

Book Review

Pathologies of Power: Health, Human Rights, and the New War on the Poor

Author: Paul Farmer (with a foreword by Amartya Sen). University of California Press, 2003. 402 pages. \$27.50 hardback

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The paths to destruction are often indirect, but ideas can be agents as sure as guns and bombs.

- Stephen Jay Gould, *The Mismeasure of Man*

Ideas shape our actions and some ideas indirectly create and support pathological social practices that harm others. In *Pathologies of Power*, Paul Farmer¹ labels the negative consequences of indirect action —*structural violence*—and in doing so, he recasts the central problem of equitable health care and public health in 21st century global society into an urgent problem of human rights and social justice. At first glance, it seems unlikely that a book written by a medical anthropologist about problems that affect the health and well-being of the world's poorest poor would have any relevance to social workers operating in the United States. However, the content of this book – the health and well being of the poor – is particularly relevant to social workers in the United States, because many of them work with children, the poorest and most disenfranchised group in this country.² These children, along with their parents who are also poor,³ make up a sizeable portion of our clientele. And to this, we can add the homeless, the disabled, the severely mentally ill, and even the working poor.⁴ Those of us who have worked directly with impoverished clients have witnessed firsthand the ecology of poverty⁵ that surrounds them, a grim reflection of the countless ways our rich and prosperous nation fails to make available the most basic services – adequate low-cost housing, living-wage jobs, accessible medical care for the uninsured, adequate educational resources, safe neighborhoods, and safe and accessible public transportation systems – to the poorest of our poor. How are conditions of social deprivation and decay possible amidst the power and opulence of the United States? The relevance of *Pathologies of Power* to American poverty is underscored when social conditions are examined

from the point of view of those it harms; those affected by structural violence. In this respect, social workers and their clients have more in common with Paul Farmer and his patients than we might assume. And we, as social workers, have much to learn from them.

Paul Farmer's *Pathologies of Power: Health, Human Rights, and the New War on the Poor* offers an answer to the question of how mounting and glaring social inequalities can exist during an era of unprecedented global wealth and scientific advancement. His book should be read for three reasons: (1) its humanistic account of a defining social justice problem for the 21st century, (2) its scientific merit and explanatory power, and (3) its relevance to social workers and child welfare professionals practicing in an era of growing economic disparities in the United States.

A Humanistic Account: A Caregiver's Perspective

Farmer writes with an anthropologist's eye for detail and attention and a quest to link observations into a cogent narrative about the people he is observing and the suffering they endure. However, Farmer is also a physician in Haiti, the poorest country in the Western hemisphere⁶, and he has first-hand knowledge of the struggles to provide medical care in a country devastated by decades of political, social and economic instability. Haiti's prolonged experience with authoritarian regimes created great disparities in wealth and power among its people. The majority of Haitians continue to endure the destructive legacies of those regimes. Extreme poverty, high infant mortality, low life expectancies, and illiteracy distinguish the country, even from its poor neighboring countries.⁷

In the rural areas, where nearly two-thirds of the country's 7.5 million people live, 80 percent survive on less than US\$1 per day, according to the Inter-American Development Bank.

As a medical caregiver for the poor, Farmer's practice lends his analysis of the circumstances and obstacles surrounding the poor he treats a rich depth and credibility. Farmer explicates the case of Manno, a young Haitian man who was shot in the aftermath of an auto accident that had escalated into an episode of roadside violence. Manno suffered a leg fracture and was taken to the local hospital—the national teaching hospital in Port-au-Prince—where he was told that he could not be operated on without the necessary hardware equipment (pins, plates, an external fixator) – a cost of \$6,000. The recommendation, therefore, was for the amputation of an injured but otherwise healthy leg, an assessment based on a wrenching social, not medical, condition – extreme poverty. It was hard for the doctors to believe that Manno could acquire the means to save his leg. Manno refused to undergo the loss of limb – the only available treatment at the hospital – and left the hospital after two days of not being seen by a doctor or a nurse. He returned to his village with the bullet still lodged in his leg and the fracture unset. Farmer rightfully asks:

...Is Manno's injury just hard luck, a freak accident? Of course not. If it were, I would not have seen anything like it before. But how exactly, does one explain what is being violated, in Manno's case and in all those denied decent medical care, are social and economic rights? (p. 253).

