

Paul Farmer's Foreword to *Awakening Hippocrates*, by Dr. Edward O'Neil, Jr, MD

Having worked mostly in places where to be poor means to be bereft of rights, I saw early, as a student of medicine, the panicky dead end faced by so many of the destitute sick. Most of the dead ends I witnessed early on were in rural Haiti, but these scenes are played out again and again throughout the world: a young woman who welcomes her infant into the world and a few days later is dead from a readily prevented or treated infection. A child writhing in the spasms of a terrible infectious disease for which a vaccine has existed—for over a century. A young coworker whose guts are irreparably shredded by bacteria from impure water. An 8-year-old caught in a cross-fire. Young people consumed slowly by wasting diseases such as AIDS and tuberculosis. A pregnant woman whose life, and that of another, are one day ended suddenly by malaria.

Fighting such “stupid deaths”—a Haitian term—is never the work of one person, or of even a small group. I've had the privilege of joining many others seeking to provide medical care and other basic services to people who would otherwise not enjoy them. Most of my coworkers are not physicians or nurses; they are community health workers. But the number of physicians eager to serve is impressive and growing; so is the amount that can be accomplished by tools now at our disposal, but unavailable to the destitute sick. It is impossible to count the number of medical students and physicians (and of course many others) who ask, “What is to be done?”

All of the stupid deaths mentioned above can be averted; it's been done again and again and the methods are by and large well documented. There is great satisfaction to be had in the doing, in "simply" providing competent medical care to the needy. But after many years at the task, the doing itself, even when successful on a small scale, was never quite reward enough. Seeing health care as a right *is* a worthy goal, but here the path forward has been littered with failure. Failure because, short of resources, we were forever supplicants to institutions with power, money, and the ability to decide the fates of hundreds of millions of souls. Failure because ill health, we learned (as had many before us), is caused mostly, at least in the places we've worked, by poverty and violence and inequality—and what were we doing to fight those? Failure because every premature death, witnessed or otherwise, was a rebuke. But failure in this painful undertaking brought new clarity to the second, the third, the thousandth attempt to provide health care and other basic rights for the most vulnerable.

The most vulnerable, many of whom do fight for their rights, are not often invited to write or preface books. But the destitute sick are very present in this magisterial new volume by Dr Ed O'Neil. *Magisterial* is a word that's probably much overused in forewords, but it's an apposite word to describe *Awakening Hippocrates*. We at last have, in this moving book and in a companion volume, *A Practical Guide to Global Health Service*, an authoritative overview that allows the reader to understand not only how poverty and inequality shorten lives in a time of medical miracles but also what can be done about it.

A book like this—which leads from an analysis of why things are the way they are to a consideration of what is to be done and finally to advice on how to do it—takes a long time in gestation. I remember meeting with Dr O’Neil when this project was little more than a table of contents buttressed by a great deal of conviction. He intended to offer a largely medical audience a distillation of what we need to know about the political economy of health and illness across the globe; he promised a critical review of medical ethics and an exploration of health and human rights. Dr O’Neil intended to link such a review with inspirational stories and a how-to guide that would allow concerned professionals and students (and, indeed, anyone) to become involved in efforts to remedy inequalities of access and outcome that mark modern medicine and public health. “It’s too grand a project,” I worried out loud. “How can you cover all that in one book?”

On one score I was correct: this will be a two-volume effort. The pragmatic how-to *Guide*, which will be invaluable to students and others seeking placements in the right projects and to faculty who seek to help them, will soon follow *Awakening Hippocrates*. Included in this first volume is a substantive—scholarly and critical but very readable—review of “global disparities in health.” When O’Neil uses the word *global*, it is not simply as a gloss for *overseas*. This book looks at both local and transnational disparities of risk and outcome, giving us the numbers, which are jarring, and linking dispassionate analysis with his own personal experience as an American physician with significant clinical experience in his own country and in others. O’Neil also reviews attempts, many of them botched, to respond to the problem of health inequalities through the vast development assistance apparatus and through other forms of aid. In so doing, he offers

us a critical analysis of international health, a series of object lessons that all of us need to consider as we proceed.

Part 2, “Icons and Inspirations,” introduces the reader to physicians who have tried, in Dr O’Neil’s view, to live up to the promise of our profession. We learn something about what inspires or inspired them. Even this book’s appendices are worth close attention if you’d like to learn, for example, what the Universal Declaration of Human Rights has to say about the right to health care. Or what the Millennium Development Goals are and why they (or goals like them) are so important to attain if we’re to have any hope of starting and sustaining effective medical and public-health programs. If O’Neil’s analysis is sound, which I believe it is, then physicians and allied health professionals need to know how and why conventionally defined medical interventions must be linked to poverty alleviation.

I know of no other project that has been able to link such sound analysis to the pragmatic advice that all of us need as we ask and answer (sometimes without ever learning the lessons of those who’ve gone before us) the “what’s-to-be-done” question. Many Americans who have worked among the world’s poorest have read, and used, the handbook *Where There Is No Doctor*. Throughout O’Neil’s book, we learn what some physicians have done in settings in which there are, in fact, very few trained medical professionals. But *Awakening Hippocrates* also asks, and answers, the question, “Why is there no doctor?” It asks why physicians have not done more to promote the health care as a right rather than merely a commodity. O’Neil looks unflinchingly at what he terms

the Achilles Heel of our profession: “that our knowledge and talents remain concentrated among those who can afford them.”

And yet there is an army of medical students and physicians and nurses, young and old, now seeking to engage the problems examined so carefully in this book. If you have or might describe yourself in this way, *Awakening Hippocrates* and the companion *Guide* are the books for you. Fifteen years of teaching medical students and physicians leads me to conclude that there is a vast reservoir of untapped talent and training and enthusiasm waiting to be brought into a movement for global health equity. At Harvard Medical School, for example, half of all medical students spend time in service projects in the urban United States or abroad. At the Brigham and Women’s Hospital, there was so much demand for more serious attention to health inequalities that we were called to start a special residency program in order to train physicians to address health disparities effectively in the United States and in the poorest parts of the world (similar training programs are being established at Duke, the University of Miami, and Stanford University; other teaching hospitals and universities will surely follow suit). Partners in Health, the nongovernmental organization we founded to serve as the “effector arm” that would permit health professionals to use their training on behalf of the destitute sick, has been overwhelmed with offers from volunteers.

One of the tools needed to engage such goodwill is a book, or two of them, reviewing the major problems confronting all of us who seek to promote the right to health care and also a detailed guide describing organizations and networks that can link health

professionals to those who need their services most. The American Medical Association (AMA) is due thanks for publishing this massive project. It is only fitting that the AMA do its part to respond not only to the massive need for better health care, in this country as elsewhere, but also to respond to the growing demand from US physicians and medical students who wish to do their part to respond to an appalling persistence of unmet need.

I risk repeating myself in thanking Dr Ed O’Neil for keeping his promise to hold our collective feet to the fire and allow us to live up to the noble goals of medicine and public health. I’m sorry I ever doubted it could be done. *Awakening Hippocrates* may be magisterial, but it is also beautifully written and well documented. With its companion volume, *A Practical Guide to GlobalHealth Service*, it fills a huge gap in the armamentarium of those who believe in the goodwill of so many health professionals and each day ask and answer the question, “What is to be done?”

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