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AMERICAN ANTHROPOLOGIST

OBITUARY

Paul Edward Farmer (1959–2022)

Paul Edward Farmer died on February 21, 2022, in Butaro, Rwanda (Figure 1). From a childhood living with his family of eight in a converted school bus, he became a prominent public anthropologist, global health physician, and leading medical humanitarian and health justice advocate. Farmer helped build hospitals, medical schools, and community care networks for the poor in numerous countries. He cofounded the organization Partners In Health (PIH) which modeled new approaches in global health policy and healthcare, cultivating partnerships between wealthy and poor institutions and demonstrating that diseases like TB, HIV, and Ebola can and must be treated among all people, including the poor. He advanced understandings of structural violence, illuminating the mechanisms through which social forces like poverty and racism cause harm, and he joined others to demand meaningful change from those in power.

Farmer was born October 26, 1959, in North Adams, Massachusetts, the second of six children. His father, "Paul Senior," was a "free spirit" who rejected class hierarchies and taught his children to stand up for the underdog. Paul Sr. worked as a high school math teacher, coach, salesman, and traveling film projectionist. Paul's mother, Ginny, raised the children before completing her degree at Smith College and becoming a librarian. Their father gave his children drive, discipline, and principled defiance of authority; their mother gave them compassion, kindness, and warmth. When Paul Jr. (his siblings called him "PJ") was young, the family moved to Birmingham, Alabama, then to Brooksville, Florida, where they lived in campgrounds in repurposed buses and later in a houseboat anchored in Jenkins Creek. The family bathed in the creek and brought drinking water from town. One summer when it was especially difficult for the family to make ends meet, Paul and his siblings worked several days harvesting oranges in the orchards nearby, later remembering how difficult the work was (Farmer, 2009). His siblings remember PJ as especially academically inclined. He was the founding President of the Herpetology Club in junior high and at age 11 used a pointer and his own drawings to teach his family about reptiles.

Farmer attended Duke University on a full scholarship, majoring in biochemistry until his third year when he was "hooked" by a medical anthropology course (Farmer, 1985) and changed to anthropology. In the class, he read Shirley Lindenbaum's (1979) analysis of the frightening infectious disease kuru (the first recorded prion disease among humans) through the lenses of history, colonialism, and sorcery as well as biomedicine. He read Arthur Kleinman's (1981) *Patients and Healers in the Context of Culture* and began a multiyear correspondence with Kleinman about his growing interests in psychological and medical anthropology. One of Farmer's mentors at Duke, Atwood Gaines, hired Farmer onto an ethnographic project in Alsace, France, where he went door-to-door asking ordinary people about the meaning of injustice and suffering (see Gaines & Farmer, 1986).

Also at Duke, Farmer volunteered with the United Farm Workers in migrant labor camps on tobacco plantations near campus, working with a Belgian nun to interview Haitian migrant workers (Rylko-Bauer, 2016). Here, he saw principles of liberation theology put into practice and began to read Latin American liberation theologians, encountering the movement for a "preferential option for the poor" and "accompaniment" (see below).

Farmer received his BA in anthropology in 1982 and moved to Haiti the next year. Two centuries earlier, Haitian people had driven out their French enslavers, after which imperialist powers including the United States crippled the young nation with debt, leading to generations of impoverishment, neocolonial exploitation, and political dictatorship (Crawford-Roberts, 2013; Farmer, 1994; Porter et al., 2022). By the 1980s, Haiti, once the most profitable French colony, was the most impoverished country in the Western Hemisphere; many Haitians suffered severe malnutrition, and only the richest had access to biomedical care. Farmer volunteered in a clinic in rural Mirebalais on Haiti's Central Plateau. There he met the Haitian Anglican priest Father Fritz Lafontant, who with his wife Yolande and other local community leaders had established a clinic, school, and women's group in the squatter settlement of Cange (Figure 2). In Cange, Farmer was inspired by the villagers' endurance and pride but angered by their unnecessarily dire conditions, the village having recently been displaced by a dam. Political and economic injustice, he saw, propagated and proliferated sickness. Later he would explain that Haiti was "the best teacher I've ever had" (Farmer & Narang, 2007).