As shocking as this case may be, its most gruesome feature is the regular occurrence of *non-care* among the poor. Even in some of the most prosperous cities in the United States, great disparities of health care exist among the insured and uninsured. In New York City, the number of uninsured reach a staggering twenty-seven percent of the population. *The New York Times* ran a story of the untimely death of a young Korean man who died of an untreated head injury. The central feature of the story was the way in which our "tangled health care maze" is unresponsive to the uninsured beyond the emergency room, implying that the cause of death was a consequence of our inadequate health care system (Santora, 2004). At a Chicago-based respite center for homeless medically ill adults, a common complaint among the medical providers is how difficult it is to receive non-

emergency specialty services – physical therapy, x-rays, dental service, vision, medicine – for the uninsured homeless (Piedra, 2004). Even in areas with accessible high quality public hospitals, appointments to see specialists such as neurologists, cardiologists, surgeons, and oncologists take months, leaving people with serious but *treatable* ailments at the mercy of time and luck. If death arrives before the appointment, can we really say that the cause of the death was solely biological—a heart attack, a stroke, or a malignant tumor?

Farmer argues that bodily harm that can be traced to the lack of medical care is an act of violence, a social not biological act. Manno and many of the uninsured sick or injured in the United States suffer from treatable medical conditions that are exacerbated by social arrangements that support and tolerate grinding poverty. Farmer is decisively on the side of the poor, and it is their story to which he draws attention by using scientific methods from medicine and anthropology, two fields that have not typically joined forces to address human rights. However, he persuasively argues for the potential contribution that can be made via analytic partnerships forged by medicine and anthropology in advancing human rights:

...as a physician to the poor, I have seen what has happened, and what continues to happen, to those whose rights and freedoms — particularly freedom from want — are not safeguarded. As an anthropologist, I can discern the outcomes of many of the ideologies used to conceal or even justify assaults on human dignity (p.7).

When one is caring for people living under such harrowing conditions, it is impossible and undesirable to claim to be a disinterested, 'objective' observer, and it is his perspective as a caregiver that ultimately contributes to the book's greatest strength, its scientific rigor.

Farmer, a physician-anthropologist who has practiced medicine under the most dire of circumstances, has written a book that is poetic in its power to bring to life strangers — his patients — and persuade us to care about their plight, and tragically, in many cases, their deaths. The life stories he presents are drawn from his clinical work in some of the world's poorest areas—Haiti, Guantanamo, Chiapas, Russia, and he uses these data to form an analysis of the factors causing their plights. Advancing an argument for geographically broad and historically deep studies Farmer recognizes the limitations of social factors to

explain extreme suffering, and advocates for a more sophisticated approach to the analysis of social factors:

...Social factors including gender, ethnicity (“race”), and socioeconomic status may each play a role in rendering individuals and groups vulnerable to extreme suffering. But in most settings these factors by themselves have limited explanatory power. Rather, a simultaneous consideration of various social “axes” is imperative in efforts to discern a political economy of brutality (p. 42-43).

Farmer illustrates how a “simultaneous consideration of various social ‘axes’” can illuminate differences among those who suffer. For example, he compares two cases of young people who undergo untimely deaths after encounters with the Haitian military. In one case, a young woman succumbs to AIDS after contracting HIV from a military officer, leaving behind an infant daughter who is also infected with HIV. In the other case, a young man dies after being brutally tortured. In both these examples, poverty and gender play a role in the final pathway to death, but fail to explain the way that social and historical forces made the woman vulnerable to contracting AIDS while making the man vulnerable to torture. When their demise is analyzed along multiple axes of poverty — the loss of land and jobs, inadequate roads, nonexistent health care, the structural violence that cut short their lives demonstrates the diversity but also the unity in the concerns he is addressing.

