

A decorative border with a repeating pattern of stylized flowers in red, blue, green, and yellow, surrounding the central text area.

TRACY KIDDER

WINNER OF THE PULITZER PRIZE

MOUNTAINS BEYOND MOUNTAINS

THE QUEST OF
DR. PAUL FARMER,
A MAN WHO WOULD CURE THE WORLD

Mountains
Beyond
Mountains

Tracy Kidder



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Part I

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Doktè Paul

CHAPTER 1

Six years after the fact, Dr. Paul Edward Farmer reminded me, “We met because of a beheading, of all things.”

It was two weeks before Christmas 1994, in a market town in the central plateau of Haiti, a patch of paved road called Mirebalais. Near the center of town there was a Haitian army outpost—a concrete wall enclosing a weedy parade field, a jail, and a mustard-colored barracks. I was sitting with an American Special Forces captain, named Jon Carroll, on the building’s second-story balcony. Evening was coming on, the town’s best hour, when the air changed from hot to balmy and the music from the radios in the rum shops and the horns of the tap-taps passing through town grew loud and bright and the general filth and poverty began to be obscured, the open sewers and the ragged clothing and the looks on the faces of malnourished children and the extended hands of elderly beggars plaintively saying, “*Grangou*,” which means “hungry” in Creole.

I was in Haiti to report on American soldiers. Twenty thousand of them had been sent to reinstate the country’s democratically elected government, and to strip away power from the military junta that had deposed it and ruled with great cruelty for three years. Captain Carroll had only eight men, and they were temporarily in charge of keeping the peace among 150,000 Haitians, spread across about one thousand square miles of rural Haiti. A seemingly impossible job, and yet, out here in the central plateau, political violence had all but ended. In the past month, there had been only one murder. Then again, it had been

spectacularly grisly. A few weeks back, Captain Carroll's men had fished the headless corpse of the assistant mayor of Mirebalais out of the Artibonite River. He was one of the elected officials being restored to power. Suspicion for his murder had fallen on one of the junta's local functionaries, a rural sheriff named Nerva Juste, a frightening figure to most people in the region. Captain Carroll and his men had brought Juste in for questioning, but they hadn't found any physical evidence or witnesses. So they had released him.

The captain was twenty-nine years old, a devout Baptist from Alabama. I liked him. From what I'd seen, he and his men had been trying earnestly to make improvements in this piece of Haiti, but Washington, which had decreed that this mission would not include "nation-building," had given them virtually no tools for that job. On one occasion, the captain had ordered a U.S. Army medevac flight for a pregnant Haitian woman in distress, and his commanders had reprimanded him for his pains. Up on the balcony of the barracks now, Captain Carroll was fuming about his latest frustration when someone said there was an American out at the gate who wanted to see him.

There were five visitors actually, four of them Haitians. They stood in the gathering shadows in front of the barracks, while their American friend came forward. He told Captain Carroll that his name was Paul Farmer, that he was a doctor, and that he worked in a hospital here, some miles north of Mirebalais.

I remember thinking that Captain Carroll and Dr. Farmer made a mismatched pair, and that Farmer suffered in the comparison. The captain stood about six foot two, tanned and muscular. As usual, a wad of snuff enlarged his lower lip. Now and then he turned his head aside and spat. Farmer was about the same age but much more delicate-looking. He had short black hair and a high waist and long thin arms, and his nose came almost to a point. Next to the soldier, he looked skinny and pale, and for all of that he struck me as bold, indeed downright cocky.

He asked the captain if his team had any medical problems. The captain said they had some sick prisoners whom the local hospital had refused to treat. "I ended up buyin' the medicine myself."

Farmer flashed a smile. “You’ll spend less time in Purgatory.” Then he asked, “Who cut off the head of the assistant mayor?”

“I don’t know for sure,” said the captain.

“It’s very hard to live in Haiti and not know who cut off someone’s head,” said Farmer.

A circuitous argument followed. Farmer made it plain he didn’t like the American government’s plan for fixing Haiti’s economy, a plan that would aid business interests but do nothing, in his view, to relieve the suffering of the average Haitian. He clearly believed that the United States had helped to foster the coup—for one thing, by having trained a high official of the junta at the U.S. Army’s School of the Americas. Two clear sides existed in Haiti, Farmer said—the forces of repression and the Haitian poor, the vast majority. Farmer was on the side of the poor. But, he told the captain, “it still seems fuzzy which side the American soldiers are on.” Locally, part of the fuzziness came from the fact that the captain had released the hated Nerva Juste.

