Case Study (Led by Ali Alhassani): Story from the beginning of Tracy Kidder’s *Mountains Beyond Mountains*, about Dr. Paul Farmer

- Biography of Paul Farmer
  - He grew up poor in the South
  - Went to college at Duke
  - Spent a year after college in Haiti helping the poor
  - Then went to Harvard Medical School

- What are some characteristics of Paul Farmer?
  - “Broke but not poor”: he doesn’t care about money
  - Dedicated: he only sees his family a month or less out of the year
  - Unconventional: in the way he talks, and otherwise
  - Sacrifice: he’s similar to Muhammad Yunus in the sense that he’s willing to put his own resources into his project and give up a very promising career for his dream
  - Meticulous about all the details
  - Confident: by Tracy Kidder’s first impression, maybe he’s even cocky
  - He challenges others
    - He went to one event, called Cambridge Cares about AIDS, and told a room full of people there that Cambridge didn’t care about AIDS enough. Yet afterwards he’d succeeded in pushing people to care even more.
  - Compassionate: he really cares about his patients, he has amazing bedside manner.
  - In contrast to Muhammad Yunus, he seems to run very much on his own power – he wants everyone to run on his standards, he’s very idealistic, and he seems more focused on his efforts and accomplishments than he is on the institution building work. He’s less focused on developing the bureaucracy. Is his model a scalable one?
    - They are working on that now, and they have training centers in multiple countries where they work to train other groups to do what Farmer is doing.

- Community partnerships
- Providing Haitians with food and shelter, as well as the medical drugs they need, so that they’re in a safe setting where they’ll actually be able to take those drugs
- Social and economic needs must be addressed side-by-side with medical needs

- What makes Paul Farmer’s plan different from other public health groups, like the Red Cross?
He came up with the plan where just giving people TB meds wasn’t enough: he gave them food along with the meds, so that they weren’t malnourished and could actually fight off the infection.

His bedside manner: he’s very down-to-earth. He’s always dressed in Haitian clothing, and he’s able to really connect with people.

He really asks people what they want and what they think they need, instead of imposing on them what he thinks they need.

- He’s similar to Muhammad Yunus in this sense

Yunus is much more gentle, while Farmer is much more aggressive. Farmer is frustrated with the people who have the resources to help and choose not to.

His first and foremost goal is always just to care for the one person immediately before him, and to give that one person all the care that s/he needs.

His approach to DOTS is somewhat controversial. He created DOTS plus, which provides food to the TB patients as well, but it’s very expensive, and there already isn’t enough money to implement DOTS around the world.

- Video: Doctor Venkataswamy (known as Dr. V.) who has worked to eradicate unnecessary blindness in India
  - “In a way blindness is a fatal disease in India.” The life expectancy after blindness is 2.5-3 years.
  - Over 80% of this blindness is needless and could be cured
  - Cataracts are the leading cause of blindness in the developing world
  - Dr. V. wanted to create a scalable eye care plan that would have the efficiency of a franchised McDonalds
  - His treatment centers now perform over 200,000 surgeries a year, and 2/3 of these are free of charge.
  - Self-sustaining: the patients who can afford to pay for the others
  - They organize screening camps: 30-40 of them each week.
  - He had a conviction that systems could substitute for a richness of human resources
  - Four highly trained paramedics assist each surgeon, so that they can optimize the use of the doctor’s skills
  - In this way, the surgeons average 2,000 surgeries a year, compared to an average of 220 elsewhere
  - They manufacture their own lenses, so that they will be affordable: around $5 apiece, instead of $200. Today they manufacture a wide range of optical pieces, and they export them all over the world
  - He originally planned to be an obstetrician, but when he contracted a rare form of rheumatoid arthritis, it prevented this
  - He was able to do surgery despite the arthritis. He has performed more than 100,000 successful surgeries
  - At 58, Dr. V. retired from government service, and started a nonprofit eye care center that had only 11 beds
Over time, it grew and expanded into a whole series of enormous hospitals
Today there are 150 hospitals
More than 25 years later, all the original team members still work at the eye care centers. Three generations of Dr. V’s family have worked there.

**What are some differences and similarities between Paul Farmer and Dr. V.?**
- Dr. V. doesn’t just do free give-aways: if people are able to pay, then they do. Paul Farmer is a little more charity-oriented.
- Dr. V.’s model is McDonalds: he’s really imitating that kind of large-scale franchising
- Dr. V. knows and understands that he can’t control everything, whereas Paul Farmer kind of still wants to try. Paul Farmer is very demanding of everybody to do their best in a different kind of way, whereas Dr. V. is more oriented towards efficiency. That’s a very Western approach.
- Dr. V.’s focus is more on volume, while Paul Farmer’s is more on the individual.
- It’s really impressive how Dr. V. started all of this when he was 58. He was already an old man when he began
- It’s also impressive that he was able to do all of this with his rheumatoid arthritis, a permanent disability
- It’s great that his program was able to seek people out rather than just waiting for them to come to the centers. They actually send out buses to pick people up and bring them to and from the hospital
- Paul Farmer, on the other hand, is amazing at dedicating himself to the people who come into his care, and getting them everything they could possibly need.