The book is organized in two sections that bring together diverse case studies to examine a singular outcome of violence. The first part of the book, entitled *Bearing Witness*, consists of four chapters that document causal factors contributing to environments that sustain gross human rights abuses and their consequences for those affected. The second part of the book, aptly entitled *One Physician’s Perspective on Human Rights*, consists of four chapters that offer a critique of contemporary notions about human rights, and advance an argument for health care as a human right.

In *Bearing Witness*, we encounter case studies that explain the presence of disease and physical injury among young and otherwise healthy adults. The origins of these maladies, such as multi-drug resistant tuberculosis and HIV cannot accurately be ascribed solely to organic pathogens. It is social disruptions such as war, land reallocation, malnutrition, state-sponsored torture, and poor and overcrowded

dwelling, not bacteria and viruses, that breed crime, force human beings to operate within narrowly constrained spheres of influence, and curtail their ability to avoid harm and carve out a life free from curable disease and environmental injury. Farmer demonstrates that when disease and injury are *unevenly* distributed or concentrated among *certain* populations, we must look to social causes that sustain that unequal distribution.

Organic entities that create disease do not discriminate according to social indicators. However, human beings have the capacity to make social distinctions, and when in positions of power, can create social, political, and economic structures that serve the interests of some, while failing others. Farmer’s book elucidates the ways that power inequalities can lead to social conditions that assault and decimate life outcomes. In so doing, he redefines human rights violations to include not the actions of individuals or even governments, but rather, policies existing in societies:

...Human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm. If assaults on dignity are anything but random in distribution or course, whose interests are served by the suggestion that they are haphazard? (p.7)

Farmer’s treatment of the data — the lives of the world’s poorest poor and the conditions that shape their lives — underscores the complexity of extreme poverty, its violent nature, and its potential for complete victimization, pulverizing questions of extrication in the wake of central concerns for basic freedom and justice. *Bearing Witness* is foundational because of its testimony on behalf of those who are unable to speak for themselves. Tantamount to reporting the discovery of unmarked mass graves, sometimes the only concrete evidence that a heinous crime has occurred, Farmer acts as a gravedigger and scientist. He exposes the evidence and he has something to say about what he has found.

Within his collection of chapters is a powerful critique of market-based medicine (Chapter 6). By the time we reach the concluding chapter, the call for a paradigm shift in our understanding of health and human rights is irrefutable in light of the evidence Farmer presents, evidence which resonates with the

plight of 43.6 million Americans without health insurance and health care.⁹

Farmer leads us to re-evaluate our acceptance of social arrangements that exchange the misery and suffering of many for the comforts and safety of a few. And he succeeds at presenting an argument that “the asymmetry of power does indeed create a quiet kind of brutality.”¹⁰ He shows us how the brutalization of many individuals is impossible without the creation and *maintenance* of pathological power relations, nationally and internationally, often with the help of the United States. In doing so, Farmer does more than unveil unjust social structures, he tears the proverbial shroud that has seamlessly covered unregulated consumption and market-driven economies. These economies promote the production of low cost disposable goods for consumption by one sector of society, at the expense of subjecting another sector (low wage workers) to unfair labor compensation, meager benefits, and sometimes, unsafe work conditions. By the end of the book, when Farmer describes a full-page ad for a frivolous piece of merchandise, an avatar for all that he aptly labels “pathologies of power,” the appropriate emotion that arises is anger. But is Farmer manipulating the reader’s emotions? Or is he presenting the results of a scientific inquiry that inspires a reaction? Is the outrage justified? In other words, how good is his science and how can we evaluate it?