I sensed that Farmer knew Haiti far better than the captain, and that he was trying to impart some important information. The people in this region were losing confidence in the captain, Farmer seemed to be saying, and this was a serious matter, obviously, for a team of nine soldiers trying to govern 150,000 people.

But the warning wasn’t entirely plain, and the captain got a little riled up at Farmer’s denunciation of the School of the Americas. As for Nerva Juste, he said, “Look, that guy is a bad guy. When I do have him and the evidence, I’ll *slam* him.” He slapped a fist into his hand. “But I’m not gonna stoop to the level of these guys and make summary arrests.”

Farmer replied, in effect, that it made no sense for the captain to apply principles of constitutional law in a country that at the moment had no functioning legal system. Juste was a menace and should be locked up.

So they reached a strange impasse. The captain, who described himself as “a redneck,” arguing for due process, and Farmer, who clearly considered himself a champion of human rights, arguing for preventive detention. Eventually, the captain said, “You’d be surprised

how many decisions about what I can do here get made in Washington.”

And Farmer said, “I understand you’re constrained. Sorry if I’ve been haranguing.”

It had grown dark. The two men stood in a square of light from the open barracks door. They shook hands. As the young doctor disappeared into the shadows, I heard him speaking Creole to his Haitian friends.

I stayed with the soldiers for several weeks. I didn’t think much about Farmer. In spite of his closing words, I didn’t think he understood or cared to sympathize with the captain’s problems.

Then by chance I ran into him again, on my way home, on the plane to Miami. He was sitting in first-class. He explained that the flight attendants put him there because he often flew this route and on occasion dealt with medical emergencies on board. The attendants let me sit with him for a while. I had dozens of questions about Haiti, including one about the assistant mayor’s murder. The soldiers thought that Voodoo beliefs conferred a special, weird terror on decapitation. “Does cutting off the victim’s head have some basis in the history of Voodoo?” I asked.

“It has some basis in the history of brutality,” Farmer answered. He frowned, and then he touched my arm, as if to say that we all ask stupid questions sometimes.

I found out more about him. For one thing, he didn’t dislike soldiers. “I grew up in a trailer park, and I know which economic class joins the American military.” He told me, speaking of Captain Carroll, “You meet these twenty-nine-year-old soldiers, and you realize, Come on, they’re not the ones making the bad policies.” He confirmed my impression, that he’d visited the captain to warn him. Many of Farmer’s patients and Haitian friends had complained about the release of Nerva Juste, saying it proved the Americans hadn’t really come to help them. Farmer told me he was driving through Mirebalais and his Haitian friends were teasing him, saying he didn’t dare stop and talk to the American soldiers about the murder case, and then

the truck got a flat tire right outside the army compound, and he said to his friends, “Aha, you have to listen to messages from angels.”

I got Farmer to tell me a little about his life. He was thirty-five. He had graduated from Harvard Medical School and also had a Ph.D. in anthropology from Harvard. He worked in Boston four months of the year, living in a church rectory in a poor neighborhood. The rest of the year he worked without pay in Haiti, mainly doctoring peasants who had lost their land to a hydroelectric dam. He had been expelled from Haiti during the time of the junta but had sneaked back to his hospital. “After the payment,” he said, “of an insultingly small bribe.”

I looked for him after the plane landed. We talked some more in a coffee shop, and I nearly missed my connecting flight. A few weeks later, I took him to dinner in Boston, hoping he could help make sense of what I was trying to write about Haiti, which he seemed glad to do. He clarified some of the history for me but left me wondering about him. He had described himself as “a poor people’s doctor,” but he didn’t quite fit my preconception of such a person. He clearly liked the fancy restaurant, the heavy cloth napkins, the good bottle of wine. What struck me that evening was how happy he seemed with his life. Obviously, a young man with his advantages could have been doing good works as a doctor while commuting between Boston and a pleasant suburb—not between a room in what I imagined must be a grubby church rectory and the wasteland of central Haiti. The way he talked, it seemed he actually enjoyed living among Haitian peasant farmers. At one point, speaking about medicine, he said, “I don’t know why everybody isn’t excited by it.” He smiled at me, and his face turned bright, not red so much as glowing, a luminescent smile. It affected me quite strongly, like a welcome gladly given, one you didn’t have to earn.

