

## Chapter 13: The Legacy of Paul Farmer for Theological Ethics

Andrea Vicini, SJ

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Reflecting on Paul Farmer's legacy for theological ethics unveils what might surprise many. Theological approaches, with the practices that inform them, are neither marginal nor reserved to theologically closed circles. On the contrary, they can inspire, animate, and transform ways of being and acting that reach out to diverse moral agents in complex disciplinary contexts and influence social environments beyond theological circles. Moreover, these modes in which theological approaches are embodied influence theology in comprehensive ways by contributing to the shaping of ideas and by enriching theology and theologians.

In discrete but significant ways, theology inspired and enriched Farmer's life and guided some of the choices that he made to advance global health. At the same time, his life and work contributed to a deeper understanding of theology and showed how theological discourse and practices can make a difference in society and culture by addressing what concerns the lives of people, their well-being, and their personal and social flourishing. However, because of structural violence, flourishing cannot happen "if there is hunger, unfair political arrangements, ongoing assaults on the environment, and no safety net to protect the sick, the unemployed, and the frail."<sup>1</sup> This chapter discusses Paul Farmer's legacy by highlighting how his work, with the theological insights that inspired his commitments, contributes to inform a renewed theological ethics that aims at promoting justice and the well-being of populations.

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<sup>1</sup> Paul Farmer, "Sacred Medicine: How Liberation Theology Can Inform Public Health," *Sojourners* 43, no. 1 (2014): 9.

## **A Committed Theology and Its Fruits**

Liberation theology, together with the key elements that characterize Catholic social thought, are expressions of theological developments that aim at embodying Jesus's transformative announcement of God's kingdom. Following the Gospels, theological discourse believes and reaffirms that such a divine kingdom is already here and now, at least in some initial stages of its manifestations but, at the same time, is neither fully realized nor realizable in its entirety. Each disciple of Jesus is invited to experience how the Good News of God's love and justice is not solely the expression of a pious longing, but it is a historical reality—at least to some extent. Care, mercy, love, and justice—which contribute to characterizing God's kingdom and how Jesus's disciples live—can be experienced in the challenging situations that populations face.

In its longing and struggle for justice, liberation theology shows how what concerns the divine, and what is at the core of experiencing God in human life, history, and creation, are inseparable from embracing everything that is human. The mystery of the Incarnation never stops surprising humankind. A critical awareness of unjust systems, oppressive structures, and inhuman power dynamics should lead to a resolute commitment to promote greater justice and to empower individuals and communities. Reflecting on structures demands a critical assessment of structural violence by emphasizing that

Violence is done to some people in this world by poverty, racism, gender inequality, homophobia, and xenophobia. Just as this violence, which Gutiérrez and others term structural violence or 'structural sin,' can be institutionalized through unjust social arrangements, so too can it be undone with the help of more just ones.<sup>2</sup>

Theological discourse, and in particular Catholic social thought, by stressing the sinful dimensions of these structural arrangements, with the

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<sup>2</sup> Farmer, "Sacred Medicine," 9.

violence that they embody, empowers to recognize, identify, and name what oppresses and dehumanizes while, at the same time, strives for transformative actions.<sup>3</sup> Such an engagement with people's lives and stories, joining them in a shared struggle for justice, well-being, and flourishing is integral to living Christian discipleship. Embracing and living the Gospel expresses one's humanity and supports efforts to humanize the world.

During his studies and training and throughout his career, one can recognize how the awareness of systemic and structural conditions of injustice, which affect the personal and social development and health of people and communities, shaped and formed Paul Farmer.<sup>4</sup> In reflecting on his life, one notices how the needed attention he gave to social, cultural, religious, and political determinants of health became inseparable from his more traditional approach to health that focuses on patients, their