Scientific merit of Pathologies of Power: Social science as emancipatory

Farmer sets out to explain the widespread suffering of his patients. The answer he arrives at is not the result of abstract theorizing or heightened emotionality. Causal explanations for the pain and suffering he has witnessed are supported by data, gathered from very different global settings and applicable to other contexts with similar problems of concentrated poverty, opportunistic disease, and great power imbalances, such as in the United States.

Ostensibly, with its lack of charts, graphs, and numerical calculations, *Pathologies of Power* reads more like a fine piece of journalism than a rigorous conceptual analysis that casts light on a complex problem. To appreciate the rigor of Farmer’s study, two things must be kept in mind. The first is the nature of the scientific process, and second, the nature of the subject matter under investigation.

The scientific process is a social activity and, therefore, subject to social processes and influences like all other human activities (Lewontin, 1992).

Paradigmatically, science advances through a process of “debunking” ideas and theories that no longer satisfactorily explain the way our world operates, in favor of ideas and theories that provide better explanations and solutions to scientific questions (Gould, 1996). Farmer is not resting blame on poverty, disease, or poor choices as causal factors for his patients’ demise, although all three are surely present and the subject of numerous scientific investigations. His underlying pathogen is the presence of structural violence that results from *disparities of power*:

...The term [structural violence] is apt because such suffering is “structured” by historically given (and often economically driven) processes and forces that conspire...to constrain agency. For many of my patients and informants, choices large and small are limited by racism, sexism, political violence, and grinding poverty (p. 40).

Herein rests the problem — structural violence and its distributive effects in society. This takes us to the second idea that must be kept in mind, what exactly is Farmer studying and how can we know it?

Farmer’s work is radical¹¹ in the sense that it is “of the root or roots; fundamental.” He aims at the core of a complex problem, and his accuracy can be accessed in two ways: (1) whether he has identified the right target (the research question), which is always based on an ontology—a theory of reality, and (2) whether his epistemology — his theory of knowledge — answers the question. First, consider that what Farmer believes is responsible for his patients’ extreme suffering rests in social arrangements in society. Social arrangements are not concrete entities like bricks and mortar, but rather are the end product of *ideas* about desired social relations within a society.

The power of ideas to change the way we think about the world has long been recognized by philosophers, and most notably, Roy Bhaskar (1998) has noted that since knowledge and the process of knowledge generation are social activities, they have the power to transform society because how we understand our world affects the way we behave. Consequently, Bhaskar advances a transformational model of science and applies that model to the study of societies. In the study of societies, Bhaskar asks a fundamental question: What properties do societies possess that might make them possible objects of knowledge? By describing those properties that societies possess, and then shifting to how these properties make societies possible objects of knowledge,

Bhaskar demonstrates that societies are irreducible to people who are immutably connected. Moreover, the properties that societies possess are real forms because their pre-existence and autonomy has an observable effect on other social forms (human agency and outcomes), similar to the way gravity has an effect on earthly bodies:

...social forms are a necessary condition for any intentional act, ... their *pre-existence* establishes their *autonomy* as possible objects of scientific investigation and ... their *causal power* establishes their *reality*. (p.25)

For Farmer, the social and historical processes that create the conditions of his patients' suffering, exist *prior* to their suffering and are independent of them. The structures continue to exist even if his patients do not. The fact that these entities intrude on his patients' lives and affect their outcomes establishes their causal power and their reality.

However, the power of Farmer's analysis does not rest with identification and description of a problem. He presents the relationships that bind that which is prior and independent to those conditions which affects his patient's lives. Bhaskar explains this *relational* conception of the subject-matter of social science:

...On this conception 'society does not consist of individuals [or, we might add, groups], but expresses the sum of the relations within which individuals [and groups] stand.' *And the essential movement of scientific theory will be seen to consist in the movement from the manifest phenomena of social life, as conceptualized in the experience of the social agents concerned, to the essential relations that necessitate them* (p.26).¹²

In other words, much of what we do as social agents, endowed with reflective consciousness and free will, is shaped and constrained by the sum total of complex social and historic processes. Science advances when we are better able to understand those social processes so as to improve the accuracy of our reckoning of their sum total impact upon the individual lived experience. Take for example, R.C. Lewontin's (1992) stellar example of how we have been able to overcome *biological* human limitations through complex social arrangements:

...If we have to characterize social organization and its consequences, it is that social organization does not reflect

the limitations of individual biological beings but is their negation. No individual can fly by flapping his or her arms or legs...Yet I did fly to Toronto last year, and the ability to fly was a consequence of social action. Airplanes and airports are the products of educational institutions, scientific discoveries, the organization of money, the production of petroleum and its refining, metallurgy, the training of pilots, the actions of government in creating air traffic control systems, all of which are social products...[and] although flight is a social product, it is not society that flies. Society cannot fly. Individuals fly. But they fly as a consequence of social organization (p.121).

From the vantage point Bhaskar provides, we are better able to appreciate how Farmer uses a heuristic — studying global society¹³ by examining its effects of *structural violence* on the health and well being of his patients and informants — to bring forth a compelling analysis for understanding the pathogenic role of social inequalities.

This brings us to the question of epistemology and its appropriateness for answering the question of social inequities. Here Farmer reveals a post-positivist framework. Rather than operationalize his terms, Farmer *explains* the phenomenon through case examples. In the foreword, Sen highlights the importance of this epistemological approach in maintaining the integrity of the phenomenon:

...The expressions "power," "structure," and "violence" are not eccentric inventions by Paul Farmer; they have figured extensively in the literature on social inequality. But attempts at defining them exactly by other words have typically been inadequate and unclear...For this reason, among others, the alternative procedure, by exemplification, has many advantages in epistemology and in parts of the social sciences...A rich phenomenon with inherent ambiguities calls for a characterization that preserves those shady edges, rather than being drowned in the pretense that there is a formulaic and sharp delineation waiting to be unearthed that will separate out all the sheep from the goats (p. xiv).

Through this method of inquiry, Farmer has preserved the richness of the lived experience of both the doctor and his patients and, in maintaining the veracity of a robust phenomenon, has been able to elucidate the relationship between his patients' life outcomes and the structural arrangements that contribute to their problems; problems which the empirical evidence suggests arise from structural violence.

The Emancipatory Potential of Social Work and Child Welfare Services

Paul Farmer's analysis, despite its grim nature, is hopeful because it demystifies the cause of his patients' pain and suffering and fosters a new view of society, causal factors of social inequities, and the relationship of society to the life outcomes of the poor. Farmer's work is emancipatory, in a sense that Bhaskar asserts is the inherent potential of the social sciences:

...it is through the capacity of social science to illuminate such relations that it may come to be 'emancipatory.' But the emancipatory potential of social science is contingent upon, and entirely a consequence of, its *contextual explanatory power* (p.26).

In other words, Bhaskar's emphasis on society's pre-existing values as causal to social conditions underscores how the pattern of evidence compiled by Farmer is an argument for individuals and societies to recognize and change their roles in the social structures that cause the systematic deprivation of health care and the massive social suffering of impoverished and ill individuals. Farmer has illuminated the complicity of society in the pain and suffering of others and in doing so, has set the stage for altering destructive social arrangements. It is the privilege of the social sciences to unearth misguided ideas that foster pathological social arrangements, so that we may be freed to make better choices and create a more equitable society. Farmer's observations that society actually harms people by denying them the supports and services they need have been made repeatedly by social workers who work with the poor. In 1945, Charlotte Towle observed that Americans give conditionally — when giving can be directly linked to achievement or need. She wrote:

...Perhaps it is in our tradition to give freely and without fear only that which

seems to contribute directly to man's capacity for achievement. We give hesitantly and grudgingly — that is, fearfully — the nurturing services that would seem to foster dependence. We *fail to comprehend the interrelatedness of man's needs and the fact that frequently basic dependency needs must be met first in order that he may utilize opportunities for independence* (emphasis in the original)(1987:7).

