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Paul Farmer, Jim Yong Kim, Arthur Kleinman, and Matthew Basilico (eds.): *Reimagining global health: an introduction*

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The last decade has seen an explosion of interest in the health and welfare of marginalized communities around the world. In one striking indicator, public and private development assistance for health programs increased from $8.65 billion in 1998 to $21.79 billion in 2007 [1]. There has been emergent academic interest as well, with growing ranks of undergraduate and graduate students and professionals adopting the field as their specialty. Despite the burgeoning interest, however, much about the field remains unclear. *Reimagining Global Health* is an important contribution to this budding field for two reasons: (1) it proposes a cohesive introductory text for a field in desperate need of one, and (2) it seeks to "reimagine" some key concepts in global health in an effort to provide a bold new direction for the field. Its stated aim is to move global health from a mere "collection of problems" into an identifiable discipline (p. xiv).

As a textbook, the work succeeds admirably. The book grew out of an undergraduate course that has been taught at Harvard University since 2008 (p. xix), and clearly aims to be a foundational text for other similar courses. The book is highly readable, written in a clear and accessible style appropriate for undergraduate and graduate students. The many descriptions and stories of actual programs, which serve not only to illustrate particular points being made but also to inspire readers to reimagine the possible, are absorbing and engage readers with the concreteness of global health practice. All of chapter 6, for instance, is devoted to a descriptive analysis of the work of Partners In Health in Haiti and Rwanda. Throughout, the book also features excellent images, graphs, and interesting asides: black and white photographs add texture to historical descriptions; figures and tables helpfully distill

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complex information for efficient presentation; and numerous standalone biographies of key figures, sketches of noteworthy events, and case briefs function as interesting asides and potential catalysts for student research interests. The lists of suggested readings at the end of each chapter further enhance the book's teaching function.

However, conceptually, the book seeks to be much more than a text for undergraduate or graduate courses. Given the currently ill-defined and complex reality of global health, the book presents as a new basis for integrating research, training, and service toward the establishment of a distinctive, reimagined field (p. xiv). The methodological pillar of this ambitious endeavor is multidisciplinarity, specifically, a global health that is "resocialized" away from the dominance of biomedical and economic paradigms by bringing renewed attention to the social dimensions of its practices (pp. 2–3). The innovation here is not so much in the substance of the approach as it is in the emphasis and scope. The social dimensions of health are commonly featured in most texts on international and global health (see, e.g., [2, 3]). But the editors of *Reimagining Global Health* argue that not only are global health challenges, "without exception, biosocial problems," but that the field therefore requires a method, a "science" of delivery, that is also properly biosocial (pp. xiv–xv).

The biosocial approach begins with the book's 34 contributing authors, who bring to bear disciplinary perspectives that range from the mainstays of epidemiology, public health, and medicine to the "socializing" disciplines of anthropology, sociology, history, and political economics, among others (p. 453ff.). Chapter 2 is especially compelling in this regard, for it provides a "toolkit" of robust social theories deemed relevant to global health practice. These include the social construction of knowledge and its manifestation in global health practices, the unanticipated consequences of purposive action, Weberian and Foucauldian perspectives on power and authority, and the notions of social suffering and structural violence. These social theories indeed crop up consistently across various chapters to provide illuminating insights, and clearly hold significant explanatory value.

The field envisioned by the editors is more than just a biosocial method, however. It also marches with a purpose, namely, "equity." In the Preface, Paul Farmer, the lead editor, terms the new field, "global health equity" (p. xiv), and in fact, serves as the chief of the Division of Global Health Equity at the Brigham and Women's Hospital (p. 454). But, what is meant by equity? Farmer insists that global health practices—from the problems to the development and delivery of solutions—"all turn on the quest for *equity*." He goes on to suggest that the concern of equity is with the "distribution of the risk of suffering and of tools to lessen or prevent it" (p. xiii), with suffering understood presumably in biosocial terms. Beyond this, however, the editors unfortunately offer little in terms of an argument for equity—for what they mean by the term and for its adequacy as an overarching justification for the new field, vis-à-vis other frameworks. The moral value of equity is unfortunately taken for granted, effectively leaving readers with a rather vague notion of it. Nonetheless, it is a term invoked throughout the text, culminating in a final chapter examining the principles for advancing a "movement" for global health equity.

