



Dr. Paul Farmer
Warrior for the Poor

BY IRA HELLMAN



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Wilfrid Saintilus lay immobile on a straw mat in his hut when Dr. Paul Farmer first saw him in the summer of 1996. The 33-year-old peasant farmer had been “sent home to die” by health care workers in a small clinic near his village on Haiti’s Central Plateau. He was “paralyzed from the waist down,” they’d said, and there was nothing more that could be done.

Farmer quickly realized, however, that Wilfrid’s problem was not paralysis. Rather, he had contracted salmonella from an unclean drinking water supply—a fact of life for 80% of the population of Haiti, the Western Hemisphere’s poorest nation. The bacteria had infected his hip, causing pain so extreme that he could not move. His leg muscles atrophied, and he lost enough weight to leave him “well under 100 pounds.”

will not forget the look on Wilfrid's face when I announced that he was not paralyzed, that he needed and would promptly receive treatment, and therefore would not die," recounted Farmer, who arranged for care that would have Wilfrid walking—without even a limp—three months later.

Farmer never forgets a patient's face. Their looks of despair, resignation, and occasional joy stay with him every minute and sustain him on his mission: to understand, illuminate, and eventually end the unfair medical policies that leave millions of poor people at the mercy of treatable, often curable diseases.

So passionate is Farmer's desire to minister medicine to the poor that he maintains a mind-boggling schedule—shuttling between the shacks of Haiti; the barrios of Lima, Peru; and the slums of Roxbury, Massachusetts, to treat patients stricken with TB, AIDS, and other ills. He spends about two months a year in Boston, where he treats patients at Brigham & Women's Hospital and heads the Program in Infectious Diseases at Harvard Medical School. And in between he consults at Russian prisons, speaks at conferences, attends fundraisers, and phones and e-mails colleagues, friends, and his mom and five close siblings. Oh, and occasionally he'll stop in Paris to see his wife and young daughter—visits he almost laments because, he notes without a hint of sanctimony, "I have no patients in Paris."

There are lots of frequent-flyer miles and nights with three hours of sleep. Farmer's taken two vacations in 13 years—each forced by injury or illness. He's far from dour, but to call him devoted is to note that the sun shines. He spends most of his time in Haiti, a country with 70% unemployment, 85% illiteracy, and where 98% of the people go without electricity. It is a nation forsaken by modern medicine. There is no affordable health care. Half of all deaths occur before age 5, and most, Farmer knows, are preventable.

"I've never seen anybody who goes through the world with his nerve endings more exposed," says Pulitzer Prize-winning author Tracy Kidder, who is researching a book in part about Farmer's work. "Particularly when it comes to people who are sick, injured—underdogs—it takes almost nothing to arouse his sympathy. It doesn't seem to matter how tired he is or how busy. That's the thing that will always be primary with him. It comes way before intellectual analysis and all the other stuff. Compassion that seems to flow naturally from him, that's what keeps him going."

"Empathy is one of Paul's strongest qualities," adds Farmer's mother, Ginny. "He's always saying, 'You don't know how that shoe feels or how it pinches until you have it on your foot.'" Farmer *does* know—and far more than his calm demeanor and "congenital optimism" imply. His journey is as remarkable for its origins as its destination.

Paul Edward Farmer Jr. was born in western Massachusetts on October 26, 1959, the second of six children to Paul and Ginny Farmer. His parents met in college: Paul Sr., a gifted athlete who, rather than accept a



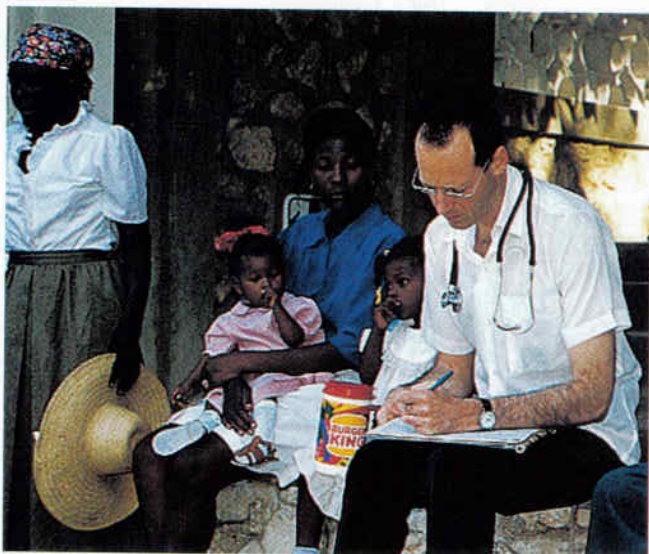
Dr. Farmer gives a patient a clean bill of health: the X-ray she holds shows that her TB has cleared up

ingham, Alabama, as Paul chased a sales job that never materialized. He taught school, earning as little as \$5,000 annually, and the family lived in two old surplus buses refitted as campers—until one overturned during a summer trip. No one was seriously hurt.

In 1971 the Farmers moved to Florida, where Paul bought an old boat, named it *Lady Gin*, and almost sank it in a storm off the Gulf of Mexico. After that their home remained docked in a bayou north of Tampa. Luxuries were rare—a small TV invariably tuned to educational shows, an eight-



Say aaahhh.... Examining a little boy with a sore throat in his hospital, Clinique Bon Saveur



No task is too menial for Dr. Farmer—here, he signs up patients outside the Clinique for appointments

professional baseball offer, completed his education and married Ginny Rice, one of nine siblings reared on a farm in the Berkshires. Ginny left school to raise the family. Paul alternated between teaching and sales, and he ruled his household with a stern hand. "Paul was a very educated man but also a strict disciplinarian and a bit of a gypsy," says Ginny. "His dream was to live on an island and have the children around him in a compound setting. So we did have some very strange adventures."

