
INDIGENOUS HEALTH'S GODLIKE NEMESIS: *MOUNTAINS BEYOND MOUNTAINS* AS VECTOR FOR THE "HEALTH" OF THE RICH AND POWERFUL

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Abstract

Mountains Beyond Mountains is Tracy Kidder's chronicle of the first two decades of Dr. Paul Farmer's health-related work in Haiti and elsewhere. Through a close reading of that book, this essay contends that Mountains portrays Farmer as a Christ-like figure. In doing so, Kidder's book bolsters a dominant doctrine that—by analogy with the Christian belief that salvation comes "from above"—might be called "health from above." According to that rampant creed, wealthy and powerful individuals, organizations, institutions, and governments possess the sole prerogative to define and manage "health" for everyone on the planet. By consigning Farmer's Haitian colleagues and patients largely to an anonymous, background status, Mountains prevents readers from wondering what indigenous ideas and systems of health might look like, for Haitians and hundreds of millions of others worldwide, were they less constrained by the reigning myopia of health from above. This critique concludes by asking whether unique ideas and systems of health could still emerge from disadvantaged persons—whether "health from below" remains possible, that is—in a media-saturated world.

Introduction

As the subtitle of its later editions declares, *Mountains Beyond Mountains* is Tracy Kidder's account of "The Quest of Dr. Paul Farmer, a Man Who Would Cure the World." In 1987, Farmer, on his way to becoming a physician and anthropologist, co-founded Partners In Health (PIH), an organization that set out to improve the lives of the rural people of Haiti's central plateau. In those early years, as Kidder chronicles, a cash-strapped PIH provided vaccinations, implemented clean water programs, trained community health workers, administered clinics, and became very effective at preventing and treating malaria, AIDS, multidrug-resistant TB, and many other diseases. Through those early efforts, PIH's renown and its financial backing grew. With support from governments, U.S. hospitals and universities, the World Health Organization, private donors, and other powers, Farmer and his colleagues soon had opportunities to implement their programs in Russian prisons, Peruvian shantytowns, and elsewhere. By story's end, PIH emerges as a major player in global health. In 2000, the Gates Foundation awarded PIH and its allies a \$45 million grant "to wipe out MDR-TB in Peru."¹

Mountains is a product of U.S. media culture, but not just any product. The handiwork of Tracy Kidder—winner of the Pulitzer Prize, the National Book Award, and many other honors—and published

¹ Tracy Kidder, *Mountains Beyond Mountains* (New York: Random House, 2003), 241. Hereafter, all references to this book are given parenthetically.

by Random House, *Mountains* has enjoyed annual sales in the hundreds of thousands, even after years in print.² And it is not difficult to find evidence of the book's influence. Online reviews of *Mountains* are replete with stories of persons who have been "inspired"—the word is ubiquitous—to become nurses and doctors for "the poor," enlist as global health workers, invest in health organizations, and the like. But why is *Mountains* so moving? Surely, there are many explanations. In this essay, my goal is to elucidate only one aspect of the book's forceful appeal: Drawing extensively on language and themes from Christian tradition, *Mountains* portrays Paul Farmer as a messiah of global health. And that Christ-like characterization of Farmer is dangerous, I argue, in that it reinforces a dominant conviction that might be called "health from above." According to that widespread doctrine, the rich and powerful possess the sole prerogative to define and manage "health" for everyone on the planet. By consigning Farmer's Haitian colleagues and patients largely to an anonymous, background status, *Mountains* invites readers to assume that Haitians consent to, or even embrace, the model of health that PIH employs. In that way, Kidder's book is an achievement in preventive health: it prevents *readers*, that is, from wondering what *indigenous* ideas and systems of health might look like, for Haitians and hundreds of millions of others worldwide, were they less constrained by the reigning myopia of health from above.

I close this book critique by attempting to problematize the concept "indigenous health," or health from below, by asking whether the sheer prevalence of health from above might truncate the very possibility of an authentic indigenous health. That is, when indigenous populations are inundated with experiences of health from above, might *their* capacity to conjure alternative visions of their own health atrophy or even fail to develop? If so, what might health-oriented narratives and other media do to mitigate that harm?

