

Part 4

Global Health *as a* Theological Locus

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Insofar as Meghan Clark focuses on a particular global health initiative in South Sudan, her essay provides a bridge to Part IV, “Global Health as a Theological Locus.” While we believe that Farmer’s life and work have methodological implications for the practice of theology and theological ethics, the focus of his life’s work—global health—likewise remains an important locus for theological reflection, learning, analysis, and action. Caring for the sick with all its theoretical and practical correlates (suffering, embodiment, poverty, power, gift, kenosis, creation, eschatology) is inextricably central to the witness of the gospels and the historic Christian tradition, but outside of Catholic bioethics, it receives scant attention within theological methodology. What is more, on the global scale, so many lives continue to be ravaged and cut short by structural violence.

Bringing home this point, we turn to Chapter Twelve, “Ebola and the Ravages of History in Paul Farmer: A Catholic Theological Ethical Response to Global Health Inequity in Africa,” by Stan Chu Ilo. Naming Farmer as “an African ancestor,” Ilo focuses on Farmer’s final book, *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History*, to not only highlight Farmer’s work in Africa but also raise pointed questions for Western scholars and theologians. Although Farmer rarely uses the terms, from his opening pages, the evils of colonialism and racism—as well as sexism, classism, and other intersectional loci—are embedded in his analyses. Ilo brings this front and center, showing how racist colonialist assumptions continue to shape the field of global health as well as the imaginations of many who work in the field. How does this history and framing continue to shape the work of theologians and churches, in our scholarship, pastoral practice, and moral analyses?

Where Ilo helpfully zeros in on Africa, in Chapter Thirteen, “The Legacy of Paul Farmer for Theological Ethics,” Andrea Vicini pulls the

lens back to look at the global landscape more broadly. Synthesizing many of the themes articulated in the volume, he highlights how Farmer's theological lens helped him challenge givens and assumptions and to begin to reimagine, theoretically and practically, the field of global health. Health, Farmer reminded us, is "a personal and social good that should be protected and promoted," and should be a central commitment for those embedded in the Christian tradition. Highlighting liberation theology and solidarity, the preferential option for the poor, and accompaniment, Vicini points to work that remains to be done with regard to the training of health care providers and a long list of global health priorities, and to theological ethics, Christian discipleship, ecclesial communities, and the institutional church.

Maura Ryan closes this section with her reflections in Chapter Fourteen on moving "From Compassion to Pragmatic Solidarity: Considering the Right to Health from the Margins." Examining how Catholic social thought informs the content of a "right to health," she asks how its understanding of the relationship between health and human rights is enriched by Paul Farmer's construction of "pragmatic solidarity." Examining Farmer's argument for moving from the feeling of "compassion" in the face of suffering to the action of "pragmatic solidarity" entails acknowledging that death and disease have social causes and cannot be adequately addressed without also addressing those causes. It also requires identifying and addressing the patterns of structural violence that determine how disease and death are distributed and to whom the goods of science and medicine will be available.