But after our dinner I drifted out of touch with him, mainly, I now think, because he also disturbed me. Writing my article about Haiti, I came to share the pessimism of the soldiers I’d stayed with. “I think we should have left Haiti to itself,” one of Captain Carroll’s men had said to me. “Does it really matter who’s in power? They’re still gonna

have the rich and the poor and no one in between. I don't know what we hope to accomplish. We're still going to have a shitload of Haitians in boats wanting to go to America. But, I guess it's best not even to try and figure it out." The soldiers had come to Haiti and lifted a terror and restored a government, and then they'd left and the country was just about as poor and broken-down as when they had arrived. They had done their best, I thought. They were worldly and tough. They wouldn't cry about things beyond their control.

I felt as though, in Farmer, I'd been offered another way of thinking about a place like Haiti. But his way would be hard to share, because it implied such an extreme definition of a term like "doing one's best."

The world is full of miserable places. One way of living comfortably is not to think about them or, when you do, to send money. Over the next five years, I mailed some small sums to the charity that supported Farmer's hospital in Haiti. He sent back handwritten thank-you notes on each occasion. Once, from a friend of a friend, I heard he was doing something notable in international health, something to do with tuberculosis. I didn't look into the details, though, and I didn't see him again until near the end of 1999. I was the one who made the appointment. He named the place.

CHAPTER 2

Outside the Brigham and Women's Hospital in Boston, you're aware of a relative urban quiet. A Wall Street of medicine surrounds you: the campus of Harvard Medical School and the Countway Medical Library, Children's Hospital, Beth Israel Deaconess, Dana-Farber Cancer Institute, the Brigham. The buildings look imposing packed together, and even awesome when you let yourself imagine what's going on inside. Chest crackings, organ transplants, molecular imagings, genetic probes—gloved hands and machines routinely reaching into bodies and making diagnoses and corrections, so much of human frailty on the one hand and boldness on the other. One feels stilled in the presence of this enterprise. Even the Boston drivers, famously deranged, don't honk much when passing through the neighborhood.

The Brigham occupies one side of Francis Street and envelops, like a city around a Roman ruin, the renovated Victorian lobby of the old Peter Bent Brigham, a relic of the history of Boston medicine. The modern entrance, a towering atrium with marble floors, lies a quarter of a mile away, at the end of a shiny corridor called the Pike—short for turnpike—flanked by banks of elevators, clinical departments to the right and left, inpatient wards on floors above, operating rooms below (forty, not counting the ones in obstetrics), dozens of laboratories in all directions, and mortal dramas everywhere. It's a medical mall, a teaching hospital and a full-service hospital and a tertiary care facility, a hospital to which other hospitals forward their most difficult cases.

Crowds move up and down the Pike, in white uniforms and street clothes, carrying bouquets of flowers, trailing the sound of many mingled conversations.

Four floors down in radiology, Dr. Farmer and his team had staked out a quiet spot, an empty windowless room, and were discussing the last of their cases for the day. Farmer had recently turned forty. Perhaps his hair had receded slightly since I'd last seen him, five years ago. He looked a little thinner, too, and was much more formally attired. He wore wire-framed glasses with little round lenses, and a black suit, and a necktie, cinched up tight. He was still spending most of his time in Haiti, but he was also a big-shot Boston doctor now, a professor of both medicine and medical anthropology at Harvard Medical School, and an attending specialist on the Brigham's senior staff. Looking at him, sitting with two of his students, young doctors in white coats, I imagined a nineteenth-century daguerreotype—the austere, august professor of medicine in a stiff high collar and a waistcoat. That impression didn't last.

He and the young doctors discussed a patient who had recently been treated for a parasite in the brain. The man had become hydrocephalic, and the neurosurgeons had implanted a shunt to drain off the fluid. There was no evidence of further infection, but should the patient be treated for one, just to be safe? "What do you think?" Farmer asked his team, and they batted the question around, and Farmer mostly just listened, though it was clear he was in charge.

After a few minutes, the team agreed: they should treat the patient. Then the phone rang. Farmer picked it up and said, "HIV central. How can we help?"

The caller was a female parasitologist, an old close colleague of Farmer's, offering her view on the hydrocephalic patient. "Worm Lady!" Farmer exclaimed. "How are you, pumpkin? Oh, *I'm* fine. Listen, it's scandalous to say, but we don't agree. We want to treat his ass. ID says treat. Love, ID."

