," 166. Emphasis in the original.

<sup>11</sup> Reimagining Accompaniment," 179.

<sup>12</sup> Reimagining Accompaniment," 187.

theological virtues.<sup>13</sup> Whenever I asked my medical team if they loved their patients, their response ranged from bewilderment to annoyance. They much preferred discussing the finer points of acid-base equilibrium to articulating reasons why we care for the unpleasant, unproductive, or unpromising patient. Yet, few questions are more relevant within the medical-industrial complex that serves as the locus of education for health care professionals and technocrats: why should anyone devote scarce time and resources on the invisible indigent, the undocumented immigrant, the intellectually disabled?<sup>14</sup> In a world of cost-benefit analyses, evidence-based algorithms, and corporate earnings reports, speaking of love seems a category mistake, a waste of time.

## **The Cost of Compassion**

Even under its preferred synonym, “compassion,” love is at best treated as a useful quality supplementing a far more important—and measurable—attribute: technical competence. “Time,” we are told, “is money,” and what truly counts in the calculus of medical value is the net total of desirable results over some predetermined interval. To be fair, I don’t know anyone willing to entrust their life to an empathetic quack when a stony-faced but technically brilliant physician is available. Most prefer an affable expert to these extremes as long as the physician’s compassion does not cloud her judgment. Contemporary biomedicine offers compelling reasons to discourage practitioners from becoming “overly involved” with their patients, but getting these emotional boundaries right remains a

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<sup>13</sup> See Brian Volck, “What’s Love Got to Do with It? Situating a Theological Virtue in the Practice of Medicine,” *Journal of Moral Theology* 1, no. 2 (2012): 72–95.

<sup>14</sup> Calling these “far and away the most important questions in medical ethics,” Farmer cites the Jesuit liberation theologian, Jon Sobrino: “The poor and impoverished of the world, in virtue of their very reality, constitute the most radical question of the truth of this world, as well as the most correct response to this question.” From Jon Sobrino, *Spirituality of Liberation: Toward Political Holiness* (Maryknoll, NY: Orbis Books, 1988), 30; quoted in Farmer, *Pathologies of Power*, 202.

challenge.<sup>15</sup> As Hilfiker, the doctor who was told he had wasted his medical education on the poor, describes his professional experience:

Compassion...brings me too close and threatens the wall separating us. I begin to fear that there is little essential difference between “them” and me. My own demons stir, and I must either avoid the suffering of the poor or wrestle with myself. If the impulse toward avoidance is so powerful for the individual, it becomes overwhelming for any group or organization. Institutions tend to sink to the level of the least compassionate response.<sup>16</sup>

As Hilfiker implies, the driving force behind compassion fatigue is not exhaustion but fear, an existential crisis of difference in which the pressing needs of the poor are sacrificed for the continued wellbeing of the privileged.<sup>17</sup> Farmer likewise warns that unguarded closeness to the poor risks realizing that we, the privileged, are “implicated, whether directly or indirectly, in the creation and maintenance of structural violence ... [We] then feel indignation, but also humility and penitence,” adding that “this posture—of penitence and indignation—is critical to effective social justice work.”<sup>18</sup>

Having witnessed attending physicians publicly excoriate residents and medical students for trivial mistakes, I have seen the role indignation takes in medical education. Neither humility nor penitence, however, play to the medical profession’s strong suit. Farmer had no language to address this lacuna until he encountered liberation theology. Having learned for

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<sup>15</sup> While maintaining professional distance in medicine has deep historical roots, the Urtext of “imperturbability” in modern clinical medicine is Sir William Osler’s still highly influential 1889 farewell address to the Pennsylvania School of Medicine, “Aequanimitas.” See *Aequanimitas with Other Addresses to Medical Students, Nurses, and Practitioners of Medicine* (Philadelphia, PA: Blakiston, 1932).

<sup>16</sup> Hilfiker, *Not All of Us Are Saints*, 179.

<sup>17</sup> Regarding the “crisis of difference” in its original context, see René Girard, *Violence and the Sacred* (Baltimore, MD: Johns Hopkins University Press, 1972), 49–52.