While in Haiti, Farmer was accepted to Harvard Medical School, where he joined one of the first cohorts of MD/PhD students in anthropology. Medical anthropology was then a rapidly growing subfield, engrossed in debates between "clinical" and "critical" approaches (should medical anthropologists ally with health professionals to improve clinical outcomes, or should they criticize the health establishment's role in perpetuating the economic and racial injustices that produce sickness?) and between competing visions of the discipline's identity as primarily scholarly and focused on research, or as applied and oriented to practice. Farmer had little patience for these debates, finding them "hard to take too seriously" (Mas, 2022). Medical anthropology, he was sure, could do all of this. His mentor Arthur Kleinman was advancing forms of "clinical anthropology,"

FIGURE 1 Dr. Paul Farmer visits health facilities supported by PIH in Kono, Sierra Leone. Photo courtesy of John Ra/PIH. PIH, Partners In Health. [This figure appears in color in the online issue]

FIGURE 2 Paul with Père and Yolande Lafontant. Photo courtesy of PIH. PIH, Partners In Health. [This figure appears in color in the online issue]

developing new academic programs to train medical students in anthropology and arguing for greater attention in medical settings to patients' illness experiences and explanatory models. Farmer was attracted to transcultural health care programs in which anthropologists acted as "culture brokers" (see Mas, 2022). However, he knew from his experiences in Haiti that the primary impediment to good health or health care was not cultural differences. The finer points of clinical anthropology mattered little where people lacked access to clinics. To criticize the large-scale political and economic forces that produced such inequity, Farmer also turned to "critical" or "critical-interpretive" medical anthropologists like Nancy Scheper-Hughes (1990), who focused on power and inequality. In Farmer's eyes, "clinical" and "critical" medical anthropology approaches were mutually compatible and neither was "about turning your back on suffering" (Mas, 2022).

But the mainstream medical establishment did exactly that. Farmer was returning regularly to Haiti, often leaving Boston on Friday evening and returning for classes on Monday (Levy, 2017).[1] Farmer was shocked by the contrast between the abundance of resources he saw at Harvard (including the care he received after being hit by a bus in Massachusetts[2]) and their scarcity in Haiti. "Why does this make me angry?" he asked.

FIGURE 3 Paul, Ophelia Dahl, and Jim Kim. Photo courtesy of PIH. PIH, Partners In Health. [This figure appears in color in the online issue]

"Because it's an outrage" (Powell, 2018). He was galled by what his collaborators in Haiti called "stupid deaths"—those caused by diseases that were both preventable and treatable, but for lack of medical supplies, housing, or food (Kidder, 2003). As global public health authorities retreated from the "health for all" goals of the preceding decade, Farmer was dismayed that his public health classmates were being trained to abandon health care in the developing world, including treatable infectious diseases. Harvard, Farmer said, "shook me to my core in a way that Haiti did not" (Mas, 2022, 201). In response, he bridged clinical and critical medical anthropology to formulate a moral and intellectual critique of biomedicine.[3]

Farmer's deepening commitment to anthropology prompted another dilemma while he was in Haiti. He asked in an early essay (Farmer, 1985), "Was my primary role to be that of observer or intervener?" He continued, "In a setting like Haiti, intervening (interfering?) carries an arrogant message: you need my help. … The observer's message is more modest: I have something to learn from you. This stance can lead to an understanding of a culture, but seems impotent in the face of everyday problems of adequate nutrition, clean water, and illness prevention." Ultimately, Farmer said, "circumstances forced me to abandon a neutral stance." While continuing his study of anthropology and medicine, he began working with others to build the health and social justice organization Partners In Health.

Partners In Health

Partners In Health—Zanmi Lasante in Haitian Creole—was formed in 1987 by Farmer, Ophelia Dahl (a fellow volunteer in Mirebalais Farmer met on his first trip to Haiti), Jim Yong Kim (Farmer's colleague in Harvard's MD/PhD anthropology program), as well as Todd McCormack and Tom White, concerned and actively supportive Boston-area businessmen (Levy, 2017) (Figure 3). They worked closely with Father Lafontant and other Haitian community leaders to design Zanmi Lasante around community priorities. Farmer took seriously the need to learn from others and forge collaborative partnerships. As an anthropologist he focused on asking questions and listening, refusing the common assumption that only the knowledge of health professionals matters.