These last two lines were a saying of his. I'd heard him use it earlier in the day, and I'd worked it out for myself. *ID* stood for "Infec-

tious Disease,” his specialty. And the command was uttered as if in a letter, and generally meant that he wanted to treat a patient at once, rather than wait for further tests. Clearly, he liked the sound of the words. He seemed to be having a very good time, and from the reactions of his students, small smiles and shakes of the head, which they didn’t try to hide from him, I figured that none of his sayings or his jokes or his general ebullience was new for today.

This day—a day in mid-December 1999—had so far been quite ordinary, at least by Brigham standards. Farmer and his team had dealt with six cases, each something of a puzzle, except for the next-to-last case of the day, which seemed rather simple. The resident on the team, a young woman, presented the facts to Farmer, reading from her notes: A thirty-five-year-old man (I’ll call him Joe). HIV-positive. Smoked a pack of cigarettes a day. Usually drank half a gallon of vodka. Also used cocaine, both intravenously and by inhalation. Recently overdosed on heroin. Had a chronic cough which five days ago increased, became productive—yellow-green sputum but no blood—and was accompanied by deep chest pain. He had lost twenty-six pounds over the last several months. The radiologists reported a possible right lower lobe infiltrate on his chest X ray—possible tuberculosis, they thought.

The tools for uncovering tuberculosis belong to an older era in medicine, and the diagnosis can be tricky, especially in someone with HIV. Certainly, Joe was a likely target for TB. Of all the infections that can come crowding into a person with HIV disease, TB was the most common worldwide. The disease was rare in Boston, indeed throughout the United States, except in the kinds of places where Joe lived—in homeless shelters and jails and on the streets and under bridges. But in spite of his HIV infection, Joe’s immune system was still mostly intact. And he didn’t have the classic symptoms of TB, which are fever, chills, and night sweats. “He has terrible teeth,” said the resident. She added, “He’s a nice guy.”

Farmer said, “Let’s go see the X ray, shall we?”

They went to another room and put Joe’s chest X ray up on a

lighted viewing screen, and Farmer stared, for less than a minute, at the spot where the radiologists thought they saw an infiltrate. Then he said, “That’s it? It’s rather underwhelming.”

They headed upstairs, to visit Joe.

Farmer moved through the Brigham in a long-legged stride, making intermittent headway. He’d pause to receive a hug from a nurse’s aide, then to exchange quips in Haitian Creole with a janitor. Then his beeper would go off. Answering the page, he’d greet the hospital operator—whichever of the dozen or so came on line—and quickly ask about her blood pressure, or her husband’s heart condition, or her mother’s diabetes. Then he’d have to stop at a nurses’ station to answer an e-mail about a patient, then to answer a question from a cardiologist. Finally, stethoscope around his neck and singing in creative German, “We are the world. We are das Welt,” Farmer led the infectious disease team to the patient’s door. Then everything slowed down.

Joe lay on his covers, dressed in blue jeans and a T-shirt, a small man with scarred and wiry arms and prominent collarbones. He had an unkempt beard and unruly hair, and when he smiled nervously at the doctors trooping in, I saw he still had most of his teeth but probably wouldn’t for long. Farmer introduced himself and the members of his team. Then he sat down at the head of Joe’s bed, on a corner of the mattress, folding himself half around Joe in an agile way that made me think of a grasshopper. He leaned over Joe, gazing down at him, pale blue eyes behind little round lenses. For a moment, I thought Farmer might climb into bed with him. He placed a hand on Joe’s shoulder instead and stroked it.

“Your X ray looks good. I think it’s probably pneumonia. A little bit of pneumonia. Let me ask you, how’s your stomach? Do you have any gastritis these days?”

“I’m eatin’ everything in sight of me. Everything in front of me I eat.”

Farmer smiled. “You need to gain some weight, my friend. You’ve lost some weight.”

“I didn’t eat much when I was outside. I didn’t eat much at all. Messin’ around, doin’ this, doin’ that.”

“Talk to us a little bit. We’re in infectious disease, and we don’t think it’s tuberculosis. Before I say that, though, any exposure to anybody with TB?”

Joe didn’t think so, and Farmer said, “I think we should go ahead and make a recommendation that you not be isolated. We’re ID, right? ID says hi. I think you don’t need to have a negative airflow room and all that.”