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<sup>3</sup> See, for example, Margaret Pfeil, "Doctrinal Implications of Magisterial Use of the Language of Social Sin," *Louvain Studies* 27 (2002): 132–152; Daniel K. Finn, "What Is a Sinful Social Structure?," *Theological Studies* 77, no. 1 (2016): 136–164; Christine Firer Hinze, "The Drama of Social Sin and the (Im)Possibility of Solidarity: Reinhold Niebuhr and Modern Catholic Social Teaching," *Studies in Christian Ethics* 22, no. 4 (2009): 442–460; James F. Keenan, SJ, "Raising Expectations on Sin," *Theological Studies* 77, no. 1 (2016): 165–180; James F. Keenan, SJ, *Moral Wisdom: Lessons and Texts from the Catholic Tradition*, 3rd ed. (Lanham, MD: Rowman & Littlefield, 2017), 46–50; Conor M. Kelly, "The Nature and Operation of Structural Sin: Additional Insights from Theology and Moral Psychology," *Theological Studies* 80, no. 2 (2019): 293–327; Conor M. Kelly, "Everyday Solidarity: A Framework for Integrating Theological Ethics and Ordinary Life," *Theological Studies* 81, no. 2 (2020): 414–437. See also the chapter "Structures of Sin" in Josef Fuchs, SJ, *Moral Demands and Personal Obligations* (Washington, DC: Georgetown University Press, 1993), 63–73.

<sup>4</sup> See Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley, CA: University of California Press, 2003), 139–159. Together with the exemplar of Archbishop Oscar Romero, among the volumes that inspired him Paul Farmer mentions two works of Gustavo Gutiérrez, OP: Gustavo Gutiérrez, *The Power of the Poor in History: Selected Writings*, trans. R.R. Barr (Maryknoll, NY: Orbis Books, 1983); and Gustavo Gutiérrez, *We Drink from Our Own Wells: The Spiritual Journey of a People*, trans. M. J. O'Connell (Maryknoll, NY: Orbis Books, 1984). See Farmer, "Sacred Medicine," 8.

symptoms, their disease, and their compliance with the proposed therapies.<sup>5</sup>

Liberation theology empowers health care professionals by shaping their awareness of the contexts in which patients live, work, and suffer. It also provides them with the needed critical approach to criticize unjust social situations and arrangements in constructive ways, aiming at overcoming troubling dynamics and fostering human and social liberation, with the health benefits that these transformations will entail in terms of preventive care, acute and long-term care, as well as social services (from education to infrastructures and to environmentally safe living and working conditions) and a quality of life that promotes peace and flourishing. Finally, liberation theology helps health care professionals in their efforts to join other agents in the social fabric who strive to care for the common good<sup>6</sup> and for the well-being of people and communities (from social workers to political activists, from religious communities and their leaders to grassroots organizations) by critically examining the process of health care delivery and what it demands to address the needs of vulnerable people and communities.<sup>7</sup> In what follows, I note liberation theology's key lessons for health care.

### ***Solidarity***

In diverse social contexts across the planet, those who experience multiple challenges, disadvantages, and difficulties that hinder their existence, well-being, and flourishing—those that society labels as “the poor”—demand help, care, peace, and justice. The structural conditions that contribute to create poverty should be addressed and changed. The Gospels call for a

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<sup>5</sup> See Tracy Kidder, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World* (New York: Random House, 2003).

<sup>6</sup> See Lisa Sowle Cahill, “Social Justice and the Common Good: Improving the Catholic Social Teaching Framework,” in *Ethical Challenges in Global Public Health: Climate Change, Pollution, and the Health of the Poor*, ed. Philip J. Landrigan and Andrea Vicini, SJ (Eugene, OR: Pickwick Publications, 2021), 106–117.

<sup>7</sup> See Paul E. Farmer, “Shattuck Lecture: Chronic Infectious Disease and the Future of Health Care Delivery,” *New England Journal of Medicine* 369, no. 25 (2013): 2424–2436.

resolute commitment for effective transformative praxes. The whole history of Christianity tried to embody compassion and love in concrete ways. However, in too many instances people who are struggling with poverty have been considered passive recipients of what the givers and caretakers estimated they needed. The agency of the poor was curtailed as if they could not be considered interlocutors and partners, involved in challenging and removing the systemic injustices that oppress them and that inhibit their personal and social flourishing. At the same time, the contributions of liberation theologians, which were informed not only by academic reasoning but by the struggle of peoples and communities in the Latin American continent, led to a more explicit theological commitment and practical engagement with those who suffer because of poverty, at the service of their well-being.