PIH began with liberation theology principles, prioritizing the well-being of the poor and oppressed. Called the "preferential option for the poor," Farmer and colleagues abbreviated this as the "O for the P." Farmer often observed that because disease preferentially afflicts the poor, medicine should preferentially serve the poor (Farmer, 2014). PIH also put into practice the principle of accompaniment or joining alongside another person in their life struggles. One liberation theologian wrote, "to 'opt for the poor' is … to place [oneself] *there*, to accompany the poor person in his or her life, death, and struggle for survival" (Goizueta, 2009).[4] PIH instituted this by centering its clinical model around training and hiring paid Haitian community health workers, or *accompagnateurs* in French, along with Haitian nurses, medical students, and physicians. *Accompagnateurs* visit community members in their homes, providing medication, basic treatment, and health education, as well as referring patients for additional care, accompanying them to clinics, and facilitating support for basic needs like food, childcare, housing, and transportation (PIH, 2011). The approach

proved highly successful. By 1999, the rate of HIV transmission from mothers to babies in the region around Mirebalais was 4 percent, half the rate at that time in the United States (Farmer, 2009).

In 1990, after receiving his MD and PhD degrees from Harvard, Farmer completed a "hemi-doc" residency in Internal Medicine at Harvard's Brigham and Women's Hospital. He spent half of each year as a medical resident and the other half as a postdoctoral researcher and activist in Haiti. To supply PIH clinics where supplies were desperately short, he and Jim Yong Kim routinely took medications and supplies from Harvard's Brigham and Women's Hospital, charging the supplies to their account. When it became clear they would not be able to cover the charges, PIH co-founder Tom White covered the bills.

PIH built hospitals, clinics, sanitation, and water facilities, as well as schools and housing. It dramatically reduced malnutrition and infant mortality and launched programs for HIV/AIDS prevention and women's literacy. Farmer and colleagues demonstrated the importance of this broad approach to health, showing, for example, that tuberculosis (TB) patients who were given free medical care along with food, monetary support, and home visits from *accompagnateurs* had significantly better outcomes than those given free medical care alone (Farmer et al., 1991; Koenig, Léandre, & Farmer, 2004). In the Cange clinic, Paul was jokingly called "Miss Polo"[5] because of his active work in women's health and developing jobs for women in the hospital. "Paul is a feminist," said one of his Haitian colleagues. Despite periodic backlash—for example, Farmer was denied entry into Haiti after his outspoken opposition to the United States/France-supported ousting of democratically elected President Jean-Bertrand Aristide—PIH was able to continue these important projects due to its strong foundation in partnership and collaboration.

After completing a 3-year subspecialty fellowship in Infectious Disease, Farmer joined the faculty of Harvard and became an attending physician at its Brigham and Women's Hospital. Over the rest of his career, along with seeing patients in Boston and teaching medical students and undergraduates, Farmer and colleagues expanded PIH beyond Haiti. They developed partnerships in Mexico, Liberia, Sierra Leone, Rwanda, Peru, Malawi, Kazakhstan, Lesotho, Boston, rural Florida, and the Navajo Nation. In each location, the organization worked with local communities and governments to provide top-quality health care—defined very expansively to include housing, clean water, food, training programs, and paid community health workers—in conditions of extreme poverty.

Farmer and Kim fought for all people, regardless of ability to pay, to be treated for TB, including Multi-Drug Resistant TB (MDR-TB) (Mitnick et al., 2003; Mukherjee et al., 2004). Powerful governments and international organizations were limiting effective treatment to only those who could pay, while those who could not pay received drugs to which MDR-TB was already resistant (Kim et al., 2005). With Kim and colleagues, Farmer published research demonstrating that this approach cured fewer than half of patients, compared to a 100 percent cure rate for patients treated with medications to which MDR-TB was susceptible (Farmer & Kim, 1998). While such a result should have been expected, their research pushed global public health authorities to begin making effective MDR-TB medications available to all people. In 1999, the World Health Organization appointed Farmer and Kim to lead its global MDR-TB treatment program.