<sup>18</sup> Farmer, *Pathologies of Power*, 157.



himself rather than in medical school that infectious disease and early death make their own preferential option for the poor, Farmer needed Gutiérrez, Jon Sobrino, and Leonardo Boff to understand why. Most physicians, Farmer discovered, invest far too much in the status quo to permit “a rejection of its comforting relativism” or to consult the suffering and exploited poor whose viewpoints “will inevitably be suppressed or neglected as long as elites control most means of communication,” and, above all, “to *act* on these reflections.”<sup>19</sup> Institutionalized inertia rather than greed or malice discourages well-intentioned health care professionals from “wasting time” with the poor. It should come as no surprise, then, that when the world’s poor assess the medical-industrial complex using liberation theology’s basic methodology, “*ver, juzgar, actuar*” (observe, judge, act), they find it wanting.

## **A Real Waste of Time**

All this talk of love and wasting time with the poor brings us to the role of accompaniment as articulated by Gutiérrez, namely, “If there is no friendship with ... (the poor) and no sharing of the life of the poor, then there is no authentic commitment to liberation, because love exists only among equals.”<sup>20</sup> Insisting that solidarity with the poor requires the privileged to make a conscious act of conversion, Gutiérrez draws on Matthew 25: 31–46 (“Whatever you did for one of these least of mine you did for me”), to assert:

This is a work of love that implies a gift of self and is not simply a matter of fulfilling a duty. It is a work of concrete, authentic love for the poor that is not possible apart from a certain integration into their world and

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<sup>19</sup> Farmer, “Health, Healing, and Justice: Insights from Liberation Theology,” in *In the Company of the Poor*, 41–42. Implicit in this sequence is liberation theology’s basic methodology, “*ver, juzgar, actuar*” (see, judge, act).

<sup>20</sup> Gustavo Gutiérrez, *A Theology of Liberation* (Maryknoll, NY: Orbis Books, 1973).

not possible apart from bonds of real friendship with those who suffer despoilation and injustice.<sup>21</sup>

The Cuban-American theologian, Roberto Goizueta brings different emphases to the same dynamic:

The option for the poor ... forces us to be honest about reality by forcing us to recognize the intrinsically relational or communal character of human persons and actions. In other words, the choice before us all, wealthy and poor alike, is not whether to be with the poor, but whether to do so *self-consciously* and *intentionally*; like it or not, we are already with the poor and the poor are already with us. Every day, all of us—whether poor or wealthy, underprivileged or privileged—experience the consequences of poverty and oppression. For the privileged, those consequences take many forms: a paralyzing fear of other persons, constant anxiety about protecting one's possessions against the “threat” represented by the poor, the need to enclose and seclude oneself behind increasingly high walls and expensive alarm systems, (and) the psychological problems, broken relationships, and various forms of addiction caused by this ever-present, stressful fear and anxiety. ... The need to enslave *others* inevitably produces a generalized fear and anxiety which, in the end, enslave us *all*.<sup>22</sup>

In Goizueta's account, the practice of accompaniment is not the heroic option of an autonomous individual but a practical response to an otherwise obscured social fact: the poor are, indeed, always with us in sickness and in health. In seeking solidarity with the world's poor, the privileged work toward a shared liberation. Health and its cognate virtues of wholeness and holiness exceed the grasp of the isolated individual. They wither when confined to gated compounds. As Wendell Berry writes,

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<sup>21</sup> Gustavo Gutiérrez, “Conversion: A Requirement for Solidarity,” in *In the Company of the Poor*, 81.

<sup>22</sup> Robert Goizueta, *Caminemos con Jesús: Toward a Hispanic/Latino Theology of Accompaniment* (Maryknoll, NY: Orbis Books, 1995), 178. Emphases in the original.