“Nah. A fella’s in a boat by himself, y’know. People come in with masks on their heads and wash their hands all the time.”

“Yeah,” said Farmer, adding, “but washing the hands is good, though.”

This day was the first on which I’d seen him at work, and it seemed to me just then that his part in the case was closed. Fancy specialist is called in to answer a question. For once, it is vanishingly simple, at least for the specialist. He answers it, makes some small talk with the patient, then departs. But Farmer was still sitting on Joe’s bed, and he seemed to like it there.

They talked on and on. Judging from the resident’s earlier report, she had asked many of the same questions as Farmer. But Joe was responding with greater candor now. He and Farmer talked about Joe’s regular doctor, whom Joe liked, and about the fact that Joe had taken antiretroviral medicines for his HIV, but only erratically, Joe confessed, and Farmer explained that he might well have acquired resistance to some of those drugs and probably shouldn’t risk taking others until he found himself in a position to take them faithfully. They talked about drugs and alcohol, Farmer warning him against heroin.

“But really the worst ones are alcohol and cocaine. We were saying downstairs during rounds, we were kinda joking around, saying, Well, we should tell him to smoke more marijuana, because that doesn’t hurt as much.”

“If I smoke marijuana, I’ll create an international incident.”

“Not in the hospital, Joe.” The two men laughed, looking at each other.

They talked about his HIV. “Your immune system’s . . . pretty . . . good, you know. Workin’ pretty well. That’s why I’m a little worried

that you're losing weight, you know. Because you're not losing weight on account of HIV, I bet. You're losing weight because you're not eating. Right?"

"Yeah, that's right."

"Yeah," said Farmer softly. The way he stared at Joe's face just then seemed both intent—as if there were no one else in the world—and also focused elsewhere. I thought in his mind he might be watching Joe from a high window, as Joe went about what are known in social work as the activities of daily living, which in his case would mean scoring some narcotics on a corner, then heading off to his favorite bridge or underpass for camping.

In the midst of all this, another person entered the room, a medical student whom Farmer had invited to join him on rounds. Farmer introduced her. Joe had asked all the other doctors where they'd gone to school. Now he asked the newcomer in his Boston accent, "Are you a Hah-vahd graduate, too?"

"Am *I*?" she said. "Yes."

"Wow," said Joe. He turned back to Farmer. "I got some people from high places lookin' at me, huh?"

"She's a hotshot," Farmer said. And the conversation resumed. "So tell us now, Joe, how can we help? Because we know how the system works here. You come in here, you like us, we like you, you're very nice to us, we're very nice to you, and I think you feel like people here treat you right at home."

"I feel kinda lonesome in this room!" said Joe.

"That's true. And we're going to recommend that you get out of this," said Farmer. "So here's my heavy question for you. Heavy but good."

"What you can do for me."

"Yeah!"

"You ain't gonna believe what I'm gonna say. You ain't ready for this," said Joe.

"I've heard it all, my friend."

"I'd like to have an HIV home where I could go to . . ."

Farmer was gazing down at him again. "Yeah."

“Sleep and eat, watch television, watch games. I’d like somewhere I could go where I can drink a six-pack.”

“I understand.”

“I’d like to go somewhere where I wouldn’t get in trouble, maybe have a couple too many beers, as long as I’m doin’ what they tell me, and I’m home on time and I don’t mess around, y’know.”

“Sure.”

“And I don’t drive everybody crazy, runnin’ out the doors and everything, y’know. Somewhere I could maybe even have a bottle of wine for dinner or something.”

“Yeah,” said Farmer. “I can see your point.” He pursed his lips. “So I’ll tell you what. I’ll look around, and you’re going to be here probably a couple of days, and you know I don’t think it’s that crazy an idea at all, what you said. Is it better to be out on the street using?”

“Freezing to death,” added Joe.

“Freezing to death,” said Farmer. “Or inside having a six-pack of beer or some wine with dinner? I know what I would want. The other thing is, if you have a place to stay, you could take medicines, if you want to take medicines.”

“Yeah,” said Joe, dubiously.



A few days later on the message board outside the door of the Brigham’s social work department, a cryptic handwritten message appeared. It looked like this:

J O E

O U T	I N
cold	warm
their drugs	our drugs
1/2 gal. vodka	6 pack Bud

Beneath this someone had scrawled: “Why do I know Paul Farmer wrote this?”