In these "MDR-TB Wars—and they were wars," Kim told us, he and Farmer "were really taking on 'cost-effectiveness' analytics." They were reading social theory and anthropology voraciously, including the work of Michel Foucault, Frantz Fanon, Paul Ricoeur, and Paolo Freire, and using their frameworks to confront common discourses like that of "cost-effectiveness" that captivated public health professionals and motivated them to exclude poor people from treatment. They answered the neoliberal refrain, "there is no alternative," by countering that there was more money in the world than at any other time in history and that it was possible to build unconventional coalitions that could work together for the common good.

After 1999, PIH convinced the Russian government to treat MDR-TB appropriately in Russian prisons (see Keshavjee et al., 2008). But Farmer soon discovered that patients who were released from prison were unable to continue treatment. Government regulations prevented the employment of community health workers, so Farmer and colleagues hired retired nurses as a workaround. He taught colleagues and mentees not to take "no" for an answer when it would exclude sick people from care. He was staunchly against the common practice of blaming patients for not adhering to medical directions. When one mentee sent a message about a diabetic patient who was "nonadherent," Farmer wrote a full-page response about the politics of blame and the politics of language, explaining how if one looked hard enough at the context, no one was really "nonadherent." Instead, Farmer asked, "How can the system change to allow them to get the care they need?"

In the mid-2010s, Farmer and PIH worked in Sierra Leone and Liberia to treat and contain the spread of the deadly virus Ebola. They worked in a system in which expatriate medical volunteers infected with Ebola were evacuated for medical treatment to United States or European intensive care units, leading to significantly lower rates of mortality than among African patients (Holmes et al., 2021; Richardson et al., 2016; Richardson, 2020). Yet, a "containment-over-care" paradigm led most global health organizations to treat African patients very differently, often not even offering IV fluids for resuscitation from shock. Farmer assailed this "therapeutic nihilism" as unethical and neocolonial, and he worked through PIH to improve treatment offerings for African patients (Farmer, 2019). PIH also helped strengthen health systems, in part by training and hiring Ebola survivors as employees, providing them with livelihoods where many families had lost breadwinners and survivors were often stigmatized (Cancedda et al., 2016; Richardson et al., 2017).

Farmer became one of the world's leading exemplars of a new vision of what global health could be. Pushing against the typical ways of doing (and not doing) things in his writing and practical work, he convinced governments, international agencies, and funding institutions to rethink standard global health protocols. He called on these institutions to partner with communities where they worked in long-term "pragmatic solidarity," offering "staff, stuff, space and systems" (Herman, 2020) that could outlast the particular program or epidemic for which such programs were put into place

FIGURE 4 Paul talking with Dr. Ferle Jean Sauvener in the pediatric ward at University Hospital in Mirebalais, Haiti. Photo courtesy of Rebecca E. Rollins/PIH. PIH, Partners In Health. [This figure appears in color in the online issue]

(Farmer, 2006 [1992]; Farmer et al., 2001; PIH, 2021). He took the same approach with individuals: solidarity required long-term commitment. When physicians offered to volunteer in PIH programs, he told them they could come only if they kept returning year after year. When Farmer was asked, "How do you stay with this work for so long?" He replied, "You just don't leave" (Figure 4).

THEORIZING AND CONFRONTING STRUCTURAL VIOLENCE

Farmer's first book, *AIDS and Accusation: Haiti and the Geography of Blame* (2006 [1992]), is based on fieldwork he conducted from 1983 to 1990 in the town he called Do Kay on Haiti's Central Plateau. During this period, AIDS (*sida* in Haitian Creole) went from being all but unknown to a leading cause of death. Farmer argued that a historical analysis is critical to understanding the epidemic and its effect on the people of Do Kay. He pointed to enslavement, racism, and ongoing economic exploitation as fundamental causes of disease. While this insight could lead to a sense of fatalism (Mas, 2022), Farmer emphasized possibilities for action. As he explained in a preface to a later edition of the book, "much could be done, even then [before the development of life-saving antiretroviral medications], to avert unnecessary suffering" (Farmer, 2006 [1992], xii).