Despite its commitment to be for the poor and with the poor, the historical reception of liberation theology's insights and methodological approaches is marked by resistance and misunderstandings and followed by recognition and ongoing incorporation. Initially, the Catholic magisterium resisted acknowledging the urgency of liberation in the Latin American continent, not even when liberation was framed in light of the biblical liberation of God's people from slavery and oppression featured in the book of Exodus. Such a resistance mostly depended on misunderstandings regarding the sources of liberation theology's social critique and its liberationist praxes. Gradually, Catholic theological thought on social matters recognized and named the inequities that affect the poor, began to appreciate the evangelical call to personal and systemic conversion that characterizes liberation theology, and centered itself on making a preferential option for the poor as essential to promoting just societies.<sup>8</sup> This option is now a constitutive element of official Catholic social teaching, and Pope Francis is further contributing to its

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<sup>8</sup> See Stephen J. Pope, "Proper and Improper Partiality and the Preferential Option for the Poor," *Theological Studies* 54, no. 2 (1993): 242–271; and Stephen J. Pope, "Christian Love for the Poor: Almsgiving and the 'Preferential Option,'" *Horizons* 21, no. 2 (1994): 288–312.

implementation by stressing how the promotion of social justice is integral to announcing God's kingdom and living the Gospel and how solidarity demands concrete actions and practices. As Pope John Paul II famously stressed, solidarity "is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all" (*Sollicitudo Rei Socialis*, no. 38).

### ***The Preferential Option for the Poor***

As Alexandre Martins writes in this volume, in the field of health, numerous are the shining examples of committed health care professionals who embodied the preferential option for the poor as the core of their efforts to promote health. Paul Farmer joins these exemplars, while he inspired others to make similar commitments and collaborated with many to institutionalize projects and initiatives to serve the poor and promote their health. Partners In Health—the international nonprofit public health organization founded in 1987 by Paul Farmer, Ophelia Dahl, Thomas J. White, Todd McCormack, and Jim Yong Kim to provide health care services in the poorest areas of developing countries—exemplifies this collaborative effort and commitment.<sup>9</sup>

The work of both Paul Farmer and Partners In Health aims at concrete achievements promoting health in some of the world peripheries. In particular, Partners In Health strives to "make 'a preferential option for the poor in health care' in settings ranging from rural Latin America (Haiti, Guatemala, Mexico) and Africa (Rwanda, Malawi, Lesotho) to areas of urban poverty (Peru, the United States) and even into the prisons

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<sup>9</sup> See Partners In Health, "Together, We Can Repair the World," 2022, [www.pih.org/our-impact](http://www.pih.org/our-impact). See also Daniel Palazuelos, Paul E. Farmer, and Joia Mukherjee, "Community Health and Equity of Outcomes: The Partners in Health Experience," *Lancet Global Health* 6, no. 5 (2018): e491–e493.

of Siberia.”<sup>10</sup> At the same time, it is urgent to continue learning from those who are poor, appreciating the value of their experiences, their tested wisdom, and their struggles, needs, and longings. One should avoid any romantic understanding of people who are poor that disconnects them from the unjust and oppressive contexts in which they live and that betrays their hurt human condition.<sup>11</sup> On the contrary, a profound sense of justice, informed by concrete relationships and stories is essential to what it means to be human and to strive for health.<sup>12</sup> Hence, health care professionals, civil servants, and theologians should continue to learn from those who are marginalized, excluded, and considered irrelevant.<sup>13</sup> Within Christianity, relationality is constitutive of theological discourse and shapes praxes. It manifests the Incarnational nature of theology and expresses the condition of humankind, how the divine is discovered and encountered in people, in their life stories, their struggles, their challenges, and their achievements.

Ecclesially, “Go out to the peripheries” has been at the core of Pope Francis’s call addressed to people of good will.<sup>14</sup> As Cathleen Kaveny stresses, Francis’s call has epistemological relevance by centering on those

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<sup>10</sup> Farmer, “Sacred Medicine,” 9. On multidrug-resistant tuberculosis in prisons in the US and Russia, see Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor*, 179–195.