“The grace that is the health of creatures can only be held in common. In healing the scattered members are brought together.”<sup>23</sup> A quotation usually associated with the Murri (Australian Aboriginal) activist, Lilla Watson, puts the matter more bluntly: “If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.”<sup>24</sup>

## Texts and Time

When Gutiérrez grounds a theology of accompaniment in scripture, he often turns to Old Testament texts including Exodus, Leviticus (especially chapter 25), Deuteronomy, Psalms, Job, and Jeremiah (especially chapter 32). Within the New Testament, he cites, among others, Matthew (especially 25:31–46), Luke-Acts, Romans, 1 Corinthians, and James.<sup>25</sup> While Farmer was not a scripture scholar, much of his work seems tacitly grounded in the biblical text so dear to the poor with whom he labored. As he explained to Tracy Kidder:

The fact that any sort of religious faith was so disdained at Harvard and so important to the poor—not just in Haiti but elsewhere, too—made me even more convinced that faith was something good ... I was taken with the idea that in an ostensibly godless world that worshipped money and power *or, more seductively, a sense of efficacy and advancement*, like

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<sup>23</sup> Wendell Berry, “Healing,” in *What Are People For?* (New York: North Point Press), 9.

<sup>24</sup> Watson attributes this saying to a community of Aboriginal activists in Queensland, Australia in the 1970s. See Lilla Watson, “Keynote Address: A Contribution to Change: Cooperation Out of Conflict Conference: Celebrating Difference, Embracing Equality,” *Uniting Church in Australia*, 2004, [uniting.church/lilla-watson-let-us-work-together/](http://uniting.church/lilla-watson-let-us-work-together/), and “Attributing Words,” *US Against Equine Slaughter*, November 3, 2008, [unnecessaryevils.blogspot.com/2008/11/attributing-words.html](http://unnecessaryevils.blogspot.com/2008/11/attributing-words.html). That Anglo-Americans reflexively assign the insight to an individual rather than a collective says a great deal about the intellectual assumptions of so-called developed nations.

<sup>25</sup> See, for example, Gutiérrez, *A Theology of Liberation* and *On Job: God Talk and the Suffering of the Innocent* (Maryknoll, NY: Orbis Books, 1987) as well as “Reimagining Accompaniment,” in *In the Company of the Poor*. This list is in no way comprehensive and does not reflect the entirety of his profound engagement with scripture in his work.

at Duke and Harvard, there was still a place to look for God, and that was in the suffering of the poor. You want to talk crucifixion? I'll show you crucifixion, you bastards.<sup>26</sup>

Among the biblical texts implicitly informing Farmer's practice of accompaniment, perhaps most relevant are Matthew 25, 1 Corinthians 11–13, and James, especially chapters 2, 4, and 5. In Matthew 25:31–46, the nations standing in judgement before the throne of glory are astonished to discover that what they did or failed to do to the hungry or thirsty, the stranger, the naked, the sick, or the imprisoned was in fact rendered to the Son of Man.<sup>27</sup> It is deadly to misread this parable alongside Hebrews 13:2 (“Do not neglect hospitality to strangers, for by this some have entertained angels without knowing it”) as if in “being nice” to those in need, a lucky few unwittingly receive a disguised and docetic Christ, thereby winning the cosmic lottery. No, the text *identifies* the Son of Man with “the least among you.” In practicing the corporal acts of mercy, we encounter Christ's Real Presence by being really and corporeally present to the poor. Thoughts and prayers are inadequate responses to the God who loves and abides in the poor—a message very close to the gospel's heart.<sup>28</sup> Those who do not make themselves really present to the poor in embodied love cannot claim to love God for, “If someone says, ‘I love God,’ and yet he hates his brother or sister, he is a liar; for the one who does not love his brother and sister whom he has seen, cannot love God, whom he has not seen.” (1 John 4:20)

As first century Palestinian Jews, Jesus and his hearers would have understood these practices as *mitzvot*, personal and corporate

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<sup>26</sup> Kidder, *Mountains Beyond Mountains*, 85. Emphasis mine. Soon thereafter, he confides, “I’m still looking for something in the sacred text that says, ‘Thou shalt not use condoms’” (86).

<sup>27</sup> The Greek word, ἔθνη, often translated as “nations,” can also signify “people,” “tribes,” “gentiles,” and “pagans.”