Farmer's research in Haiti laid the foundation for his work on social suffering and structural violence (Farmer, 1996; Farmer, 2004a). Structural violence is "one way of describing social arrangements that put individuals and populations in harm's way. The arrangements are *structural* because they are embedded in the political and economic organization of our social world; they are *violent* because they cause injury to people" (Farmer et al., 2006, 1686). Throughout his writings, Farmer demonstrated the importance of this framework across disciplines. In works like *Infections and Inequalities* (Farmer, 2001), he warned against "immodest claims of causality," challenging a limited focus on cultural beliefs and practices and offering a framework to investigate the embodiment of social forces like racism. In *Pathologies of Power* (Farmer, 2004b), one of his most cited and frequently assigned works in anthropology and beyond, Farmer called on medical ethicists and human rights workers to speak out against the normalization of global health disparities and argued that clinicians must understand the social forces that impact health and work to alter them (see also Farmer et al., 2006; Holmes, 2005). Farmer's work on structural violence has been taken up by social scientists, health professionals, students, and patients in ways that are reshaping medical education (see Holmes et al., 2020; Metzl & Hansen, 2014; Neff et al., 2020; Stonington et al., 2018) and advancing research on global processes of harm (see Dubal, Samra, & Janeway, 2021; Piñones-Rivera et al., 2023).

In his later writing, such as *Haiti after the Earthquake* (2011), *Fevers, Feuds, and Diamonds: Ebola and the Ravages of History* (2020), and his final publication, an introduction to *Arc of Interference: Medical Anthropology for Worlds on Edge* (Biehl & Adams, 2023), Farmer continued an active analysis of history that links individual and collective bodily experience to political-economic context. Farmer's collaborative work to dismantle global systemic racism and work toward reparation continues today (see, for example, https://www.rodneycommission.org/).

In 2003, Pulitzer Prize-winning author Tracy Kidder published a best-selling biography of Farmer, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (Kidder, 2003; see also an earlier *New Yorker* profile, Kidder, 2000). "Mountains beyond mountains"

comes from a Haitian proverb ("*Dèyè mòn, gen mòn*") indicating that after solving one problem, there will be another to solve. The book brought Farmer's anthropological approach to health and social justice to audiences far beyond anthropology and global health. *Mountains Beyond Mountains* was selected as a "common book" for incoming students at multiple universities around the United States, and an adaptation for young readers was published in 2014. For several years after its publication, each of us watched students flock to our medical anthropology courses, arriving full of energy and hope for solidarity, inspired by Farmer's vision of a world in which "no one starves, drinks impure water, lives in fear of the powerful and violent, or dies ill and unattended" (Farmer, 2008b; see also Farmer, 2008a).

Farmer wrote for broad audiences (Farmer, 2013 and 2015) and gave lectures organized not just by universities but also by public organizations and governments. He refused taken-for-granted understandings and critiqued powerful institutions and entrenched policies and practices of social, material, and medical exclusion and hierarchy. In the early 2000s, Secretary of State Hillary Rodham Clinton invited Farmer to consider being head of United States AID. In preparation for the Senate hearings, he was asked if he had ever written anything controversial. Farmer responded, "If it isn't controversial, I probably didn't write it." When asked if he had, indeed, stolen a microscope from Harvard to take to Haiti for the hospital lab, he answered honestly that he had. Farmer ended up withdrawing from consideration after it became clear he was too controversial. However, he continued to push those in power to enact meaningful change, for example, helping convince President George W. Bush to start the President's Emergency Plan for AIDS Relief (PEPFAR) to fight HIV/AIDS abroad. As UN Deputy Special Envoy to Haiti and then Special Advisor to the UN Secretary-General on Community Based Medicine and Lessons from Haiti, he advocated for accompaniment as a model in international community health.