<sup>11</sup> See Miguel Cerón Becerra, SJ, “Health Care in US Detention Centers: Ethical Analysis from the Preferential Option for the Poor,” *Journal of Catholic Social Thought* 18, no. 1 (2021): 35–63. See also David Becerra, Stephanie Lechuga-Pena, Jason Castillo, Raquel Perez Gonzalez, Nicole Ciriello, Fabiola Cervantes, and Francisca Porchas, “‘Esto No Se Lo Deseo a Nadie’: The Impact of Immigration Detention on Latina/o Immigrants,” *Journal of Human Rights and Social Work* (2022): doi.org/10.1007/s41134-022-00210-7.

<sup>12</sup> See Alexandre Andrade Martins, *The Cry of the Poor: Liberation Ethics and Justice in Health Care* (Lanham, MD: Lexington Books, 2020), 123–127; Paul Farmer, “Ebola, the Spanish Flu, and the Memory of Disease,” *Critical Inquiry* 46, no. 1 (2019): 56–70; Paul Farmer, *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* (New York: Farrar, Straus and Giroux, 2020); and Farmer, *Pathologies of Power*, 160–178.

<sup>13</sup> See Martins, *The Cry of the Poor*, 143–161.

<sup>14</sup> See Francis, *Evangelii Gaudium*, no. 20; Francis, “To the Group of the ‘Lazare’ Association from France,” 2021, [www.vatican.va/content/francesco/en/speeches/2021/august/documents/20210828-associazione-lazare.html](http://www.vatican.va/content/francesco/en/speeches/2021/august/documents/20210828-associazione-lazare.html).

excluded,<sup>15</sup> recognizes the marginalized as having social priority, and invites people and believers to walk together with the poor by accompanying one another.<sup>16</sup> The pope urges humankind to listen to the cry of the poor and of the whole planet, responding with committed actions informed by love and justice,<sup>17</sup> and aimed at fostering global fraternity. Hence, what one recognizes in Paul Farmer's reasoning and praxis is also informing the papal teaching and engagement.

As Paul Farmer never stopped stressing, the preferential option for the poor is not only a theological choice or a choice made by people of good will. Diseases too make a preferential option for the poor. As he wrote, "Any serious examination of epidemic disease has always shown that microbes also make a preferential option for the poor. But medicine and its practitioners, even in public health, do so all too rarely. Imagine how much unnecessary suffering we might collectively avert if our health care and educational systems, foundations, and nongovernmental organizations genuinely made a preferential option for the poor?"<sup>18</sup> Striving to promote health should lead them to address the social and political determinants that affect those who suffer from poverty, increasing their vulnerability to disease and, ultimately, affecting the whole society.<sup>19</sup>

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<sup>15</sup> See Cathleen Kaveny, "Pope Francis and Catholic Healthcare Ethics," *Theological Studies* 80, no. 1 (2019): 192.

<sup>16</sup> See Kaveny, "Pope Francis and Catholic Healthcare Ethics," 192.

<sup>17</sup> See Leonardo Boff, *Cry of the Earth, Cry of the Poor*, trans. P. Berryman, Ecology and Justice (Maryknoll, NY: Orbis Books, 1997); Leonardo Boff and Virgilio P. Elizondo, eds., *Concilium: Ecology and Poverty: Cry of the Earth, Cry of the Poor* (London: SCM Press; Maryknoll, NY: Orbis Books, 1995); Alexandre Andrade Martins, "Preferential Option for the Poor and Equity in Health," *Camillianum* 14, no. 40 (2014): 31–48; Alexandre Andrade Martins, "Healthy Justice: A Liberation Approach to Justice in Health Care," *Health Care USA* 22, no. 3 (2014): 1–14; and Martins, *The Cry of the Poor*.

<sup>18</sup> Farmer, "Sacred Medicine, 9." Quoted in: Anne Pollock, *Sickening: Anti-Black Racism and Health Disparities in the United States* (Minneapolis, MN: University of Minnesota Press, 2021), 177.

<sup>19</sup> See Alexandre Andrade Martins, "Laudato Si': Integral Ecology and Preferential Option for the Poor," *Journal of Religious Ethics* 46, no. 3 (2018): 410–424.



