Afterword: How to Turn the Preferential Option for the Poor into Active Equity

Eddy Eustache

> Go to the people, Live among them. Learn by listening to them.
> Love them. Start with what they know.
> Build on what they have.
> If you are a great leader, when the task is done, when the work is finished, they will say:
> We did it all by ourselves.
>
> see *Dao De Jing*, no. 17

> Look how they love one another!
>
> Tertullian

I met Dr. Paul Edward Farmer for the first time in 2005, when he was in Cange (his "second Alma Mater") for a short stay. Despite the modest size of his house (the smallest in his neighborhood), I expected to find a man full of himself and his growing fame. Instead, he told me that I could call him "Polo," the affectionate nickname given to him by his friends and patients in this small community. Instead of showing off his breadth of knowledge or name-dropping his widening circle of admirers, Paul searched for an affinity that would bring us closer, quickly. He found it in our mutual admiration for Gustavo Gutiérrez, the father of liberation theology and a mentor of Paul. That day, we embarked on a decades-long, shared ministry informed by the central tenet of Fr. Gutiérrez's scholarship and teaching: to provide a preferential option for the poor. I was fortunate, throughout our years together, to benefit from this rare gift of Polo's—his natural affability coupled with his expansive intellect, employed almost-

exclusively in efforts toward solidarity with the poor and marginalized. Before meeting Polo, liberation theology was, for me, mostly a theoretical framework for understanding poverty and its vicious mechanisms. My praxis was limited. Upon joining Partners In Health/Zanmi Lasante, I encountered myself amidst the "Anawim of Yahweh." I was asked to locate my own endeavors within the framework of structural violence and systemic poverty. My words were no longer enough; actions had to follow. How many times had I found myself in front of the elderly, or hungry children calling on me for food, shelter, and other basic needs? It was an embarrassing question to ask myself.

From Exclusion to Equity

The poor, I discovered, were not just the people begging on the porches of church buildings, calling on pedestrians to look at them and give them coins. These were the visible poor—the people that political authorities would extract from the streets and hide whenever the need to lie about the misery prevalent in Haiti's cities arose. No, the poor I was about to meet came from all walks of life, and the crisis in which they found themselves could be summarized in one word: exclusion. Polo was not familiar, at first, with this concept of exclusion but came to know it when he first came to Haiti's Central Plateau as a young anthropology student in 1982. There he learned that Haiti is a society split into two social and non-ethnic groups, the urban minority and the excluded, rural majority. Rural Haitians are impacted by more than two centuries of ostracism, prejudice, and limited access to services.

The people that Polo met in the Central Plateau were a generation of peasants expropriated from their land when the Haitian government decided to build a dam to produce electricity for Port-au-Prince, the capital city. The peasants' farmland was flooded and they were forced to migrate to the mountains where their misery compounded. Paul decided to make a quite a radical choice: to stand by them and carry their cause as far as he could. In the late 1980s, when, along with Ophelia Dahl, Jim Kim, Todd McCormack, and Tom White, Paul founded Partners In Health, he

made a mission statement of liberation theology's "preferential option for the poor," and swore an oath to do whatever it took to turn this association of dedicated and devoted people into an antidote to despair.[1]

Toward a Model of Promoting Equity

How did Polo accomplish the work that became his legacy? What was his model? Did he have to apply a pre-existing humanitarian protocol and come up with an academic thesis? Of course not. His was a crusader. His talent for outstanding writing helped him to raise awareness among most of his readers (both fans and critics) about well-meaning caregivers' likelihood to "double-victimize" the poor. In *AIDS and Accusation: Haiti and the Geography of Blame*,[2] "blaming the victim" is denounced as a pathology. For years, when I was accompanying HIV+ patients during their post-test counseling, I used what I learned from my reading of Paul's work to help care providers not to blame victims but instead to approach AIDS as a disease with poverty as a direct cause.

Polo was a prolific writer. His books served first as a clarion call for all those who want to help alleviate poverty and those affected by it. There are countless readers who became zealous servants of the cause of the poor after encountering Tracy Kidder's *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World*.[3] In this bestseller, Kidder presented a detailed, honest portrait of the milieu in which Polo started his mission for the world. He offered sympathetic insight into the mentality of the destitute of rural Haiti, as well as the Harvard doctor who became their ally and advocate. Many who read the book were anxious to meet its fascinating subject and support his vision for health equity.