<sup>28</sup> See, for example, Matthew 5:42, 10:42, 15:32–37, 23:14; Mark 6:30–44, 8:1–3; Luke 1:52–53, 3:10–11, 4:18, 6:20–21, 10:23–37, 14:13–14, 16:14–15 and 19–31, 19:8–9, 26:46–47; and John 6:1–14.

embodiments of Torah.<sup>29</sup> In the eyes of their Roman imperial occupiers, however, attending to the needs of poor, marginalized, and unproductive provincials would have seemed a misdirected effort, a colossal waste of time. Though ancient Rome numbered *liberalitas*, “generosity,” among its public virtues, the practice was expected of wealthy patricians, political leaders, and emperors in conspicuous displays of largesse to the general citizenry or worthy individuals. In Judaism, the suffering other requires the attention and presence of all regardless of station in life. The observant Jew deliberately pauses to acknowledge that we are already, through a shared humanity, entailed in one another’s distress. In the words of Levinas, the Jewish philosopher whom Gutiérrez quotes above, the other’s face is “a trace of itself, given over to my responsibility, but to which I am wanting and faulty.”<sup>30</sup> For Levinas, seeing the face of another person is a moment of fraught privilege, a calling to account, a summons prior to and independent of words.

## **Discerning Bodies**

It is this disturbing privilege, rooted in scriptural tradition and sustained by embodied presence to the lives of the poor, that enabled Farmer to expose the idols of bourgeois liberalism that bury savage inequalities under a cloak of abstract procedural language. In *Pathologies of Power*, he writes:

Liberation theologians are among the few who have dared to underline, from the left, the deficiencies of the liberal human rights movement. *The most glaring of these deficiencies emerges from intimate acquaintance with the poor* in countries that are signatory to all modern human rights agreements. When children living in poverty die of measles,

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<sup>29</sup> *Pirkei Avot*, a tractate of Mishnah compiled rabbinic wisdom from the late Second Temple and early post-Temple periods. See, for example, *Pirkei Avot* 1:2, “Shimon the Righteous was among the last surviving members of the Great assembly. He would say: The world stands on three things: Torah, the service of God, and deeds of kindness,” and 1:5a, “Yossei the son of Yochanan of Jerusalem would say: Let your home be wide open, and let the poor be members of your household.”

<sup>30</sup> Emmanuel Levinas, *Otherwise than Being*, trans. A. Lingis (Dordrecht: Nijhoff, 1974), 91.

gastroenteritis, and malnutrition, and yet no party is judged guilty of a human rights violation, liberation theology finds fault with the entire notion of human rights as defined within liberal democracies. Thus, even before judgment is rendered, the “observe” part of the (liberation theology) formula reveals atrocious conditions as atrocious.<sup>31</sup>

Many of those ostensibly working *for* the world's poor do so from the safety of labyrinthine bureaucracies, framing their efforts within a vocabulary of rights, progress, and development. They may even know some among the poor by name yet avoid immersing themselves in the practical messiness of their lives. The world of efficiency offers compelling reasons for doing this, incentives from which I have seldom proved immune. My CV is padded with medical site visits to exotic settings and global health conferences in cosmopolitan cities. Most of these adventures were designed for brevity and efficiency, assiduously maintaining a healthy distance from the poor, the very people we claimed were our primary concern. Noted experts advised such precautions were necessary for professional functioning and personal wellbeing. Well-meaning colleagues reminded me that the poor will always be with us and warned against risking “burnout,” a malady rarely diagnosed among the destitute.<sup>32</sup> For Farmer, however, this withholding of embodied presence leads to half solutions and sham solidarity:

Ironically enough, some who understand, quite correctly, that the underlying causes of tuberculosis are poverty and social inequality make a terrible error in failing to honor the experience and views of the poor in designing strategies to respond to the disease. What happens if, after analysis reveals poverty as the root cause of tuberculosis, tuberculosis control strategies ignore the sick and focus on eradicating poverty? Elsewhere, I have called this the “Luddite trap,” since this ostensibly progressive view would have us ignore both current distress and the tools

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<sup>31</sup> Farmer, *Pathologies of Power*, 142. Emphasis mine.