Paul Farmer as Christ-like in Mountains

A close reading of *Mountains* uncovers numerous, uncanny similarities between Farmer and the Jesus of Christian tradition. Like Jesus, Farmer comes from a paradise of riches and wonders—in Farmer's case, the U.S.—to which he can return at any time (9, 278). He has a "Virgin Mary" mother (50) and was a precocious child, considered strange by family and peers (48). He depends on assistance from "angels" (7). Traveling constantly, he has no place to lay his head (23, 282). He's crowded by the sick, needy, and adoring (20), touches persons whom others might consider unclean (30), and seeks to serve "the least of these" (63, 185, 221). He performs "miracles" and "intervenes" in others' lives (20, 83), even reviving a "Lazarus" (25).

Some of the references above are presented as lighthearted, half-serious. But not all of them. Kidder's language is important here. At various times, he notes that Farmer "ministers" (26), "proselytizes" (28), obeys commands (35), seeks "transformation" (44), speaks "into the wilderness" (176), and "preaches" a "gospel" (253). He holds to a strict dualism of "good" and "evil" (5, 63). Also like Jesus, Farmer compares human well-being to a healthy plant (32). Furthermore, even as Farmer challenges institutional authority and practices (158), he's prone to "forgive everyone" (236). He's willing to be a "martyr" for the masses (115), is called a "saint" (16) and, in one case, is even declared to be a "god" (27). He has "priestliness" (85), builds a "church" (99), and longs for the power to "save" humanity (187).

What are we to make of these similarities? Did Kidder embed them in his narrative intentionally, or is this just a strange coincidence? Either way, these images invest Farmer with a subtle and potent appeal. Whether we like it or not, many of us are deeply influenced by the Christian tradition. Its stories and ideals hold us in their sway, sometimes in ways that we don't even notice. In our leaders and heroes, for example, we tend to admire humble service, righteous anger, and disciplined power. We esteem those who give themselves for others. So, when the Farmer of *Mountains* comes along, appearing through our

² Edward Guthmann, "The Story of a Book that Is Moving 'Mountains,'" *San Francisco Chronicle*, February 8, 2008. <http://www.sfgate.com/health/article/The-story-of-a-book-that-is-moving-Mountains-3295314.php>

Christian lens as a Christ-like figure, it is no wonder that we are struck with awe and adoration, get inspired, and want to follow him wherever he goes.

Yet, for me, what is especially disturbing here is that messianic garments gleam with *infallibility*. Once a person is fitted in a Savior suit, we are far less inclined to question his motives, methods, and the particular mountains that he designates for moving—as the history of cult leaders clearly shows. And how could we question him? Smiling and kind, Kidder’s Farmer speaks with such passion and authority. So, we shy from critique, granting him a sweeping presumption of rightness. But when it comes to health, such unfettered trust might be bad news indeed, precluding the emergence of alternative experiences and conceptions of “health.”

Mountains and Health from Above

Christians believe that salvation and all other good things come from God, who is, in various senses of the word, thought to be “above” human beings. “Every good and perfect gift is from above,” according to James 1:17, “coming down from the Father of the heavenly lights, who does not change like shifting shadows.” Similarly, there is a stalwart doctrine that I have called “health from above,” and it is that doctrine that *Mountains* bolsters when it draws on the Christian narrative of salvation to portray Farmer as a divine emissary of health. Though rarely stated explicitly, the doctrine of health from above is very familiar to anyone working in public health today. It decrees that the meaning and the proper pursuit of “health,” both for individuals and collectives, are the purview of numerous, robust bodies. These include intergovernmental agencies (e.g., the World Health Organization); arms of national governments (e.g., U.S. Department of Health and Human Services); schools of medicine and public health and the professional organizations of their graduates (e.g., American Medical Association); other research and grant-making bodies (e.g., NIH, Robert Wood Johnson Foundation); hosts of health-oriented, non-profit organizations (e.g., Doctors Without Borders, Partners In Health); and for-profit corporations (e.g., Merck, Pfizer). Although their efforts are often uncoordinated, these agencies and organizations share a general adherence to Western, biomedical models of “health” and “disease,” support the practice of “evidence-based medicine,” and endorse an epidemiologically-driven conception of “public health.” As crumbs fall from the master’s table, these are the daunting heights from which health-related practices, resources, and concepts should trickle down to laypeople everywhere. Or so goes the unspoken—and often unquestioned—creed. God isn’t in the business of taking advice.