The commitment of health care professionals joining theologians in making a preferential option for the poor implies avoiding any paternalistic and patronizing attitude, recognizing the explicit or lurking Western colonial presumptions of having figured out all the questions and knowing all the answers because of the assumed supremacy and privilege of Western cultures, histories, social arrangements, and religions. On the contrary, the preferential option for the poor embodies equality, reciprocity, mutuality, and humility, joining in a shared search for what is truthful and authentic. The lives of people, with their strengths, needs, and limitations should be at the forefront of theological concerns, as well as of care providers and of civil servants.

Embodying this commitment, Partners In Health strives to provide care in the world's peripheries and, at the same time, to create opportunities for forming health care providers. Among the many personal stories of community health workers Mabel Koroma, from Sierra Leone, exemplifies this commitment.<sup>20</sup> Sierra Leone has the highest maternal mortality rate in the world (1 in 17 women has a lifetime risk of dying in pregnancy or childbirth). After a pregnancy check-up, Mabel discovered she was HIV-positive. Helped by Partners In Health, Mabel started her antiretroviral treatment, gave birth, succeeding in having a child who was HIV negative. In light of this experience, because of the help that she received, and after targeted training, she became a community health worker, helping other women to care for their health, accompanying them in their struggle for health.

### ***Accompaniment***

Accompaniment is neither a vague word nor a fashionable and catchy slogan. On the contrary, it is a concrete manifestation of solidarity, of being with the people and for them.<sup>21</sup> Accompaniment implies conversion

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<sup>20</sup> See Partners In Health, "Reducing Maternal Mortality (Mabel)," 2019, [www.pih.org/reducing-maternal-mortality](http://www.pih.org/reducing-maternal-mortality).

<sup>21</sup> See Paul Farmer, "Partners in Help: Assisting the Poor over the Long Term," *Foreign Affairs*, July 29, 2011, [www.foreignaffairs.com/articles/haiti/2011-07-29/partners-help](http://www.foreignaffairs.com/articles/haiti/2011-07-29/partners-help); and

of hearts, leads to seeing reality anew, and fosters personal change and social transformation. Moreover, accompaniment characterizes prophetic witnesses.<sup>22</sup> For Paul Farmer, accompaniment is “a staple in liberation theology.”<sup>23</sup> Moreover, in his practice, he recognized what happened to “patients facing both poverty and chronic disease.”<sup>24</sup> As he writes, “They missed appointments, didn’t fill prescriptions, didn’t ‘comply’ with our [professional] counsel. And this was true in every country in which I’ve worked. But when we began working with community-health workers to take care to [*sic*] patients, the outcomes we all sought were much more likely to happen. Instead of asking ‘why don’t patients comply with our treatments?’ we began to ask, ‘How can we accompany our patients on the road to cure or wellness or a life with less suffering due to disease?’”<sup>25</sup>

Accompaniment is both a personal and social virtue and, as every virtue, it depends on virtuous dynamics of virtuous moral agents (from health care professionals to community health workers and citizens alike) within their social contexts, while each one contributes to make the social fabric more virtuous. For Farmer and Partners In Health, working with the local authorities is part of this process of accompaniment. Reconstructing in innovative ways the Rwandan health care system exemplifies a concrete form of accompaniment that empowered local agents, organizations, and structures and led them to articulate proposals and realize projects that are targeted to the country’s reality and are feasible. In Rwanda, a further example of a targeted project is the University of Global Health Equity, which was planned, built, and launched in a rural area of the country to “advance global health delivery

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Michael P. Griffin and Jennie Weiss Block, eds., *In the Company of the Poor: Conversations between Dr. Paul Farmer and Fr. Gustavo Gutiérrez* (Maryknoll, NY: Orbis Books, 2013). See also Stephen J. Pope, “Integral Human Development: From Paternalism to Accompaniment,” *Theological Studies* 80, no. 1 (2019): 123–147.

<sup>22</sup> See Farmer, *Pathologies of Power*, 160–178.

<sup>23</sup> Farmer, “Sacred Medicine,” 9.

<sup>24</sup> Farmer, “Sacred Medicine,” 9.

