



A Social Justice Approach to Global Health

Reading: Health, Healing, and Social Justice, p. 394-402, from *Pathologies of Power*, Paul Farmer

Discussion Guide

Goal: Deepen commitment to the social justice approach to health care delivery and inspire PIH Engage to act in accordance with this model to advance the right to health.

Suggested Discussion Questions:

1. What are pros and cons to each of the three models to addressing suffering (charity, development, and social justice) and why is it important to intimately understand the arguments for and against each of these models?
2. How does PIH's approach to health care delivery—accompaniment, partnership, and building high-quality health-care systems—contribute to ensuring a patient's fundamental right to health and dignity?
3. Is it hypocritical for PIH Engage to ask for small charitable donations to PIH, given that PIH sees human suffering and disease through the lens of social justice?

Key Quotes:

"Those who believe that charity is the answer to the world's problems often have a tendency—sometimes striking, sometimes subtle, and surely lurking in all of us—to regard those needing charity as intrinsically inferior... There is an enormous difference between seeing people as the victims of innate shortcomings and seeing them as victims of structural violence" (395-396).

"The resurgence of charity is at once a *symptom* and a *cause* of our society's failure to face up to and deal with the erosion of equality" (396).

"If we focus exclusively on aggregate data, why not declare public health in Latin America a resounding success? After all, life expectancies have climbed; infant and maternal mortality have dropped. But if you work in the service of the poor, what's happening to that particular class, whether in Harlem or in Haiti, always counts a great deal" (400).

Lesson Plan

Goal: To deepen commitment to the social justice approach to health care delivery and to inspire PIH Engage to act in accordance with this model to advance the right to health.

Warm Up: Dissect Janet Poppendieck’s statement that: “The resurgence of charity is at once a symptom and a cause of our society’s failure to face up to and deal with the erosion of equality” (396). Write this quote on the board. What does she mean by this? Can you think of examples where you have seen this illustrated? (For additional context, see the first key quote in discussion guide.)

Diagnostic: PIH is deeply committed to protecting the rights and dignity of the poor. With your team, talk about how PIH’s approach to health care delivery—accompaniment, partnership, and building high-quality health-care systems—helps to ensure a patient’s fundamental right to health and dignity.

Teaching Bit: The text states that “in looking at approaches to [the suffering that surrounds us], one can easily discern three main trends: *charity, development, and social justice.*” PIH works to always approach suffering through the lens of social justice and Farmer states his belief that “the first two approaches are deeply flawed” (395).

- **Charity** relies on an individual with excess offering a good or service to someone without this good or service.
- **Development** relies on technological and economic advancement to raise the overall standard of living.
- **Social Justice** sees conditions of the poor as the result of human-made structural violence and works alongside the poor to address root causes of suffering and injustice.

Guided Practice: In the text, Farmer voices strong opinions about each model and a strong preference for the social justice approach. However, there are many individuals who believe strongly in development and charity. In order to believe in one approach, it is important to discern the pros and cons of each. Discuss in small groups.

Charity Model	Development Model	Social Justice Model
<p>Pro: Discuss—what are pros here? (Think: small donations keep PIH going, entry point for many people.)</p> <p>Con: There is a tendency “to regard those needing charity as intrinsically inferior [rather than] powerless or impoverished because of historical processes and events” (395-396). Health care is not high-quality: “Charity medicine too frequently consists of second-hand services... doled out in piecemeal fashion” (397).</p>	<p>Pro: Discuss as a group. (Think: improved infrastructure and other large-scale projects.)</p> <p>Con: In this model the poor aren’t a priority: “Developmentalism... erases the historical creation of poverty [and] implies that development is... a linear process.... Leonardo and Clodovis Boff argue: “Reformism can lead to great feats of development in the poorer nations, but this development is nearly always at the expense of the oppressed poor” (398).</p>	<p>Pro: This model works to combat the conditions of the poor and see them “not only as unacceptable but as the result of structural violence that is human-made.” (400). It works “with poor people as they struggle to change their situation” (400). It relies on an analysis that is “historically deep... [and] geographically broad... so as to understand that what happens to poor people is never divorced from the actions of the powerful” (401).</p> <p>Cons: Discuss as a group. (Think about how difficult this approach is!)</p>

Independent Practice: The text states “there is an enormous difference between seeing people as the victims of innate shortcomings and seeing them as the victims of structural violence” (396). Discuss this statement—what are dangers in victimizing poor patients or romanticizing poverty? What are ways to ensure that we do not victimize?

Assessment: As PIH Engage, we often ask people to offer a small donation to PIH. How can this act of charity play into the bigger goals of advancing health as a human right, as seen through the lens of social justice?

Closer: Have each person share a brief general reflection to the question: What did you learn about the various models of addressing suffering?