TEACHING AND MENTORSHIP

In addition to founding hospitals and whole community health systems in locations from rural Haiti to rural Rwanda and beyond, and collaboratively building an active movement for global health equity, Farmer developed new academic and training programs (Cancedda et al., 2016). At the time of his death, he was Chair of the Department of Global Health and Social Medicine at Harvard Medical School. He co-developed new courses like "Introduction to Social Medicine," a requirement for all medical students, and "Who Lives, Who Dies, Who Cares: Reimagining Global Health," a large undergraduate lecture course that was further developed into the book, *Reimagining Global Health* (Farmer et al., 2013). In this book, Farmer and co-authors "critique prevailing global health discourse with what we have termed the resocializing disciplines—anthropology, sociology, history, political economy" (3).[6]

Farmer treated Harvard Medical School, PIH, and the Division of Global Health Equity at Harvard's Brigham and Women's Hospital as "three legs of a stool" that were critical to building decentered and decolonized teams of physicians and researchers. Farmer was committed to funding students from lower-resourced settings so they could be trained as equal partners in research and publishing. With Joia Mukherjee, he founded the Masters in Global Health Delivery program at Harvard Medical School. Christophe Millien, a graduate of this program and now Chief Medical Officer at Mirebalais University Hospital in Haiti, explained that "Polo" trained and mentored many people from the Global South to do research and to share his passion for research that would help improve people's lives. Farmer cofounded and was chancellor of the University of Global Health Equity—including Butaro Hospital—in Rwanda, where he attended the "white coat" graduation ceremony of the first cohort of medical students shortly before he died in early 2022 (Figure 5).

He inspired generations of anthropology, medical, and public health students. At Harvard, he was committed to teaching large undergraduate courses, and his colleagues remember him taking to heart that if a student wasn't doing well in a class, it was the instructor's responsibility to work harder to enable the student to be successful. He mentored numerous PhD and MD/PhD students in anthropology and supported early-career faculty in leading new programs focused on social medicine and social justice (see Kasper et al., 2016; Westerhaus et al., 2015). He indirectly mentored myriad junior social scientists on multiple continents—including both of us—with short messages amid travel, offering advice or support. His mentees have founded new organizations to advance health equity and solidarity, and Farmer served on the boards of multiple such groups.[7]

Farmer worked to keep students and health profession trainees from becoming cynical, "prevent[ing] young people from having their enthusiasm beaten out of them" (Good, 2020). Chelsea Clinton was, as a student, attracted to global health by Farmer's example. She noted to Holmes, "He had an anger that invited you in. It was like he was saying, 'Join our anger.'" When I (Holmes) was an undergraduate in Seattle trying to figure out my future, I emailed Farmer for advice. He replied, giving his pager number so we could talk after he finished his patient rounds. The next afternoon, he responded to my questions, explaining the importance of anthropology to his way of seeing the world and medicine as his entry point to work for positive change. He pushed me to use my privilege and education—whatever I studied—to work in solidarity for social justice.

FAMILY AND LIFE BEYOND THE ACADEMY

In 1995, Farmer married Haitian-born medical anthropologist and community health specialist Didi Bertrand. She and Farmer met while doing health outreach. They shared a commitment to women's health and the wedding rings they exchanged were engraved on the inside with

