

its being held in the face of universal consensual invalidation” (p. 103). Lastly, the author gives key points for differential diagnosis that are very helpful.

I would especially recommend this work to other behavioral scientists working in family medicine. It provides some key teaching points for students and residents. Since family doctors are the ones doing the lion’s share of mental health work in our country, finding quick references like this one can help them maneuver through the maze of psychiatric problems that enter their offices. Dr Frances is not one for superficial rambling, and he gets to the points that need to be made in this book. While not covering every diagnosis in the *DSM*, the great majority are included. The wisdom that is derived by the experience of a master clinician in psychiatry comes through its pages.

J. LeBron McBride, PhD, MPH

Floyd Medical Center Family Medicine Residency Program
Rome, GA

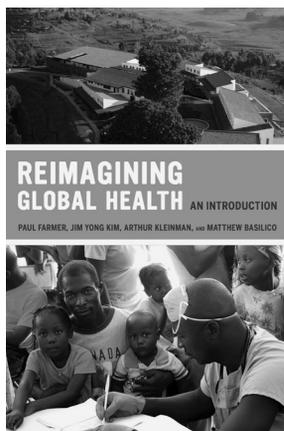
Reference

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**Reimagining Global Health:
An Introduction**

Paul Farmer, Jim Yong Kim, Arthur Kleinman, Matthew Basilio

Berkeley, CA, University of California Press, 2013, 478 pp., paperback



Contemporary global health is a jumble of concerns, ranging from new fears about emerging infectious diseases crossing international borders, to a renewed interest in what used to be called international health. The former concern is often driven by governments anx-

ious about security, the latter by students and practitioners with humanitarian desires. In the context of this diversity of concerns, the

authors of this book propose to reimagine global health by proposing two unifying concepts. The first is the goal: a quest for equity; the second is the method: a biosocial approach. They are connected: global health equity, they feel, cannot be achieved by looking at medical issues (the “bio-”) alone; the “-social” (social sciences speaking to social, economic, political, and cultural concerns) must also be addressed.

This is neither a clinical text nor a political treatise; it is, as the subtitle says, “An Introduction” to the combination. The first several chapters give the background in history. Chapter 2 is a brief review of some social theories, Chapter 3 of colonial and early post-colonial medicine, Chapter 4 of the primary health care of the 1970s and 1980s, and Chapter 5 of the recent boom of funding in response to AIDS. Though each chapter is written by a different collection of people, the development of this historical context comes across as a single voice.

Chapters 6 and 7 then move to the experiences of one organization, Partners in Health (PIH), in Haiti and Rwanda (Chapter 6) and the proposed application of those experiences worldwide (Chapter 7). The authors emphasize the need to address the local context, while simultaneously working to strengthen the national health system. They speak of “accompanying” those they work with, emphasizing a long-term relationship.

There are then three chapters looking at specific ancillary issues relevant to global health today. Chapter 8 discusses some current metrics such as the DALY, using mental health and multi-drug-resistant TB as examples. Chapter 9 addresses the ethics and values that underlie global health work, and Chapter 10 analyses foreign aid.

To conclude, Chapter 11 summarizes the key issues that global health must now address. They begin with the Millennium Development Goals (malnutrition, maternal and child mortality, and the Big 3: AIDS, malaria, and TB) and add on neglected tropical diseases, chronic non-communicable diseases, and acute surgical conditions. Chapter 12 then gives an activist approach to achieving global health equity.

Any burgeoning enterprise—and global health certainly is burgeoning—invites critique, and this book offers a very concise critique: global health must address equity, and to do so it must go beyond biomedicine. From a lifetime of work as a family physician in global

health, I heartily agree; I consider equity and a biosocial approach not only logical but necessary. But a bold critique such as this book offers invites critique itself, and among those who agree on these basics, this is where the dialogue begins.

First, since the essence of global health should be the humanitarian concerns dealt with here, the book does not deal much with national security. One reason to do so, however, is that much of government global health funding is rooted in security concerns; even the billions of dollars for AIDS in the last decade were influenced by former President Clinton's decision to declare AIDS a threat to national security. Likewise, the authors don't mention that one of the reasons for the huge increase in AIDS funding in the last decade was pharmaceutical company financial "security": half of Bush's \$15 billion windfall went there.

Second, most of the examples detailed in the book are from Partners in Health, with which many of the authors have connections. They are right to be proud of a model that "works;"

I remember similar exemplary models being promoted after the halcyon Alma Ata days. But so few of those PHC models were successfully replicated. Will we be saying the same about equity and PIH 30 years from now?

Finally, this book must provoke profound introspection for family medicine. The only mention of our discipline, briefly, is to family doctors in Cuba. Yet woven throughout the book are principles that we hold dear: a holistic biosocial approach, a focus on appropriate and efficient health systems, a concern for primary care. Was the silence about family medicine simply because the authors are specialists from Harvard and have ignored our contributions? Or more disturbingly, is it that we have little experientially to contribute to this conversation?

Overall, the book is valuable, not as the "definitive" global health text but as a well-written "preferential option for the poor."

Raymond Downing

Moi University
Eldoret, Kenya

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