A half century later, the spirit of Towle's words are echoed by Sen's argument that individual responsibility and society's responsibility are interconnected:

...Responsible adults must be in charge of their own well-being; it is for them to decide how to use their capabilities. But the capabilities that a person does actually have (and not merely theoretically enjoys) depend on the nature of social arrangements, which can be for individual freedoms. And there the state and the society cannot escape responsibility (1999:288).

An on-going preoccupation with individual responsibility obfuscates the problem of poverty amidst great prosperity, and the obligation of society to create social conditions which will allow people to use their individual responsibility to bring about their well-being (Sen, 1999). Taken together Bhaskar, Farmer, Towle, and Sen represent a long tradition that have sought to use social products — medicine, caregiving relationships, critical inquiry — to address social problems.

Social workers and child welfare workers are particularly well-positioned to play a vital role in mitigating the structural violence that confronts children and families experiencing serious problems in what is perhaps the most essential relationship for creating a more humane society — the parenting relationship. A society that has historically contributed to stressors that undermine parents directly — the lack of health insurance for poor working adults, adequate and affordable housing, safe neighborhoods, decent educational and vocational opportunities, jobs that pay a living wage — will ultimately harm children. While no single variable is sufficient, addressing *any one variable* will go a long way toward helping parents. The fact that

the poor are failed in so many areas that fall under the auspices of governmental control and oversight speaks to structural issues that in recent years have become more glaring with the increasing gap between rich and poor. Shifting the analytical framework from the local scene — individual and institution — to examine larger social arrangements is the difference between managing social inequalities and addressing core problems.

There is a growing consensus among scholars interested in the problem of poverty that in the modern society poverty is a matter of social choice in the way we choose to structure our society — or more accurately, given global interconnections, our *global society*. Yet, in some ways, the choice seems old. It seems that America has been forever at a crossroads — to have a society that deliberately addresses social inequalities and create a society consonant with our constitutional ideals; or conversely, to turn a blind eye to our most vulnerable constituents, and create a society that legislates rights but fails to provide the means by which all citizens become true participants. In a free and democratic society, many Americans live lives that are so constrained by poverty that the extent to which they are truly “free” is questionable. Farmer brings us a harsh reality with a poignant fairness that underscores the accuracy and credibility of the data he is presenting. The analytical sophistication he brings to the problem created by pathologies of power does not provide immediate answers; these are formidable problems with no easy solutions. However, we are infinitely better off knowing how formidable the problem is, for it has been said that a theory that orders and clarifies seemingly random and disparate pieces of information is a special kind of gift:

...a gift for the mind in society (of science, not the world) where thought and understanding are preeminent. A gift from one human being to another, to us all (Hoffman, 2003, p. 227).

Farmer and his patients have given us a gift, a telescope by which we can better see the nature of the pathogens that create diseased societies. With a more accurate, clearer perspective, we are ultimately better equipped to imagine and create better societies.

References

- Bhaskar, R. (1998). *The possibility of naturalism : A philosophical critique of the contemporary human sciences (3rd ed.)*. New York: Routledge.
- Farmer, P. (2003). *Pathologies of power: Health, human rights, and the new war on the poor*. Berkeley, CA: University of California Press.
- Fukuda-Parr, S. (Ed.). *Human Development Report 2004: Cultural Liberty in Today's Diverse World*. Published for United Nations Development Programme (UNDP), available on-line: <http://hdr.undp.org/reports/global/2004/>.
- Gould, S. J. (1996). *The Mismeasure of man*. New York, NY: W.W. Norton & Company, Inc.
- Hoffmann, R. (2003). Why buy that theory? In O. Sacks (Ed.), *The Best American Science Writing 2003* (pp. 222-227). New York, NY: HarperCollins Publishers.
- Lewontin, R. C. (1992). *Biology as ideology: The doctrine of DNA*. New York: HarperCollins Publishers, Inc.
- Piedra, Lissette. *Facets of Caring: An organizational case study of the medically ill homeless*. Dissertation in progress (2004). University of Chicago, IL.
- Rank, M. R. (2004). *One Nation, underprivileged: Why American poverty affects us all*. Oxford: Oxford University Press
- Santora, Marc. *Immigrant's tale of navigating tangled health care maze is instructive*. New York Times, July, 26, 2004.
- Sen, A. (1999). *Development as freedom*. New York: Anchor Books.
- Sen, A. (2003). Foreword. In P. Farmer (Ed.), *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley, CA: University of California Press.
- Shipler, D. K. (2004). *The working poor: Invisible in America*. New York: Alfred A. Knopf.
- Towle, C. (1987). *Common Human Needs* (revised ed.). Silver Spring, MD: National Association of Social Workers, Inc.