<sup>25</sup> Farmer, “Sacred Medicine,” 9.

by training a new generation of global health leaders who are equipped in not just building, but sustaining effective and equitable health systems.”<sup>26</sup>

## **Conclusion**

Training the current and future generations of health care providers within one of the world’s peripheries, with a privileged attention given to global public health and to the need of fostering equity, reveals how, in Paul Farmer’s vision of global health, education is integral to promoting health and social justice with a preferential option for the poor. Certainly, education also is at the heart of theological endeavors. Farmer’s vision of how education should foster personal and social flourishing is both a reminder and a renewal of the enduring engagement of theology, with its discourses and the practices that they inspire, in promoting education in many concrete ways, striving for justice, and accompanying disadvantaged, marginalized, and oppressed people.

Focusing on global health, together with education, other priorities should also be mentioned. As a result of their ongoing global work in four continents and twelve countries—including Russia, the Navajo Nation, and the US—in 2013, Paul Farmer and colleagues stressed the urgency of fostering maternal and child health; advancing vaccination campaigns; reducing the incidence of the “big three” global diseases (i.e., AIDS, tuberculosis, and malaria); addressing the challenges of neglected tropical diseases that, despite affecting large populations in the Global South, still receive insufficient attention from researchers and drug companies; tackling noncommunicable diseases and, among them, cancer;<sup>27</sup> promoting surgical services and opportunities in the Global South; offering better primary care services in the US; and, across the globe,

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<sup>26</sup> University of Global Health Equity, “Our Story,” 2022, [ughe.org/the-story-behind-the-university](https://ughe.org/the-story-behind-the-university).

<sup>27</sup> See Andrea Vicini, SJ, Philip J. Landrigan, and Kurt Straif, eds., *The Rising Global Cancer Pandemic: Health, Ethics, and Social Justice* (Eugene, OR: Pickwick Publications, 2022).

expanding the presence of and access to health care services.<sup>28</sup> This list of global health priorities is far from being addressed. After a decade, its increased urgency is confirmed. Internationally, the Sustainable Development Goals (2015–2030),<sup>29</sup> which followed the Millennium Development Goals (2000–2015),<sup>30</sup> include these priorities. The partial success of the Millennium Development Goals is a reminder that there should be no further delays in caring for vulnerable populations and in strengthening health care systems across the planet and, particularly, in the Global South.<sup>31</sup>

Furthermore, the global COVID-19 pandemic showed how even what were considered the most advanced health care structures and services on the planet were insufficiently prepared and unable to respond to the challenges of this pandemic. This pandemic further slowed the progress toward achieving the Sustainable Development Goals, calling for a renewed commitment now that COVID-19 has become endemic.

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<sup>28</sup> See Paul Farmer, Matthew Basilico, Vanessa Kerry, Madeleine Ballard, Anne Becker, Gene Bukhman, Ophelia Dahl, Andy Ellner, Louise Ivers, David Jones, John Meara, Joia Mukherjee, Amy Sievers, and Alyssa Yamamoto, “Global Health Priorities for the Early Twenty-First Century,” in *Reimagining Global Health: An Introduction*, ed. Paul Farmer, Arthur Kleinman, and Jim Kim (Berkeley, CA: University of California Press, 2013), 302–339.

<sup>29</sup> See United Nations Development Programme, “What Are the Sustainable Development Goals?,” 2022, [www.undp.org/sustainable-development-goals](http://www.undp.org/sustainable-development-goals).

<sup>30</sup> See World Health Organization, “Millennium Development Goals (Mdgs),” February 19, 2018, [www.who.int/news-room/fact-sheets/detail/millennium-development-goals-\(mdgs\)](http://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-(mdgs)).

<sup>31</sup> See Madisen Fuller and Puneet Dwivedi, “Assessing Changes in Inequality for Millennium Development Goals among Countries: Lessons for the Sustainable Development Goals,” *Social Sciences (Basel)* 8, no. 7 (2019), [doi.org/10.3390/socsci8070207](https://doi.org/10.3390/socsci8070207); Dora Benedek, Edward R. Gemayel, Abdelhak S. Senhadji, and Alexander F. Tieman, “A Post-Pandemic Assessment of the Sustainable Development Goals,” April 27, 2021, [www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2021/04/27/A-Post-Pandemic-Assessment-of-the-Sustainable-Development-Goals-460076](http://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2021/04/27/A-Post-Pandemic-Assessment-of-the-Sustainable-Development-Goals-460076); Eduardo Cuenca-García, Angeles Sánchez, and Margarita Navarro-Pabsdorf, “Assessing the Performance of the Least Developed Countries in Terms of the Millennium Development Goals,” *Evaluation and Program Planning* 72 (2019): 54–66; and James O’Sullivan, “Millennium Development Goals and Catholic Social Teaching: Ongoing Responsibility and Response,” *Lumen et Vita* (2011): 1–20.