Indeed, early on the family moved to Birm-

track tape player blaring the Beatles and Henry Mancini. Hot water ran "like spit," Farmer's sister Katy would say, so baths occurred in the river next door. Food was scarce, especially during "starvation weeks"—the days before Paul's monthly paycheck would arrive—when Ginny would cook "hot dog bean soup" and other fare courtesy of dented-can discounts she received as a cashier at the local Winn-Dixie.

Despite the privations, Paul Sr. demanded excellence of his children and nurtured their varied interests and talents. Gifted artistically as well as academically, Paul Jr.—"P.J." to family—would do charcoal renderings of animals, then lecture his siblings, pointer in hand, on each creature's biology. Family attendance was mandatory.

Farmer earned a scholarship to Duke University, where he studied anthropology and volunteered time at an emergency room which poor people, with no other place they could afford, used more for basic med-



Local hero: Dr. Farmer speaks at a school graduation with the parish priest



Treating a baby in Clinique Bon Sauveur with the infant's mother close at hand

ical care than for emergencies. After college he started visiting Haiti, with its grotesque poverty and meager medical options, and later wrote about the country's plight in three books, particularly *Infections and Inequalities* (University of California Press, 1999). Farmer recalls no particular reason for choosing his path. "My parents clearly believed in helping the underdog," he says. "My father was always collecting lost causes and wounded types. My mom is the same way." But by the time he was studying medicine (he received both his M.D. and a Ph.D. in anthropology from Harvard in 1990), he was already practicing it, unlicensed, in Haiti.

(Even as a student, he was generally the "most 'medical' person" around.)

In fact, in 1987, long before graduation, Farmer and his close friend and fellow Harvard-med student Jim Kim founded Partners In Health in Cambridge, Massachusetts. Now employing more than 300 people, Partners is providing "options for the poor" in Roxbury; Lima; Guatemala; Chiapas, Mexico; Honduras; and, of course, Haiti. The beginnings were humble. Lacking funds, Farmer and Kim swiped a microscope from Harvard, and from Brigham & Women's they appropriated powerful but expensive drugs desperately needed in Haiti, where most patients suffered from severe TB strains that can emerge when even a single dose of basic drugs is missed. (Boston businessman Tom White, one of PIH's early benefactors, quickly wrote checks to cover the costs of the "borrowed" items.)

Around the same time, Farmer and Kim set about building a modern medical facility in Cange, a dust-swept town on the Central Plateau—Haiti's poorest region. They also worked with local authorities and longtime volunteers to improve the water supply and build new schools. Thus, in time they had created a viable health care system where none had existed before. True, the Clinique Bon Sauveur can't compare with Boston's vaunted medical institutions. But for the peasant farmers of central Haiti, whose families had been forced into the hills decades ago when a U.S.-engineered dam flooded their land, it's a *gwo mirak*—"big miracle" in Creole. Women receive pre- and postnatal care. Children are vaccinated. Half of its 65 beds serve as a tuberculosis ward, and thanks to a now-common program Farmer and Kim pioneered, incidence of multidrug-resistant TB has fallen dramatically.

Today about *one million* people rely on the facility and its seven-person medical staff, and Farmer—"Doktè Paul" or simply "Polo"—is a local hero. He's also one of their own now, by marriage: Farmer met Didi Bertrand, a daughter of the local school head-

master, about 10 years ago at the clinic, where her mother was a patient (she didn't survive). Didi became Farmer's research assistant, and eventually the two fell in love. They wed in 1996, and their daughter, Catherine, was born two years later.

Paul Farmer Sr. died in 1984 while playing pickup basketball. Ginny, who went on to earn a degree in literature from Smith College, recently retired after 10 years as a librarian at the University of Central Florida. She plans to "continue volunteering to rock babies in hospitals," which doubtless warms the heart of P.J.—the good son who phones almost daily.

To keep current Farmer reads *People*—the "Journal of Popular Studies." To counter stress his brother Jeff, a pro wrestler called Super J, has introduced him to action movies. And next year Farmer will serve as a visiting professor of anthropology at College du France in Paris, where Catherine and Didi—studying at the Sorbonne for a doctorate in medical anthropology—await. Yes, he is acutely aware of the strain his schedule puts on his family life. But he adheres to "liberation theology," a branch of Catholicism rooted in duty to help the less fortunate, and he steadfastly believes that for a physician, patients must come first.

Thanks to the foundation he helped build and the continuing contributions of PIH associates and others, Farmer's work in places like Lima and Chiapas is essentially complete. Not so, however, in Haiti, where the battle rages on against TB, HIV, malaria, and typhoid fever, and the medical bean counters who insist that properly treating Haiti's poor is not "cost-effective." Clinique has an X-ray machine but no CT scanner, an operating room but no surgeon. Patients who need advanced care are transported to Port-au-Prince or, better yet, Boston, where they sometimes stay at Farmer's Harvard apartment. "I go where I'm summoned," says Farmer, who lives for nearly 10 months a year in a small house with no hot water in Cange. "Haiti keeps me centered."

Besides, observes Tracy Kidder, "It's not as though what he's doing is somehow inhuman or superhuman. It's *intensely* human. When you hang out with Paul you begin to think that altruism is normal, and the other stuff we tend to think of as part of human nature—greed, selfishness, mendaciousness—that those are the things that are abnormal. It's just another way of seeing the world tilt around." ●

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HOW TO HELP

To make a contribution or find out more about Partners in Health (PIH), Paul Farmer's non-profit foundation dedicated to providing healthcare to poor people around the world, write to: PIH, 643 Huntington Ave., 4th fl., Boston, MA 02115. Telephone: 617-432-5256. E-mail: info@pih.org. Web site: www.pih.org.