<sup>32</sup> The poor, whose reasons for despair are legion, suffer depression and remain mired in poverty. The privileged, for whom agency is key, experience burnout and find another job.

of modern medicine that might relieve it, thereby committing a new and grave injustice. The destitute sick ardently desire the eradication of poverty, but their tuberculosis can be readily cured by drugs such as isoniazid and rifampin. The prescription for poverty is not so clear.<sup>33</sup>

From my own experience speaking to congressional staffers and medical organizations about social determinants of health, the difference between legislative band aids and effective therapy often turns on getting policy makers to see for themselves what's at stake. Only in the company of the poor will such momentous distinctions come to light. When the filters of bureaucracy and professional distance are removed and the suffering other is at last seen as a fellow human being in urgent need, a core component of the Partners In Health mission becomes clear: Treat the patient in front of you.

Saint Paul's First Letter to the Corinthians underscores the necessity of bodily presence to the poor. In chapters 10 through 15, Paul develops a sustained argument on the goodness of the body—both individual and corporate—in the economy of salvation. The passages most relevant to the practice of accompaniment, however, start with verses 11:17 ff., in which Paul lambastes the Corinthians for creating divisions and factions in the community so severe that some leave church sated with food and wine while others go hungry.<sup>34</sup> What enrages Paul is that the Corinthians do this even as they gather for Eucharist:

Therefore, whoever eats the bread or drinks the cup of the Lord in an unworthy way, shall be guilty of the body and the blood of the Lord. But a person must examine himself, and in so doing he is to eat of the bread and drink of the cup. For the one who eats and drinks, eats and drinks judgment to himself if he does not properly recognize the body. For this

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<sup>33</sup> Farmer, *Pathologies of Power*, 146.

<sup>34</sup> See Joel Shuman and Brian Volck, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine* (Grand Rapids, MI: Brazos Press, 2006), 55–57.

reason, many among you are weak and sick, and a number are asleep. (1 Corinthians 11:27–30)

The reason, Paul says, that some are weak, sick, or “asleep” (i.e., dead), lies in the failure of the privileged and well-fed elite to recognize (the Greek verb, διακρίνω, is often translated as “discern”) the body. For Catholics today, this discernment entails the Real Presence both in the Eucharist and in the gathered Body of Christ, particularly in the poor. Then and now, that the privileged fail to discern Christ’s body arises from divisions and factions that keep rich and poor apart. Those of us in the health professions too often resemble Job’s alleged friends, sitting at a distance and muttering pious nonsense in answer to Job’s protests of innocence. About these “comforters,” Gutiérrez writes:

If these men were to be silent and listen, they would demonstrate the wisdom they claim to possess. Those who experience at close range the sufferings of the poor, or of anyone who grieves and is abandoned, will know the importance of what Job is asking for. The poor and the marginalized have a deep-rooted conviction that no one is interested in their lives and misfortunes. They also have the experience of deceptive expressions of concern from persons who in the end only make their problems all the worse.<sup>35</sup>

Likewise, Farmer argues that physicians and other health care professionals should be among the poor, listening to, befriending, assisting, and advocating for those who are suffering now. Citing Rudolph Virchow, the nineteenth century pathologist and founder of social medicine, Farmer writes that the current system:

ensures that large numbers of people, in the United States and out of it, will be simultaneously put at risk for disease and denied access to care. In fact, the spectacular successes of biomedicine have in many instances

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<sup>35</sup> Gutiérrez, *On Job*, 24.



further entrenched medical inequalities. This necessarily happens whenever new and effective therapies...are not made available to those in need. Perhaps it was in anticipation of late-twentieth-century technology that Virchow argued the physicians must be the “natural attorneys of the poor.”<sup>36</sup>

## **Doing the Word in God's Good Time**

The Letter of James, with its emphasis on being “doers of the word,” (1:22–25), the necessity to act on one's faith (2:14–26), and the imminent downfall of the unrepentant rich (5:1–6), is a textual trove for liberation theologians. I focus here on just two passages. In 2:1, the letter's author asks if those who show partiality to the rich and ignore the poor actually hold any faith in Christ. His readers, like too many of us today, take notice of the well-dressed elite and disregard the poor, thereby making problematic distinctions (2:2–4). Yet, the author continues, there are distinctions to be made:

Listen, my beloved brothers and sisters: did God not choose the poor of this world to be rich in faith and heirs of the kingdom which He promised to those who love Him? But you have dishonored the poor man. Is it not the rich who oppress you and personally drag you into court? Do they not blaspheme the good name by which you have been called? (James 2: 5–7)

If God has made a preferential option for the poor, so must we. Of this, Gutierrez writes, “I do theology as one who come from a context of deep poverty, and thus for me, the first question of theology is *how do we say to the poor: God loves you ...* . This message—true as it is—presents a monumental challenge given the daily life of poor persons.”<sup>37</sup> Farmer knows that

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<sup>36</sup> Paul Farmer, *Infections and Inequalities: The Modern Plagues* (Berkeley, CA: University of California Press, 1999), 12.

<sup>37</sup> Gutiérrez, “Saying and Showing to the Poor: ‘God Loves You,’” in *In the Company of the Poor*, 27. Emphasis in the original.

challenge, too, and behaves as if he read ahead in James's epistle to the warning, "If a brother or sister is without clothing and in need of daily food, and one of you says to them, 'Go in peace, be warmed and be filled,' yet you do not give them what is necessary for their body, what use is that?" (James 2:15–16). Farmer insists that solidarity with the poor must be pragmatic:

Pragmatic solidarity is different from but nourished by solidarity per se, the desire to make common cause with those in need. Solidarity is a precious thing: people enduring hardship often remark that they are grateful for the prayers and good wishes from fellow human beings. But when sentiment is accompanied by the goods and services that might diminish unjust hardship, surely it is enriched. To those in great need, solidarity without the pragmatic component can seem like so much abstract piety.<sup>38</sup>

In James 5:14–15, the author calls on the elders of the community to anoint the sick. There is more to this text than the scriptural basis upon which Catholic tradition grounds the Sacrament of the Sick. It should be remembered that while oil was commonly used as a healing agent through much of antiquity, Jewish tradition reserved liturgical anointing for priests, kings, and prophets. In gathering the elders around the body of the sick, the sufferer becomes the privileged center of the local church. Her body is respectfully—even reverently—touched, and in this gentle and generous encounter, the community assures her that she actively contributes to the life of the gathered body.<sup>39</sup>

For the local church, anointing the sick is time well spent, a communal action of love, inclusion, and power. Through tactile, visual, auricular, and olfactory reminders, the community reasserts that true healing comes only from God and no one in the gathered body suffers alone. Viewed from medicine's world of efficiency, the time wasted in gathering

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<sup>38</sup> Farmer, *Pathologies of Power*, 146.

<sup>39</sup> See Shuman and Volck, *Reclaiming the Body*, 72–74.

nonessential personnel and conducting a dubious premodern anointing ritual might have more been profitably spent obtaining diagnostic lab data or imaging and following appropriate therapeutic algorithms. Though the two approaches need not—indeed, should not—be mutually exclusive, they are rooted in irreconcilable ways of experiencing time.

In reflecting theologically on time and cognitive disability, John Swinton draws a critical distinction between clock time and God's time which I think is relevant to all whom the world of efficiency marginalizes, including the world's poor. What Swinton calls "time of the clock" is "assumed to be linear, dynamic, and forward facing ... measurable, and controllable."<sup>40</sup> Accordingly, clock time is perceived as "fragmented, commodifiable, scheduled, and, above all, instrumental."<sup>41</sup> The resultant political economy underwrites and shapes:

a world that adores speed, loves intellectual prowess (quickness of mind), and worships comfortably at the altar of competitiveness, productivity, efficiency, and self-sufficiency (using *your* time well on your *own* behalf). The implication is that to live humanly is to learn to live one's life effectively according to a series of culturally constructed time tracks that are laid out according to the fixed and relentless rhythm of the ... clock.<sup>42</sup>

God's time, by contrast, is "uncontrollable; unmanageable; simultaneously past, present, transient, and in the future; an enigmatic container; and a bridge that emerges from and leads us into God's unchanging, loving heart."<sup>43</sup> For God, "The purpose of time is to facilitate and sustain love."<sup>44</sup> God's time is slow, gentle, and punctuated with moments of rest, as the sabbath frames the seven-day week. God "takes

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<sup>40</sup> John Swinton, *Becoming Friends of Time; Disability, Timefulness, and Gentle Discipleship* (London: SCM Press, 2016), 22–23. Emphases in the original.