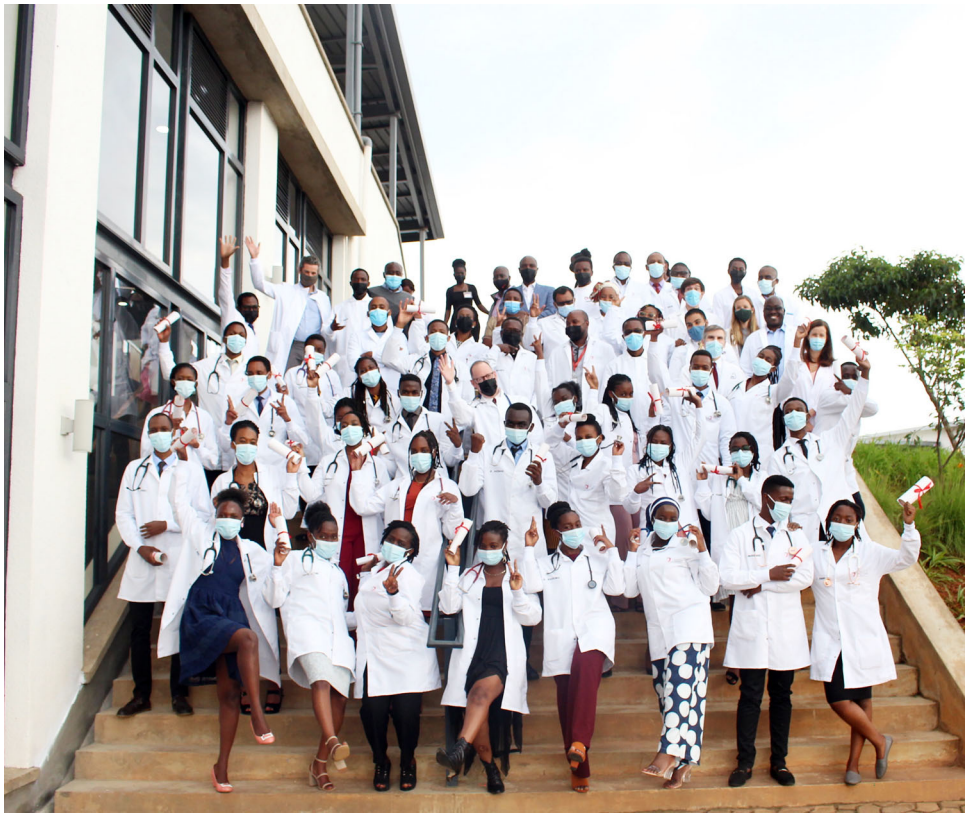

FIGURE 5 Paul at the first white coat ceremony of the University of Global Health Equity in Rwanda on December 8, 2021. Photo courtesy of University of Global Health Equity. [This figure appears in color in the online issue]

"preferential option for the poor" in Haitian Creole. Bertrand cofounded the Women and Girls Initiative in Haiti and Rwanda and ran its Community Health Worker Program in Rwanda, while simultaneously raising their three children, Catherine, Elisabeth, and Charles-Sébastian, as well as nieces and nephews who moved in with them after the 2010 earthquake in Haiti (Figure 6).

During the first year of the COVID pandemic, Farmer's travel was curtailed; he taught his classes and had meetings online in the family home in Miami. He read multiple books per day and cultivated bromeliads in the yard. His siblings came by regularly to eat meals he prepared in the pressure cooker. In 2020, Farmer received the Berggruen Prize worth $1 million. He gave most of the money to PIH and the Women and Girls Initiative, the rest went to support his family, and a small amount went to buying bromeliads.

While successful at fundraising, Farmer had little concern with material goods for himself. After paying his own and his family's expenses, he gave away the rest of his salary. He gave gifts to everyone, and his family and friends tell stories about his habitual generosity: the time a friend gave him a scarf as a gift, and Farmer gave it away to someone who needed it more. Or the time he asked to borrow $20 from a colleague and immediately gave it to the server at the restaurant where they had just eaten. He notoriously wore his clothes ragged, owning only one pair of shoes and often only a single suit (said a dry cleaner: "This is the worst piece of clothing I've ever seen."). Farmer regularly used a black magic marker to touch up his suit before important meetings or lectures.

He listened seriously to people he met and cared especially for those without power. On his way to the White House to first meet President Barack Obama, he got out of the cab to help a woman who had collapsed on the street, and he stayed with her until an ambulance came. At an earlier dinner with President Clinton, Farmer spoke mostly with the students in attendance, sharing names and details from these conversations years later. When Farmer gave the graduation speech at UC Berkeley in the mid-2010s, he met a doctoral student working on social and health equity at dinner the night before. He read that student's entire dissertation after the long dinner. The next morning after his speech, he told the student how impressed he was and suggested journals where specific chapters would be a good fit for publishing. His lectures and book signings lasted for hours, as he stayed to answer all questions and talk with everyone. "It was beautiful to watch," friends and colleagues shared. "But it also made him late."[8]

Farmer was frequently irreverent, and a bit of a "smart aleck." He had a sharp sense of humor and liked to coin acronyms to make fun of public health's acronymization of everything. He gave people and places nicknames to lighten the mood and joked with hospital staff and patients, when possible, in their first languages. When things were especially dark during fatal epidemics and political turmoil, Farmer would imitate his mother in a high-pitched voice, "Oh boy." Farmer was adamant to colleagues that "the work we do should be about making it so people can be happy, laugh, have joy. And that means having their basic needs met." As a young anthropologist-physician in rural Haiti, Farmer donned a costume and joined

FIGURE 6 Paul, Didi, and children. Photo courtesy of Behna Gardner.

in a skit about conquering AIDS as part of a celebratory "going home" party for patients leaving the hospital. Later, at PIH receptions, Farmer and his siblings enjoyed smash dancing, crashing into each other amid a somewhat somber crowd. Later, President Bill Clinton reflected that he learned how to have joy from Farmer.

