TRANSCENDING THE BURDEN AND GAP OF INEQUALITY:

Paul Farmer on Social Justice and the Movement for Global Health Equity

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Why are young people so interested in global health? Dr. Paul Farmer, celebrated Global Health specialist, Co-Founder of Partners In Health, and the Kolokotrones University Professor at Harvard University, offered an explanation at the University of Toronto on June 10th.

"It is because of the 'equity' part. Inequality's 'in-your-face' nature forces all of us to question the disparities in risk and access to health care," Farmer hazarded.

As part of the Department of Family and Community Medicine Global Health Speaker Series, Dr. Paul Farmer delivered a talk on "Social Justice and the Movement for Global Health Equity". Farmer's nonprofit organization, Partners In Health, has pioneered community-based treatment strategies that provide high quality care to resource-poor settings worldwide. Through his invigorating talk, Farmer drew into sharp relief many of the misconceptions of global health and aid. He asserts that the solution to the health care conundrum lies in transcending the burden and gap of inequality.

Farmer believes that there must be a paradigm shift from international health to global health. Though the term "global health" has become a media darling, few know the distinction between the two fields. Global health refers to health is-

sues that transcend national boundaries. It is concerned with health equity among nations, while international heath adopts a more “bi-national” perspective, focusing only on issues outside of one’s own country. Though inequalities of access and outcome are grounded at borders, diseases of poverty move freely; health crises do not respect international borders. Thus, in this epoch of globalization, only the global health paradigm adequately addresses the long-term implications of transnational health issues.

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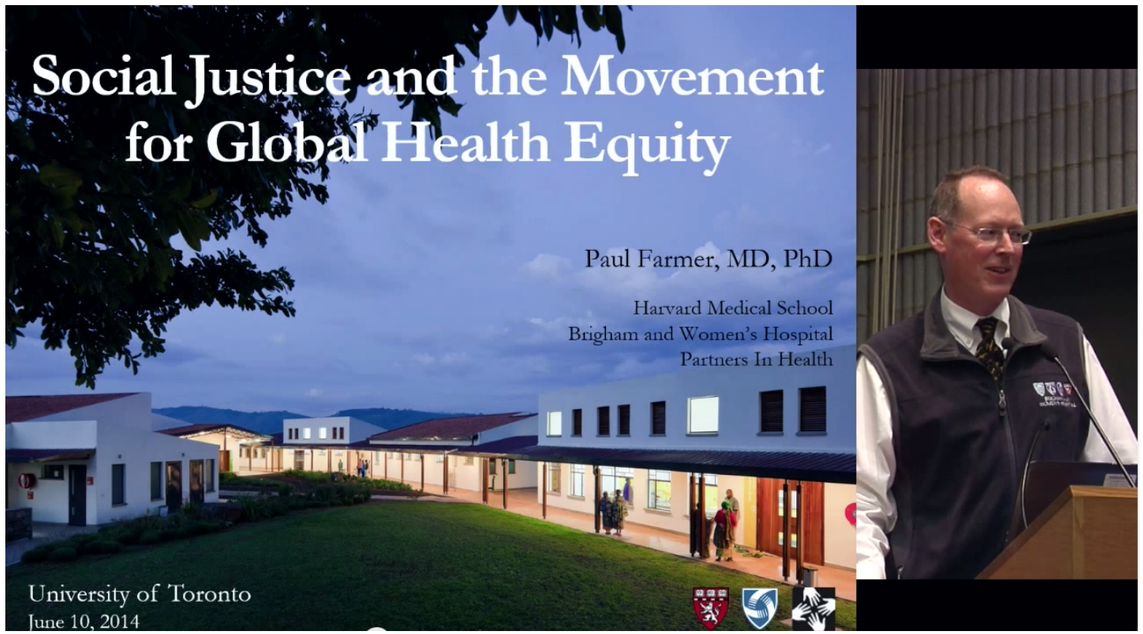
Notably, Farmer finds the existence of national health profiles particularly problematic. By conflating structural violence with a nation-state binary, we generate the illusion of equally shared risk. But diseases such as AIDS and Tuberculosis are not nation-state pathologies because a population’s health is a mix of complex, affect-laden issues. It is a layered combination of poverty, low levels of education, marginalization, misattribution of blame, and social stigma. As such, the health of a population has causal relationships not with national borders, but with gradients of inequality. There is no national profile of health, as every nation is subjected to this global phenomenon of inequality. By coupling nations with a specific health profile, we frequently lack the context specificity needed to bring about sustainable health initiatives.

According to Farmer, when a woman dies in the third trimester, it is not because the collective “we” does not know how to manage it. It is because we lack global health equity agendas. A sustainable equity platform must amalgamate discovery, development and delivery. Equity agendas must consist of “stuff and staff”. “Stuff” is medicine, while “staff” refers to an infrastructure of community health workers to deal with bigger social movements such as gender inequality, labor migration and food insecurities. An equity platform is fuelled not by the ability to pay, but the burden and gap of inequality.

In the face of “the lack of infrastructure, lack of doctors, lack of hospitals, lack of clinics, lack of electricity”, Farmer still believes the cycle of poverty and disease can be broken. However, he asserts that we can only surmount this inequality challenge by investing in equitable, sustainable and community-specific health care.



In conversation with Dr. Paul Farmer - June 10, 2014. Watch the full talk at Partners In Health Canada youtube channel.