<sup>41</sup> Swinton, *Becoming Friends of Time*, 23.

<sup>42</sup> Swinton, *Becoming Friends of Time*, 31. Emphases in the original.

<sup>43</sup> Swinton, *Becoming Friends of Time*, 61.

<sup>44</sup> Swinton, *Becoming Friends of Time*, 58.

time for the things that the world considers to be trivial. Those who follow Jesus—God incarnate—are expected to do the same.”<sup>45</sup> Finally, Swinton writes, “Time is a gift that is intended to be given away.”<sup>46</sup> Choosing to give away time in the company of the poor rejects the modern conviction that time really is money and its expenditure should be accounted for with utmost precision. Swinton relabels modernity’s obsession with time management as “time poverty,” turning the question, “Who are the poor?” on its head. What the world of medical efficiency sees as wasted time is, in fact, active participation in the life of God.

## **What Medicine and the Church Might Learn from Paul Farmer**

The preferential option for the poor begins with recognition of the suffering other, but it does not end there. In discerning and being present to the poor, a scattered people are gathered and the body is enlarged. As Alexandre Martins writes:

The recognition of the other is primarily seeing the faces of those who are suffering and identifying their faces with the face of the Crucified Jesus. This involves joining their lives and experience of suffering. The recognition of the other is also realizing that the poor have a knowledge originating from their experience ... . Recognition is a movement of humility and commitment to others. It creates a community of fellows who share the same human condition, history, hope, and praxis of liberation.<sup>47</sup>

Paul Farmer adds, “We don’t live in the first world, the second world, or the third world. We live in *one* world ... . There are persons in that world.

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<sup>45</sup> Swinton, *Becoming Friends of Time*, 76.

<sup>46</sup> Swinton, *Becoming Friends of Time*, 208.

<sup>47</sup> Alexandre Martins, *The Cry of the Poor: Liberation Ethics and Justice in Health Care* (Lanham, MD: Lexington Books, 2020), 59.

We need to reach across these barriers and to make genuine, authentic ties with people.”<sup>48</sup>

Martins trained as a nurse. Farmer was a physician. Health care professionals have long been expected to provide skilled care to all who seek their assistance. That the vaunted US health care system often makes this difficult and prohibitively expensive marks a massive corporate and societal failure. Christians, as members of the Body of Christ, are obliged to transgress barriers keeping them from pragmatic solidarity with “the least.” We are called not just to acknowledge the suffering other but to share in his condition. That so many of us fail to do so is a scandal. Physicians who, like me, claim to follow Jesus are thus under a double obligation to reach across illusory borders of human origin, including class, race, faith, gender, or nationality.<sup>49</sup> Those who, like Paul Farmer, commit themselves wholeheartedly to that vocation are rare. I am in no way exempt from the resultant shame, since my words are often better than my actions. Like too many of my colleagues, my witness runs by turns hot and cold.

I nonetheless hope that we can teach the next generation of physicians, nurses, and therapists better than we know. Any such hope should not count on cooperation from the medical-industrial complex, nor would a Christian takeover of US health care education do anything but make matters worse. What is required is not bureaucratic reform but transformed relationships. Learners entering the profession need exemplars sufficiently committed to the poor as to share in their experience and honest enough to acknowledge when and where they fail. The poor and marginalized must become full and active partners in decisions concerning their personal, communal, and environmental health. Measurements of health should take into account the entire local community, elegantly defined by Wendell Berry as “a place and *all* its

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<sup>48</sup> In “Reimagining Accompaniment,” in *In the Company of the Poor*, 171. Emphasis in the original.

<sup>49</sup> See Brian Volck, “Body Politics: Medicine, the Church, and the Scandal of Borders” in *Catholic Bioethics and Social Justice*, ed. M. Therese Lysaught and Michael McCarthy (Collegeville, MN: Liturgical Press Academic, 2019), 301–313.

creatures.”<sup>50</sup> Learners and teachers need to be fully present to the poor, sharing in, learning from, and responding to their suffering. Words like “love,” “communion,” and “pragmatic solidarity”—now rarely heard in the hallways of teaching hospitals—must become not only common parlance but everyday practice. Any artificial boundary that obscures the suffering of others—fellow creatures in whose lives we are always already entailed—should be identified and dismantled.