The hundreds of articles and over a dozen books Farmer authored or coauthored reshaped the fields of general anthropology, medical anthropology, public health, global health, infectious disease, and general medicine. He won countless academic and public awards—including the Margaret Mead Award from the American Anthropological Association and the Society for Applied Anthropology, the WHO Global Health Leaders Award, and a MacArthur Fellowship "Genius Grant"; was inducted into multiple prestigious societies; and was conferred myriad honorary doctorates from universities around the world. He worked and wrote with scholars and practitioners from multiple continents and disciplines.

In 2017, an award-winning documentary film, *Bending the Arc* (Davidson & Kos, 2017), portrayed the work of Farmer, Kim, Dahl, and others through PIH. The film's title draws on a quote from Theodore Parker and Dr. Martin Luther King, Jr., who said that "the arc of the moral universe is long, but it bends toward justice." The film argues that Farmer, Kim, Dahl, and others in PIH "bent it faster."

The day before he died on February 21, 2022, Paul Edward Farmer delivered flowers and food to individual patients—and joked with them in his characteristic way—in Butaro Hospital in Burera District, Rwanda. He attended the morning report, complimenting a student doctor's presentation on kidney health. He was scheduled to travel to meet with the president of Sierra Leone but postponed the trip to care for a seriously ill patient he hoped in vain might recover.

In 2016, Farmer said, "On my gravestone you can put: Paul Farmer—Was of Use." He added, "I'll be happy" (Rylko-Bauer, 2016). Throughout his life, he pushed—powerfully, yet with human imperfection of course—for social justice, partnership, collaboration, and solidarity. In his final days, he lived out his commitment to these principles: that no one should be understood to count less than another person, that those who suffer must be accompanied, no matter the time or cost, and that anthropology can be of use in making societies more just and improving the lives of those who are made most structurally vulnerable. His legacy encourages each of us to be of use in our work and beyond, to partner with others and listen to their knowledge and priorities, and to live in solidarity for a world in which all people have everything they need to have joy.

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ENDNOTES

[1] In fact, Farmer was later rumored to have the highest American Airlines frequent flier miles of anyone as he continued to fly back and forth to Sierra Leone working on the response to Ebola, Russia to respond to MDR-TB, Haiti to respond to cholera outbreaks, Miami to spend time with his family, and back to Boston to focus on his teaching.

[2] See Farmer 2015 for his description of this experience. Farmer dealt with chronic pain from this accident throughout the rest of his life.

[3] See Farmer 1988 for an early discussion of the moral dilemmas an anthropology of affliction must face.

[4] Later, Farmer published *In the Company of the Poor* (Griffin and Block, 2013) with Gustavo Gutiérrez, the Peruvian physician and priest generally considered a founder of liberation theology. The book explores the importance of accompaniment and the preferential option for the poor in the contemporary world.

[5] "Miss" is the moniker used for nurses and "Polo" was Paul's Haitian nickname.

[6] See also *Global Health in Times of Violence*, edited by Rylko-Bauer, Whiteford, and Farmer (2009).

[7] See, for example, https://www.equalhealth.org/.

[8] Early in my [Holmes] time on faculty, Farmer accepted my invitation to dinner with my entire introductory class of Masters in Public Health students. After meetings with an undergraduate interest group at Stanford and giving a lecture to more than a thousand people, he took my class to dinner. In the midst of responding to question after question, Farmer turned to the waiters in the restaurant and asked if it would be better for them if our group left so they could clean up and go home or if they would prefer we stayed if they would be paid longer or paid overtime. Following their advice, we walked outside. I felt exhausted from teaching and coordinating my students for the field trip, and Farmer continued responding to questions, energetically encouraging students not to accept inequity, but demand everything needed for all people to be healthy and have joy.

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