The twin rubrics of "equity" and a "biosocial approach" laid out in the first chapters of the book frame strongly the remaining chapters, which move through some important histories and issues in the field. Chapters 3–5 provide a compelling historical context, powerfully illustrating the social and political dynamics at play in the field's development and identifying the legacies that continue to inform its discourses. All histories must begin somewhere, and the editors begin in chapter 3 with colonial medicine. The fascinating narrative identifies some legacies of colonialism to which the field remains beholden even today. These include the development of international health institutions as well as the practice of priority setting, both of which appear to have been dictated too often by the political and economic priorities, first, of colonialists and, in modernity, of donor nations. Chapter 4 closely examines international health in the mid-1970s to mid-1990s, covering the 1978 International Conference on Primary Health Care in Alma Ata, Kazakhstan, the breakdown of its vision in the midst of the sovereign debt crisis of the 1980s, and the subsequent rise of neoliberalism and the program of selective health care provision in a context of perceived scarcity. The account nicely establishes the origins of the historical tension between hierarchical and vertical programing, and the question of funding and resources—themes that inform the editors' proposal for a "science" of global health delivery in later chapters. Then, bringing the reader into the present, chapter 5 considers the development of what has been termed the "golden age of global health," which has been driven primarily by an explosion of interest in HIV/AIDS. Against criticisms that the focus on HIV/AIDS has monopolized global health interest to the detriment of other health concerns, the authors of this history suggest that global health need not be a zero-sum game. If chapter 4 recounted the unfortunate history of a scarcity mindset in international health, the golden age should expand our imaginations about the possible. Rather than being seen to monopolize a limited resource pool, the authors argue, "AIDS treatment can be used as a wedge to strengthen health systems" (p. 131)—to recapture the promise of the "health for all" that was espoused at the Alma Ata conference in 1978. This, in fact, is part of the "reimagining" that the editors of this volume are urging. These histories constitute almost a third of the book; the proportionate length is unusual for introductory texts in global health. But it proves worthwhile: the narratives are engagingly told, and more importantly, they further the editors' vision of resocializing global health and helpfully inform the policy discussions in subsequent chapters.

In chapters 6 and 7, the reader is presented with a proposal for "a science of global health delivery" (p. 185). The two together nicely illustrate the interdisciplinary integration of practice and theory—one informing the other—and an inductive approach that grounds theory in practice. Chapter 6 describes the efforts of Partners In Health, the famous organization co-founded by two of the editors, Paul Farmer and Jim Yong Kim, to strengthen public health systems in Haiti and Rwanda. The account illustrates the editors' biosocial approach in practice and the real possibilities of achieving context-specific health interventions. There are principles here, the authors argue, that can be used to replicate successful global health delivery efforts in other contexts. Facilitating this challenge, then, chapter 7 is concerned with "scaling up effective delivery models worldwide." Jim Yong Kim

et al. articulate a model of four strategic principles for effective global health delivery, and helpfully discuss the elements necessary for building resilient health systems in resource-poor settings. In each case, the biosocial paradigm is clearly at work, as is the commitment to balance hierarchical and horizontal approaches to health systems development in what the authors term "a diagonal approach."

In chapters 8 and 9, the contributors and editors offer judicious presentations of the notion of disease and the diversity of ethical frameworks. There are no arguments or discussions in these chapters at the theoretical level; instead, the emphasis is on presenting the pros and cons of existing frameworks. So, in chapter 8, in keeping with the book's biosocial paradigm, the authors presume that disease categories are to a great extent social constructs. They then helpfully consider mental health and multidrug-resistant tuberculosis as case studies for a discussion of the politics of disease categorization and the role of DALYs (disability-adjusted life years) within that economy. Chapter 9, likewise, eschews theoretical discussions about the validity or adequacy of particular ethical frameworks. The chapter offers only a standard textbook presentation of the strengths and weaknesses of utilitarianism, liberal cosmopolitanism, the capabilities approach, human rights, and a generic category of religious values. The value of each, it seems, rests primarily in their contributions to motivating commitments to global health equity.