Friends of Farmer's had found a homeless shelter for Joe, but of course the social workers had reminded Farmer that shelters forbade drinking, and for good reason, too. He was still pleading Joe's case, just to keep his promise, I supposed, not expecting to win the argument.

Farmer was on service at the Brigham on Christmas. He spent part of the day visiting patients outside the hospital. He brought them all presents, including Joe—who got a six-pack of beer, disguised in wrapping paper.

Joe seemed glad to see him, as well as the present. As Farmer was leaving the shelter, he heard Joe say to another resident, just loudly enough to make Farmer wonder if Joe meant for him to overhear, “That guy's a fuckin' saint.”

It wasn't the first time Farmer had heard himself called that. When I asked him his reaction, he said that he felt like the thief in Hawthorne's novel *The Marble Faun*, who steals something from a Catholic church and, before making his escape, dips his hand in holy water. “I don't care how often people say, ‘You're a saint.’ It's not that I mind it. It's that it's inaccurate.”

This was seemly, I thought, resisting beatification. But then he told me, “People call me a saint and I think, I have to work harder. Because a saint would be a great thing to be.”

I felt a small inner disturbance. It wasn't that the words seemed immodest. I felt I was in the presence of a different person from the one I'd been chatting with a moment ago, someone whose ambitions I hadn't yet begun to fathom.



Farmer finished up his service at the Brigham and went to Haiti on New Year's Day 2000. We had an exchange of e-mails. He had sent me a copy of his latest book, *Infections and Inequalities*, a prodigiously foot-noted discourse with case studies of individual patients to illustrate its main themes—the connections between poverty and disease, the maldistribution of medical technologies in the world, and “the immodest claims of causality” that scholars and health bureaucrats had

offered for those phenomena. At times, it seemed that the author could hardly contain his anger. He described giving antibiotics to an impoverished TB patient, then wrote: “When she received them, she soon began to respond—*almost as if she had a treatable infectious disease.*” The Paul Farmer who had written that book didn’t seem much like the Paul Farmer who worked at the Brigham. This one was shouting on every page. I wrote to thank him for the book and added that I planned to read his previous two. “I’m reading your oeuvre,” I wrote.

By e-mail he replied: “Ah, but that is not my oeuvre. To see my oeuvre you have to come to Haiti.”

CHAPTER 3

Farmer had sent a truck, a sturdy four-wheel-drive pickup, to the Port-au-Prince airport, and I was driven north away from the capital on a two-lane paved road. On the other side of the Plaine du Cul-de-Sac, though, at the foot of a wall of mountains, the road turned into something like a dry riverbed, and the truck began pitching and rolling, scaling its way up the cliff—look down over the edge and you saw a boneyard of truck bodies. No one talked much from then on, not even the friendly, chatty Haitians in the front seat.

On maps of Haiti, the road we traveled, National Highway 3, looks like a major thoroughfare, and indeed it is the *gwo wout la*, the only big road across the central plateau, a narrow dirt track, now strewn with boulders, now eroded down to rough bedrock, now, on stretches that must have been muddy back in the rainy season, baked into ruts that seemed designed to torture wheels, hooves, and feet. It wound through arid mountains and villages of wooden huts. It forded several streams. Trucks of various sizes, top-heavy with passengers, swayed in and out of giant potholes, raising clouds of dust, their engines whining in low gear. A more numerous traffic plodded along on starved-looking donkeys and on foot. Here and there beggars stood on the banks of the road, rubbing concave bellies with one hand while holding out inverted straw hats. Here and there boys with hoes smoothed out little patches of roadway, making shows of their diligence, then lifting their hands in the hope of reward. One noticed absences. An

oxcart and no ox, only a man pulling it. Scant trees, especially after Mirebalais. No power poles after the town of Péligre.

The trip, of only about thirty-five miles, lasted three hours and seemed longer by far. It was dark when, at the top of another steep and rocky incline, in the village of Cange, the truck's headlights lit up a tall concrete wall, then a gate in the wall and a sign beside it that read ZANMI LASANTE, Creole for "Partners In Health"—on the sign there was also a picture, of four open hands reaching in from the cardinal points of the compass, all the fingers touching. Then the truck turned in at the gate, and the relief of smooth pavement followed. So I felt Farmer's oeuvre before I saw it.