Farmer drank deeply from the wells of liberation theology, but he never claimed the title of theologian. His life and words suggest an unsystematic, practical, and embodied theology, an applied science much like the practice of medicine. He wrote on the intersection of health, justice, and the gospels with a passion born from experience. He spoke as a doer of the word rather than a theoretician or exegete. Yet, theology is not the exclusive province of highly credentialed academicians. For Christian scholars to treat Farmer’s words and witness as somehow unworthy of serious theological reflection would be shortsighted.

That the Catholic Church—local and universal—has much to learn from Paul Farmer, I have no doubt. The number of contributors to this volume make that clear. I close, however, with one possible lesson that, while easy to say, may prove challenging to enact. Let me simply suggest, then, that Farmer’s praxis of accompaniment offers a compelling model for a post-clericalist church. As a lay Catholic, I do not pretend to have a comprehensive response to massive disaffiliation of young adults and a dearth of vocations to the priesthood in the United States. I am concerned, though, when I hear neo-traditionalist Catholics propose restoring the dignity and station of the ordained to an elevated state—one that stresses their “ontological difference” from those not ordained. I do not question that Holy Orders confers a certain dignity to those called to ordination. The danger is that in elevating the priest above the laity, he is soon alienated from them as well. The everyday struggles of those entrusted to his

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<sup>50</sup> Wendell Berry, “Health is Membership,” in *Another Turn of the Crank* (Washington, DC: Counterpoint, 1995), 90. Emphasis mine.

spiritual care remain abstractions to be met with equally abstract theories, platitudes, and bureaucratic indifference, replicating in the Church the very dysfunction Farmer worked against in global health.

There are some, I am sure, who will say that priests who immerse themselves in the everyday lives of the laity are wasting their time, but at least one well-known priest disagrees. Pope Francis, at his first Holy Thursday Chrism Mass as Bishop of Rome, said, “A good priest can be recognized by the way his people are anointed,” and urged his fellow priests “to ‘go out,’ then, in order to experience our own anointing, its power and its redemptive efficacy: to the ‘outskirts’ where there is suffering, bloodshed, blindness that longs for sight, and prisoners in thrall to many evil masters.” He then made his famous call for priests to share “the smell of the sheep” (the Vatican website translates his phrase as “the odour of the sheep”), saying:

The priest who seldom goes out of himself, who anoints little—I won’t say “not at all” because, thank God, the people take the oil from us anyway—misses out on the best of our people, on what can stir the depths of his priestly heart. Those who do not go out of themselves, instead of being mediators, gradually become intermediaries, managers. We know the difference: the intermediary, the manager, “has already received his reward,” and since he doesn’t put his own skin and his own heart on the line, he never hears a warm, heartfelt word of thanks. This is precisely the reason for the dissatisfaction of some, who end up sad—sad priests—in some sense becoming collectors of antiques or novelties, instead of being shepherds living with “the odour of the sheep.” This I ask you: be shepherds, with the “odour of the sheep,” make it real, as shepherds among your flock, fishers of men.<sup>51</sup>

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<sup>51</sup> Pope Francis, “Chrism Mass Homily, Saint Peter’s Basilica,” March 28, 2013, [www.vatican.va/content/francesco/en/homilies/2013/documents/papa-francesco\\_20130328\\_messa-crismale.html](http://www.vatican.va/content/francesco/en/homilies/2013/documents/papa-francesco_20130328_messa-crismale.html).

I leave it to others to map out the necessary changes in priestly formation that will shape seminarians into servants who live in such intimacy with those on the “outskirts” that they share their smell. When that committee gathers, however, I sincerely hope they not only consult the laity but make lay persons from the world’s neglected margins privileged partners and active participants in their deliberations. And, if they need a model for how that might be done, I recommend they examine the work of Paul Farmer, the physician who, more than anyone I know, shared the smell of those he served.



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