The final three chapters of the book take stock of the state of global aid today, health priorities moving forward, and what must be done to realize global health goals. Chapter 10 charts, again, a moderate course on the question of foreign aid, acknowledging both its dangers and its undeniable positive impacts. The authors, with the editors, call for aid reform guided by the principles of what they term an "accompaniment approach," which entails "supporting developing country partners—public and private—until they have the capacity to deliver services and improve livelihoods in the long term" (p. 294). Chapter 11 looks forward into the second decade of this century: while affirming the priority of advancing global health equity by building better health systems, in all their biosocial complexities, the authors and editors seek to chart a way forward on various health care priorities that range from neglected tropical diseases to the need to transform primary care in the United States. Chapter 12 concludes the book on a strongly activist note, in the belief that "advancing global health equity entails transformational social change" (p. 303). The chapter considers past examples of successful activism and provides a list of activist strategies, urging young people and others to become involved in this "movement" for global health equity.

On many levels, *Reimaging Global Health* is an excellent text. It offers a coherent and well-structured vision of a field grounded in equity and guided by a biosocial paradigm of knowledge. However, any effort to help define a field and set its parameters—to move it decisively beyond a "collection of problems" toward a discipline—will ultimately require greater theoretical engagement than the book provides. That is to say, the book neglects to *justify*, in any fundamental sense, a reimagined global health field. The field appears instead as an essentially pragmatic enterprise, driven by the pervasive modern concern with effectiveness. In their discussion of moral frameworks and values, for instance, the authors and editors discuss the pros and cons of each before endorsing their equivalent role in

motivating different individuals toward health equity. Equity has little content of its own, here, appearing to operate instead as a political consensus appeal that eschews explicit reference to particular religious, philosophical, or moral doctrines and ideas. However, whether a politics of equity is adequate as an enduring foundation for global health, or whether there is a more fundamental ethic on which the field ought to be built, I think, remains an interesting philosophical and theological question for the field.

Theoretical questions might also have been raised about the biosocial approach to which the editors are clearly committed. To be sure, the paradigm usefully renders persons and projects manageable within the purview of the technical tools, funding structures, and knowledge paradigms current to the field. But by the same token, the term betrays a reductive conception of human being that cannot but fail to hide other important dimensions of human need. A biosocial approach may help address the social and biological causes of suffering in a community, but it cannot offer any consolation with regard to its meaning or address the sufferers' sense of hope and dignity. Relevant psychological and spiritual dimensions of our experiences of disease and health are thus inevitably ignored.[1] Are we then to dismiss them as simply beyond the purview of global health concerns? To do so, it seems to me, is to deny a certain truth about our experiences of health and illness. The nature of human persons in response to which and for which the field of global health exists is an important theoretical question that requires further scrutiny.

The book remains, in my opinion, an excellent, well-structured introduction to thoughtful global health practices for undergraduate and graduate students. It also provides a wealth of insights that would benefit seasoned professionals, scholars, and activists. However, one would do well to approach the text with a concern primarily for *how* global health is practiced, not why. The book provides a set of historical narratives that powerfully highlight the legacies and issues with which the field continues to wrestle; a wealth of examples from which are derived working principles and models of effective practice; and a balanced discussion of a toolkit of theoretical and moral frameworks. But, those looking for substantive insights into the theoretical foundations of global health will be largely disappointed.

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[1] In a seminal work in 1977, George Engel proposed the "biopsychosocial model," which sought to account for the affective and other psychosocial states in which patients are always embedded [4]. Daniel Sulmasy expands Engel's model into a "biopsychosocial-spiritual model," resting his case more robustly on a philosophical anthropology that sees persons as intrinsically spiritual—as beings in relationship, including with the transcendent [5].

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