End Notes

- ¹ Paul Farmer, M.D., Ph.D., is a professor of medical anthropology in the department of social medicine at the Harvard Medical School; an attending physician in the Division of Infectious Disease at Brigham and Women's Hospital and medical co-director at the Clinique Bon Sauveur in Haiti.
- ² Children make up a quarter of the total United States population but they are over-represented among the poor, twelve percent of the nation. Among the poor, thirty-five percent are children (Rank, 2004: 31-32)
- ³ Ibid. "One-third of those below the poverty line live in female-headed households..."
- ⁴ Ibid. "Thirty-eight percent of the poor (ages 25-64) are plagued with a disability, and thirty-one percent have a severe disability."
- ⁵ I use David Shipler's concept of an "ecology of poverty" to refer to the interlocking set of circumstances described in his excellent and seminal book, *The Working Poor: The Invisible in America* (2004). For Shipler, the "ingredients of poverty" are "part financial and part psychological, part personal and part societal, part past and part present." Although Shipler's book presents a useful and comprehensive analysis of the hardships facing the American working poor, his analysis is too localized to gain any insights into how higher levels of society create and allow the social arrangements to exist that favor certain categories of workers (well-educated, highly skilled) over others (poorly educated, low skills). In other words, the leaven that holds the major ingredients together and creates a totally new problem of inescapable poverty is the entrenched social arrangements that lead to the precarious social conditions that frame the lives of the working poor in a way that "one reversal can lead to a chain reaction with results far distant from the original source" (p. 11). Toxic social arrangements that arise from abuses of power create the conditions that Shipler is discussing in his book. Paul Farmer is interested in the actual social arrangements that create those toxic conditions. For an excellent examination of the structural causes of American poverty see Mark Rank's *One Nation, Underprivileged* (2004).
- ⁶ The United Nations Development program ranks Haiti as 153 out of 177 nations using its human development index (HDI). The HDI measures achievement in terms of life expectancies, educational attainment and adjusted real income. Haiti ranks among the lowest human development countries, the only country ranked "low" in the Western hemisphere. See the *Human Development Report 2004 Cultural Liberty in Today's Diverse World*, p. 142.
- ⁷ Population Reference Bureau, "Haiti's Health Indicators Reflect Its Political and Economic Pains," accessed online at www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=9812, on Aug. 21, 2004.
- ⁸ Inter-American Development Bank, "Haiti: Local Development Program Loan Proposal," accessed online at www.iadb.org/exr/ENGLISH/PROJECTS/ha1491e.pdf, on Jan. 6, 2004.
- ⁹ U.S. Census Bureau (2003). "Health insurance coverage in the United States: 2002."
- ¹⁰ Foreword by Amartya Sen, p. xvi.
- ¹¹ "radical adj. & n." *The Oxford American Dictionary of Current English*. Oxford University Press, 1999. Oxford Reference Online. Oxford University Press. Univ Illinois-Urbana Champaign. 21 August 2004 <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t21.e24956>
- ¹² Italics added.
- ¹³ Farmer reminds us that the era we live in is deeply affected by globalization. When discussing society, it is important not to conflate nation-state boundaries as the sole definition of "society." In this book, Farmer is referring to a global society (p. 20)

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