In daylight, in an all but treeless, baked brown landscape, Zanmi Lasante makes a dramatic appearance, like a fortress on its mountainside, a large complex of concrete buildings, half covered with tropical greenery. Inside the walls, the world turns leafy. Tall trees stand beside courtyards and walkways and walls, artful constructions of concrete and stone, which mount the forested hillside, past an ambulatory clinic and a women's clinic, a general hospital, a large Anglican church, a school, a kitchen that prepares meals for about two thousand people daily, and, near the top, a brand-new building for the treatment of tuberculosis. The medical complex contains two laboratories. There is running water, and you can hear a big generator churning out electricity. The buildings have tiled floors and clean white walls and ceilings, and paintings by Haitian artists, the soothing kind, full of color, which reimagine the tropical paradise that the journals of Christopher Columbus describe.

The morning after I arrived, I followed Farmer on his rounds through this place, for the first of many times. The general routine was always the same. His day begins around dawn, in the lower courtyard beside the ambulatory clinic. At night I would see in the moonlight the shapes of perhaps a hundred people sleeping there on the ground. In the morning, there are twice as many, people of all ages, the women in dresses and head wraps, the older men in straw hats, and many in shoes that are falling apart, all waiting to see a doctor or nurse.

As Farmer comes in through the gate, dressed in his Haiti clothes—black jeans and a T-shirt—a part of the crowd advances on him. An old man who needs money for food, a woman with a letter she wants him to take to the United States, a young man who has been seen by another doctor here but wants to be examined by Farmer and is calling to him, “I have many things I want to discuss with you, Doktè Paul.” Mainly, Farmer searches the crowd for people in urgent need. A nurse has already found one of those, a pretty young woman with her hand wrapped in a towel. The nurse calls to Farmer. He walks over, peels back the towel, and looks in at the hand.

“It’s gangrene,” he says to me. “Smell it.”

He gives the nurse instructions for cleaning the wound. His face looks grim as the nurse leads the woman away. “Her hand was injured fifteen days ago. I wonder if she knows what’s coming, you know. As if they didn’t have enough problems. Even their minor injuries go unattended.”

It usually takes him an hour to make his way through the courtyard. He has almost reached the other side when a small, elderly man approaches, takes off his straw hat, and says in Creole, “I am looking for a man named Doktè Paul.”

Farmer smiles. “Do you know Doktè Paul, Father?”

“No,” says the old man. “But I was told to seek him out.”

One of the staff takes the man by the arm. “Let’s see if we can find Doktè Paul.” As she leads him away toward another doctor, Farmer finally escapes, a lanky figure striding up the shaded concrete path toward the kitchen and the little room above it where every morning, before patients, he sends and receives e-mail via a satellite phone.



I may as well say that from the moment I saw Zanmi Lasante, out there in the little village of Cange, in what seemed to me like the end of the earth, in what was in fact one of the poorest parts of the poorest country in the Western Hemisphere, I felt I’d encountered a miracle. In Haiti, I knew, per capita incomes came to a little more than one American dollar a day, less than that in the central plateau. The coun-

the MacArthur Foundation had given him one of its so-called genius grants—in his case some \$220,000. He'd donated the entire sum to Partners In Health, to create a research branch for the organization—the Institute for Health and Social Justice, he called it. He made about \$125,000 a year from Harvard and the Brigham, but he never saw his paychecks or the honoraria or royalties, both fairly small sums, that he received for his lectures and writings. The bookkeeper at PIH headquarters cashed the checks, paid his bills—and his mother's mortgage—and put whatever was left in the treasury. One day in 1999, Farmer tried to use his credit card and was told he'd reached his limit, so he called the bookkeeper. She told him, “Honey, you are the hardest-workin' broke man I know.”

Back when he was a bachelor, he'd stayed in the basement of Partners In Health headquarters during his sojourns in Boston. Four years ago he'd married a Haitian woman, Didi Bertrand. He saw no reason to change their Boston living quarters, but when their daughter was born, in 1998, his wife insisted it was time to move. Now they had an apartment in Eliot House at Harvard, which they used when in Boston. But they weren't often there. These days, Didi and their two-year-old spent the academic year in Paris, where Didi was finishing her own studies in anthropology. Several friends had told Farmer he should spend more time with them. “But I don't have any patients in Paris,” he'd say. It was obvious that he missed his family. When I was with him in Haiti, he called them at least once a day, from the room with the satellite phone. In theory, he spent four months in Boston and the rest of the year in Cange. In fact, those periods were all chopped up, by trips to places where he did have patients. Years ago he'd gotten a letter from American Airlines welcoming him to their million-mile club. He'd traveled at least two million miles since.