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[1] See the mission statement of Partners In Health, www.pih.org.

[2] Paul Farmer, *AIDS and Accusation, Haiti and the Geography of Blame* (Berkeley: University of California Press, 1992).

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

In 2010, after *Mountains Beyond Mountains* had elevated Polo's profile to that of a global celebrity, he gave me a copy of his own collected works inscribed with the following dedication (he was fluent in Haitian Creole): *Pou Pè Eddy, frè-m, kòleg mwen, egzanp pou mwen. Pa bliye kijan nou te komanse travay sa ansanm (li tout nan liv sa), epi pa bliye ke nap travay ansanm pou tout tan gen tan. Love, Polo.* ["To Père Eddy, a brother, a colleague, a model to me. Do not forget how we began that work together (read all of that in this book), and also do not forget that we are working together forever. Love, Polo."]

Polo was more a model to me than I could ever pretend to be to him. *Partner to the Poor: A Paul Farmer Reader* is, to me and to many others, an endless source of inspiration.[4] In it, Paul not only advocates for health equity with arguments informed by anthropological and socio-political scholarship but also offers readers new pathways for making common cause with the poor. His attitude toward his patients went beyond respect; it was one of genuine affection. He saw, in the poor, his partners, his "real bosses."

When I lecture to young doctors and nurses in social medicine, I often ask them to imagine ministering to patients in resource-poor settings. Then, using a Socratic line of questioning, I engage them further about their beliefs and prejudices regarding this patient population. At the end of the session, when I sense that my audience has been sufficiently disabused of their preconceived notions about poor patients, I encourage them to read Paul Farmer's work for an accurate portrayal of health care practice among the poor and excluded.

Accompaniment versus Assistance

This commitment to true partnership and solidarity was evident again during the 2013–2016 Ebola outbreak in West Africa, when Partners In Health was asked by local ministries and governments to assist in

[4] Haun Saussy, ed., *Partner to the Poor: A Paul Farmer Reader* (Berkeley: University of California Press, 2010).

responding to the crisis. Often in such scenarios, NGOs arrive on the scene and quickly take action. Their interventions are time-limited, and, while they are certainly effective in addressing the acute crisis, their impact tends not to be transformative in the long term. The populations served are often left in the same state of poverty and despair until the next disaster.

As Chief Strategist at Partners In Health, Polo always preferred a long-term commitment model. He understood the Ebola epidemic as symptomatic of larger structural failures and compounding historical injustices in the region. It was for these reasons, he understood, that Ebola was able to wipe out entire families and even small neighborhoods so easily. When the crisis subsided, it was always Partners In Health's plan to stay for a long-term commitment in West Africa. Today, Partners In Health is present in Sierra Leone and Liberia, leading health programs with easy access to the most in-need patients. During my first visit to that part of the globe, I was delighted to meet a group of young and dynamic professionals and leaders who embraced the model that Polo proposed, along with the philosophy and the values that guarantee the sustainability of the PIH Mission.

Conclusion

On February 21, 2022, Polo was found dead in his room, struck down by a massive heart attack. This loss was felt like an earthquake all over the world, from the halls of Harvard to the huts of rural Haiti. Memorials were held in all the countries that had been made better by his life and work. At Paul's funeral mass in Miami, a fellow Catholic priest recalled the chants of the people during the funeral of Pope John Paul II: *"Santo subito! Santo subito!"* (*"Sainthood now! Sainthood now!"*). He remarked that the same sentiment is universally felt, now, for our beloved Dr. Paul Farmer. I know this sort of praise would have embarrassed Polo, but I also know that he strived to live as Jesus commanded, modeling for us a modern, vital sainthood in a globalized society.

Play your part creatively in all the struggles of men of your time,
Thereby helping, with the seriousness of study and cheerfulness of knowledge
To turn the struggle into common experience,
And justice into passion.

Bertolt Brecht, Speech to Danish Working Class on the Art of Observation (1934)

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