More recently, Paul Farmer's agenda for the future highlighted the urgency of identifying the multiple and diverse ways in which those who experience poverty suffer disproportionately—whether one considers historic examples of the colonial past or ongoing inequities which depend on racial discrimination and marginalization.<sup>32</sup> What affects people depends in great part on social factors. The critical assessment of oppression, discrimination, gender, race, social status, and wealth should lead civil society to respond by making anew a preferential option for the poor. This is also an ongoing challenge for theological ethics, for Christian discipleship, for ecclesial communities, and for the institutional Church.

Farmer's contributions and vision both enrich and provoke theological ethics by inviting theologians to critically examine their vision, priorities, and methodologies. In terms of vision, since the Second Vatican Council, "the duty of scrutinizing the signs of the times and of interpreting them in the light of the Gospel" (*Gaudium et Spes*, no. 4) should inform and guide theological reasoning and teaching, as well as ecclesial praxes. Such a duty should continue to be resolutely embraced in new ways by recognizing and addressing any form of exclusion and discrimination. Moreover, for Pope Francis, to promote "a sustainable and integral development" (*Laudato Si'*, no. 13) is an urgent global priority. This form of development requires that the poor "be acknowledged and valued in their dignity, respected in their identity and culture, and thus truly integrated into society" (*Fratelli Tutti*, no. 187). Those who struggled with poverty because of systemic inequities are not passive recipients of opportunities for change and equity; they should be empowered and engaged participants and contributors. Finally, concrete forms of solidarity and the preferential option for the poor and with the poor should shape theological engagements and ecclesial contributions. This commitment should pervasively inform theological ethics as an academic discipline that strives

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<sup>32</sup> See Paul Farmer and Andrea Vicini, SJ, "An Ethical Agenda for Global Public Health," in *Ethical Challenges in Global Public Health: Climate Change, Pollution, and the Health of the Poor*, ed. Phillip J. Landrigan and Andrea Vicini, SJ (Eugene, OR: Pickwick Publications, 2021), 193–198.

to educate and contribute to personal and social flourishing in diverse social contexts.

Theological discourse joins the efforts spearheaded by Paul Farmer by reaffirming health as a personal and social good that should be protected and promoted and by inspiring civil servants, health care professionals, and people of good will to embrace, in the whole social fabric, an inclusive vision of social justice that fosters solidarity and that empowers people of good will and those excluded and on the margins. In such a way, Paul Farmer's legacy will be greater global health and a more just world.



**Andrea Vicini, SJ**, is Chairperson, Michael P. Walsh Professor of Bioethics, and Professor of Theological Ethics in the Theology Department and an affiliate member of the Ecclesiastical Faculty at the School of Theology and Ministry at Boston College. MD and pediatrician (University of Bologna), he is an alumnus of Boston College (STL and PhD) and holds an STD from the Pontifical Faculty of Theology of Southern Italy in Naples. He taught in Italy, Albania, Mexico, Chad, and France. He is co-chair of the international network *Catholic Theological Ethics in the World Church*, as well as lecturer and member of associations of moral theologians and bioethicists in Italy, Europe, and the US. His research interests and publications include theological bioethics, global public health, new biotechnologies, environmental issues, and fundamental theological ethics. During the academic year 2015–2016, he had a research fellowship at the Center of Theological Inquiry in Princeton, NJ, on the Societal Implications of Astrobiology. Since 2021 he has been a Fellow of the Collegium Ramazzini. Recent publications include three co-edited volumes: *Reimagining the Moral Life: On Lisa Sowle Cahill's Contributions to Christian Ethics* (2020), *Ethics of Global Public Health: Climate Change, Pollution, and the Health of the Poor* (2021), and *The Rising Global Cancer Pandemic: Health, Ethics, and Social Justice* (2022).