He had a small house in Cange, the closest thing in his life to a home, perched on a cliff across the road from the medical complex. It was a modified *ti kay*, a replica of the better sort of peasant house, with a metal roof and concrete floors and exceptional in that it had a bathroom, though without hot water. Many times when I looked inside his house, his bed appeared unused. He told me he slept about four

hours a night but a few days later confessed, “I can’t sleep. There’s always somebody not getting treatment. I can’t stand that.”

Little sleep, no investment portfolio, no family around, no hot water. On an evening a few days after arriving in Cange, I wondered aloud what compensation he got for these various hardships. He told me, “If you’re making sacrifices, unless you’re automatically following some rule, it stands to reason that you’re trying to lessen some psychic discomfort. So, for example, if I took steps to be a doctor for those who don’t have medical care, it could be regarded as a sacrifice, but it could also be regarded as a way to deal with ambivalence.” He went on, and his voice changed a little. He didn’t bristle, but his tone had an edge: “I feel ambivalent about selling my services in a world where some can’t buy them. You *can* feel ambivalent about that, because you *should* feel ambivalent. *Comma.*”

This was for me one of the first of many encounters with Farmer’s use of the word *comma*, placed at the end of a sentence. It stood for the word that would follow the comma, which was *asshole*. I understood he wasn’t calling me one—he would never do that; he was almost invariably courteous. *Comma* was always directed at third parties, at those who felt comfortable with the current distribution of money and medicine in the world. And the implication, of course, was that you weren’t one of those. Were you?



In the mornings, I followed Farmer from the courtyard, to e-mail, and then to his office—on the ground floor of the newest building, the Thomas J. White Tuberculosis Center. Diplomas hung on the wall, together with a photograph of Haiti’s first elected president, Jean-Bertrand Aristide—Farmer’s friend of many years—posing with a boy whom Farmer had cured of TB. There was an examining table, an X-ray viewer, a desk, and a new office chair that the staff had bought him for Christmas. It still had some tinsel on it.

Farmer sits down at his desk. “Now the objective is?” He looks at me. I shrug. He says, “To stay put. Because people are lurking outside. Lurkaceous behavior.”

A crowd of perhaps thirty—on occasion, I counted forty—waits in the hall, some sitting on benches, some milling around. A nurse in white uniform enters, saying to Farmer, indignantly, “I always say patients must sit down, and they don’t listen to me.”

Farmer smiles at her, making the Haitian hand slap, the back of one hand into the palm of the other. “It’s a cross we must carry,” he says. The nurse stalks out. He looks over at me. “You can’t sympathize with the staff too much, or you risk not sympathizing with the patients.”

They are indeed the poor and the maimed and the halt and the blind. An elderly man in treatment for pulmonary TB who makes me think of Ray Charles. (He’s blind but wears glasses. He had said he wanted glasses, so Farmer had found him a pair.) A younger man whom Farmer refers to as Lazarus, who arrived some months ago on a bed frame carried by relatives, wasted by AIDS and TB to about 90 pounds, now weighing in at about 150, cured of TB and his AIDS arrested thanks to medications. A healthy-looking young woman whose father, only a month ago, was saving up for her coffin.

And, on the other hand, a lovely-looking young woman being treated for drug-resistant TB, now in the midst of a sickle-cell crisis and moaning in pain. “Okay, *doudou*. Okay, *cherie*,” Farmer coos. He orders morphine.

A man with gastritis in late middle age. In Haiti, Farmer told me, that could mean thirty years old, since 25 percent of Haitians die before they reach forty. “It’s because there’s a near famine here,” says Farmer, examining him. “The man is muscular. Perhaps in his declining years he can’t scarp for food as well, or maybe there’s someone he’s trying to feed.” He orders nutritional supplements.

A sixteen-year-old boy too weak to walk, who weighs only sixty pounds. Farmer diagnoses an ulcer. “His body’s gotten used to starvation. We’re gonna buff him up.” Farmer hefts a can of the dietary supplement Ensure. “This is good stuff. We’ll give him three cans a day. So we’ll give him a couple hundred dollars of Ensure, and I’ll take great pleasure in violating the principle of cost-efficacy.”

A very small, elderly-looking woman, her body bent at the waist, at a right angle. Long before Farmer met her, tuberculosis of the spine