In our reverence for health from above, it is not surprising that we often fail to see persons who lack dominant resources (e.g., institutional affiliation, formal education, money) as possessing health-related knowledge that is unique and valuable. And *Mountains* fails in precisely that regard. In addition to its messianic depiction of Farmer, Kidder’s story supports health from above by treating the recipients of PIH’s work as, almost always, anonymous and passive. Don’t believe me? After reading *Mountains*, try naming even one of Farmer’s indigenous colleagues. While Kidder sometimes alludes to these courageous men and women—he remarks that, in Haiti alone, they number in the hundreds—even their most staggering contributions are passed over without elaboration.³ In merely three sentences, for example, we are told that Pere Lafontant supervised the construction of a clinic, a “public health system,” and, “somehow,” a hospital in Cange—but Kidder is quick to note that “the vision...came from Farmer” (90, 119). In contrast, Kidder dedicates a full page to venting Farmer’s angry laments when he is temporarily expelled from Haiti (118), and he doesn’t hesitate to quote one of Farmer’s Haitian colleagues, who toasts Farmer, telling him, “You are the best Haitian I know” (275).

³ This is more than a little ironic, for Farmer himself has advocated a “view from below”—a perspective, that is, that gives extensive attention and representation to the experiences and moral concerns of “the poorest people in the poorest countries” (11). In context, Farmer is criticizing the dominant methods and point of view adopted within “the bioethics literature,” but it is plausible to suppose that he would wish to bring the same charge against all kinds of literature related to global health, including popular works such as *Mountains*. Paul Farmer and Nicole Gastineau Campos, “Rethinking Medical Ethics: A View from Below,” in *The Bioethics Reader: Editors’ Choice*, ed. Ruth Chadwick et al (Oxford: Blackwell, 2007), 9-32.

Despite its general lack of attention to PIH's Haitian "partners," *Mountains* contains at least one, extended discussion of a Haitian who is not limned anonymously, and that is the story of John. Nevertheless, the book's portrayal of John is perhaps its most explicit example of a specific patient for whom PIH holds fast to a model of health from above. On Kidder's telling, John was a Haitian boy with a rare form of cancer. Serena, a U.S. doctor working with PIH, decided that John's life might be saved if they could get him to Massachusetts General—or Man's Greatest Hospital, as Serena and many who work there call it. Arriving with John in Boston, the PIH team learned that there was no treatment for him, that he would soon die. The hospital would provide palliative, end-of-life care. John's mother—who is never named—was still in Haiti, but after several days, PIH brought her to John's side. Serena reported to Farmer: "We did the right thing, I have no doubt we did the right thing," and Farmer agreed "emphatically" (276). But what, I wonder, did John and his mother think about all of this? How did they feel about John's dying in a strange city, far from their community and loved ones? We are never told. We are told, however, that Serena wanted John's mother to have "a private room without flies on her face to grieve in," that their hospital room had a fine view of the Charles River, that it was full of toys, and that several PIH-ers "said to each other, 'Thank you for not letting him die *there*,'" by which they meant John's home in Haiti (277-78).

On Kidder's account, PIH-ers, it seems, are often comfortable with letting their distinctly Western or even U.S. ideals guide their work among people who do not necessarily share those norms—ideals like intervention, big-building, big-spending, and "health" on their own terms. However, might the indigenous populations that PIH wishes to help ever feel more harmed than benefited by that health-from-above approach? That is a question that *Mountains* often neglects. Yet, in John's case, Kidder does not neglect it entirely. Back in Cange, Kidder asked Ti Jean, a PIH "handyman," what locals were saying about PIH's efforts on John's behalf. Ti Jean replied, "They say, 'Look how much they care about us'" (278).

Conclusion: Problematizing "Indigenous Health"

Ti Jean's response to Kidder sheds light on a deep problem. Morally speaking, health from above seems objectionable because, when it is carried out cross-culturally from those with greater power to those with less, it appears to be a subtle species of imperialism that thrives under a banner of benevolence. In that respect, the practice of health from above is far from a novel enterprise, for it resembles "nation building," cross-cultural religious work that fosters the dependence of converts, and similar endeavors. The solution, then, would seem to reside in the sort of radical reversal to which the phrase "health from below" alludes: Dismantle the structures that facilitate health from above, thereby liberating indigenous populations from the control that powerful outsiders wield over them and enabling them to define and pursue their own visions of "health." Because it would correct for the imbalance of power that health from above sustains, this would seem to be the proper course.

