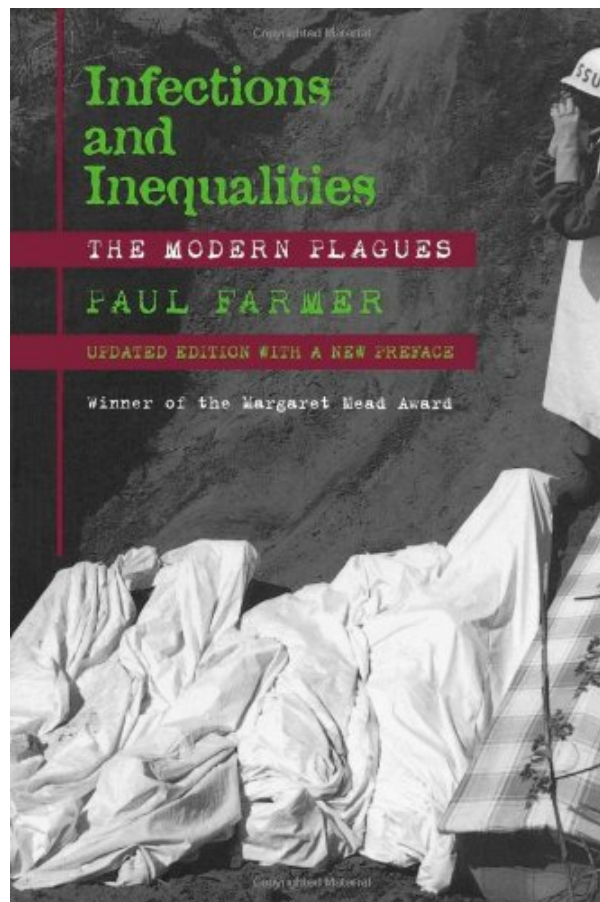
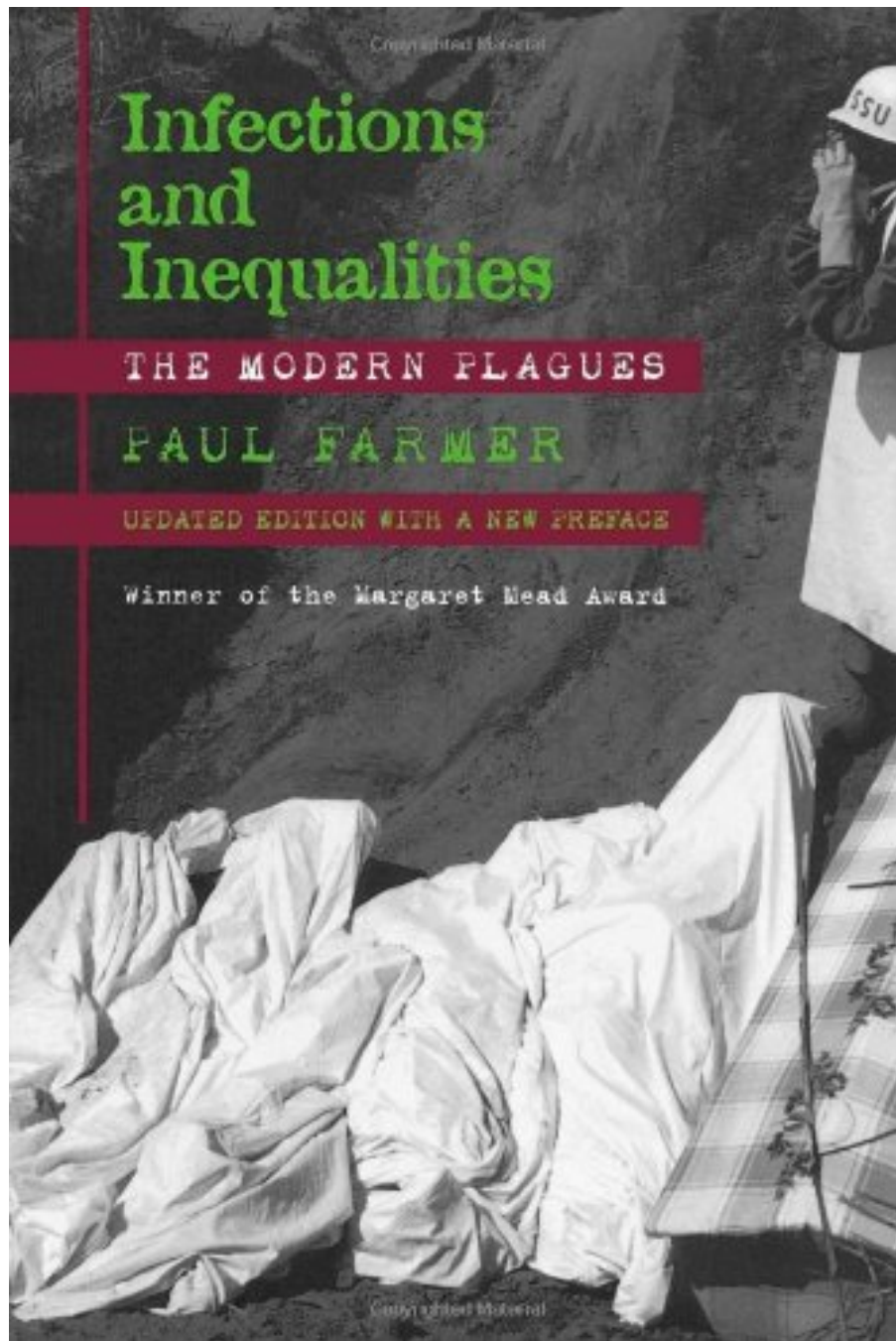


INFECTIONS AND INEQUALITIES: THE MODERN PLAGUES, UPDATED WITH A NEW PREFACE BY PAUL FARMER



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From Library Journal

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Paul Farmer has battled AIDS in rural Haiti and deadly strains of drug-resistant tuberculosis in the slums of Peru. A physician-anthropologist with more than fifteen years in the field, Farmer writes from the front lines of the war against these modern plagues and shows why, even more than those of history, they target the poor. This "peculiarly modern inequality" that permeates AIDS, TB, malaria, and typhoid in the modern world, and that feeds emerging (or re-emerging) infectious diseases such as Ebola and cholera, is laid bare in Farmer's harrowing stories of sickness and suffering.

Challenging the accepted methodologies of epidemiology and international health, he points out that most current explanatory strategies, from "cost-effectiveness" to patient "noncompliance," inevitably lead to blaming the victims. In reality, larger forces, global as well as local, determine why some people are sick and others are shielded from risk. Yet this moving account is far from a hopeless inventory of insoluble problems. Farmer writes of what can be done in the face of seemingly overwhelming odds, by physicians determined to treat those in need. *Infections and Inequalities* weds meticulous scholarship with a passion for solutions—remedies for the plagues of the poor and the social maladies that have sustained them.

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Review

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Complex causality: why people are really at risk for disease

By Jonathan Joseph, MD

Finally Dr. Farmer couples his lucid historical, political and economic analyses of the conditions that put the poor at risk for bad health outcomes, with a plainly indignant calling out of healthcare professionals and healthcare organizations to make honest efforts to understand and remedy conditions which would never be tolerated among the well off in Western nations. In his groundbreaking, earlier books, "AIDS and Accusations," and "The Uses of Haiti," Dr. Farmer matter of factly discusses the global and local structural conditions and misrepresentations which led to the spread of disease and persistent, dismal health conditions in Haiti. In "Infections and Inequality," Dr. Farmer adds moral overtones to incisive, sociopolitical analysis and his characteristic accounts of individuals suffering from disease. The book consequently provides a powerful reflection from a man who has worked in some of the world's poorest regions on what the benefits of medical technology mean for people who have not traditionally had access to them. A powerful, informative read that clearly reflects the years of experience of a physician who has wrestled with the global responsibility of caring for the those who are worst off. An obligatory read for anyone even thinking of working for the impoverished of the world.

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Changed my life

By Consuelo Beck-Sagué

It will change yours, too.

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Medical-anthropological approach to HIV & TB illuminates roles of inequality and poverty in spread of disease

By David Evans

Farmer, a physician-anthropologist and activist, examines both the way that poverty and inequality result in the spread of HIV and TB today and the flawed justifications for inequitable access to treatment. His ethnographic analysis provides a powerful complement to standard epidemiological work, and this treatise on the danger as well as the immorality of inequity in medical care is largely convincing.

Farmer illustrates several broad themes effectively with case studies from Haiti and Peru. One is the idea that most studies overemphasize individual agency, failing to recognize serious "structural" factors, such as the pressure that extreme poverty exerts on people to engage in unhealthy behaviors and the problems introduced by economic inequality. (One example of the latter is that in unequal countries like Peru, second-line TB drugs are available because of demand by the rich, so doctors also prescribe them to the poor who can only afford them intermittently, which generates drug-resistant strains of the disease.) Another theme is that people in rich nations tend to place heavy weight on "strange" cultural beliefs and customs in explaining high disease prevalence, whereas actual epidemiological research tends to show that these factors carry little weight relative to poverty-related factors. While he uses AIDS in Haiti to illustrate this tendency, it applies perfectly to popular Western conceptions of AIDS in Africa: the popular media tend to emphasize cultural practices such as wife inheritance and a strong sex drive, whereas epidemiological research fails to support a major role for these.

A third theme, which Farmer often trumpets but not as convincingly, is that many of the trade-offs voiced by policymakers are ultimately false. One example is the question of whether to treat tuberculosis with drugs or prevent it (e.g., by investing in economic development). He then uses the success of his clinic in Haiti as an example of both treating and preventing TB. The ultimate argument is that the wealthy have no right to withhold their wealth from the poor. However, he gives us no clear sense of how the resources to generalize this to the world at large should be marshaled. While the trade-off may be philosophically false, the practical application is unclear.

But even without a plan of action, Farmer illuminates key problems in the analysis of infectious disease spread and makes a convincing plea to share the wealth (and the technology).

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