But Ti Jean's reply to Kidder suggests that, for many indigenous populations, it might be too late. Grateful for the services that they have received, and having come to accept some aspects of Western conceptions of "medicine" and "public health," it is no longer possible to completely withdraw these forces from their lives—especially given that those forces are not only met face-to-face but are also mediated by the internet, television, radio, print ads, and much more. The result is that, for such populations, the very notion of a genuinely "indigenous health" seems to be beyond their reach. Their health practices and understanding have already been infiltrated by norms that, to some extent, they now affirm.

But perhaps all is not lost. Returning to media's role in the cross-cultural dissemination of Western medicine and public health, I wish to suggest that those whose wealth and power enable them to craft non-fiction narratives of "health" would do well to emphasize the contributions made by members of

indigenous populations. As we have seen, that is what Kidder’s book almost entirely neglects to do.⁴ But highlighting those contributions is important because it would remind “global health experts” and their laborers “in the field” that the persons for whom they claim to care are neither powerless nor devoid of their own health-related activities and concerns. And when healthcare providers and public health workers put that reminder into practice, they will be better-disposed to listen to indigenous persons, cede control to them, and encourage them to advance their own ideals—all of which would mitigate the tyranny that health from above can be. In doing so, those who practice health from above will, I suspect, learn from their indigenous “partners” that some things (e.g., language, traditions, relationships) are not always worth sacrificing at the altar of a “prevention” or a “cure.”

What might a non-fiction work that conveys experiences “from below” look like? The Voice of Witness book series seems to offer a promising example. Founded in 2004 by author Dave Eggers and physician Lola Vollen, Voice of Witness (VOW) has published more than a dozen volumes to date. Through extensive interviews with refugees “resettled” in the U.S., former prisoners, immigrants, survivors of Hurricane Katrina, public housing residents in Chicago, and others, these books use “oral history to illuminate contemporary human rights crises,” giving voice to “the stories of the men and women who experience them.”⁵ In 2013, VOW received a Smithsonian American Ingenuity Award for Social Progress. Writing for *Smithsonian*, Eliza Griswold describes the idea behind VOW’s book series as “to eschew the top-down method of telling history through the eyes of the ‘great men’ who directed events in favor of returning authority to those who actually lived through them.”⁶ Although VOW is yet to produce a book that focuses predominantly on clinical experiences, access to healthcare, and the like, many of its titles attend to living conditions that might harm “health,” as those who endure those conditions understand it.

Addendum: What I Am Not Saying

Because I’m sure there is an aspect of what I’ve tried to say that some readers will misunderstand, let me be clear: In this essay, I have *not* criticized Paul Farmer *himself*, nor have I taken issue with PIH or any of its staff or volunteers. Instead, I have criticized Kidder’s *portrayal* of Farmer as a Christ-like figure and his related *depiction* of the work of PIH, for both tend to bolster the dangerous doctrine of health from above.

“But what is the difference,” you might ask, “between Kidder’s *depiction* of Farmer and PIH and what this doctor and his organization are really like? In other words, is Kidder’s portrayal of Farmer and PIH *accurate*?” My answer to that question is, I readily confess, I don’t know. I have no first-hand experience with Farmer or PIH. However, the *accuracy* of Kidder’s portrayal is not my concern. Instead, it is the enormous *influence* of his depiction of Farmer and PIH—whether or not it is accurate—that worries me. As I’ve explained, the health-from-above influence that *Mountains* has had—or could have, at least—on *real* people and their practices is deeply disconcerting, for it might contribute to the oppression of indigenous ideas and systems of health, or prevent them from ever emerging. So, it is beside the point for a reader—perhaps one personally familiar with Farmer and his work—to complain, “But Farmer and PIH aren’t like that at all!” Good, I would reply. I hope they are not.

⁴ To be sure, Kidder discusses Farmer’s attraction to liberation theology, a minority strain of Christian thought claiming that—in Farmer’s words, apparently—“Christ crucified” is living today wherever “the poor are suffering and fighting back” (79). However, once again, my complaint is that Kidder’s narrative mostly fails to let us hear directly from “the poor” of Haiti’s central plateau and whether *they*—with PIH or apart from it—would wish to “fight back.”

⁵ See <http://voiceofwitness.org/about/>.

⁶ Eliza Griswold, “Voices Carry,” *Smithsonian*, December 2013, 48.

<http://www.smithsonianmag.com/innovation/upending-the-narrative-of-the-great-man-of-history-180947636/>

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