

EPISODE 35. DIALOGUES: A CONVERSATION WITH KINARI WEBB

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Kinari Webb [00:00:00] Yet, looking around the exquisite forest I wondered, how could I possibly give this up? It was clear to me that planetary well-being required both saving rainforests and helping people, and work was needed intensely on both fronts. I was also beginning to think, thanks to the local staff, that these two problems were connected. Told a story about logging to pay for a hospital visit suggested that to save rainforests, you might have to provide people with affordable health care. Perhaps the best way to save orangutans could actually be to save people.

Garry Aslanyan [00:00:46] Welcome to dialogues. I'm Garry Aslanyan. This is a special series of the Global Health Matters podcast. In this series, I'll be blowing open some of the echo chambers that exist in global health. To help me in this quest, I have invited thoughtful and inquisitive individuals from different walks of life. Each of them has explored and written about global health issues from different disciplinary perspectives. I hope this dialogues series will give you, the listeners, an opportunity and space to step out of your daily routine and contemplate global health issues through a different lens. So let's get started.

Garry Aslanyan [00:01:28] For our final dialogues episode of season three, I'm joined by Kinari Webb. Kinari is an American medical doctor, public health innovator and a thought leader on the interconnectedness of planetary and human health. Kinari's journey started at the age of 21, working as a research student at the rainforests of West Kalimantan in Indonesia. Years later, she combined her experiences gained in the rainforests with her skills as a health provider and established a non-profit organization called Health in Harmony. In her book Guardians of the trees, Kinari shares her personal and professional stories and the process that enabled her and her team to develop a novel model that provides health care as an incentive to protect the environment. Hi Kinari. How are you today?

Kinari Webb [00:02:38] I'm good. It's lovely to be here. I really appreciate the opportunity.

Garry Aslanyan [00:02:42] Great. Kinari, throughout your career, you've spent many hours, months and years in the rainforests of Indonesia. Do you remember what surprised you most in your initial visits?

Kinari Webb [00:03:01] You know, we talk about the rainforest being incredibly biodiverse, but what we don't realize, and I didn't realize until I was deep in the forest, was what that really means. Everything is rare. If you sit around with a group of scientists who've spent many, many, many, many years in the forest and local community members who..., many, many years, they will all tell you some incredible story that no one else in the group has ever heard of or seen or knows. Everything is incredibly rare and precious and amazing. One time I saw this thing in the forest, a little bush that was entirely covered with iridescent beetles, all different colours - yellow, pink, blue, green, I mean, wow!

Garry Aslanyan [00:03:52] One of your earliest realizations after spending time in the rainforest was also that planetary well-being and human health are interconnected issues. The one cannot really be achieved without the other. In global health, there are so many silos. What helped you to connect then transcend the silos in your work?

Kinari Webb [00:04:16] The big thing for me was going to Indonesia, spending all this time in the rainforests, hearing the chainsaws in the distance, and being so angry at the local community members. What is wrong with these people? Don't they know that this forest is important for their own health and well-being? And then talking to them. Hearing their stories. Did they know that? Absolutely they knew

that. They knew that better than I could ever know it. But what do you do if you have to choose between your short-term well-being and your long-term well-being? And when people told me that they had to log to pay for health care, and I'm not talking like even, not only huge, say a surgery or a C-section or something like that, but even just access to something like birth control, because transportation could take five hours just to get to the nearest facility that was providing health care. That was really intensely shocking for me. It changed my whole perspective on my life and on what was happening on our planet, really. So in the rainforest where I studied orangutans, I had this incredible privilege to spend an entire year there when I was 21, some of those trees can be 22 stories tall. Some of the tallest trees in the world, and when they fall, it is like a little earthquake. It shakes everything and you can hear it from so far away. So this is not like, oh, I'm going to go in and cut down a small tree, this is like giant chainsaw blades, huge trees, and those trees eventually are worth tons of money on the international market. But the person who cuts them down may get tens to a few hundred dollars. So it's a terrible lose-lose. Also, the place I was working was a national park. People are logging inside a national park that they love and that they want to be there for the future, but that they simply don't often have a choice. I just felt like I couldn't... I couldn't go forward in the world knowing that we were losing planetary health because people needed their own health. Of course they did! I had to have pretty extensive health care a few years ago, and I was grateful to be able to get it. But if I had to log to be able to get access to health care, even though I love the forest, I might have done it.

Garry Aslanyan [00:06:54] I was interested in reading about your experience providing medical care as part of the 2004 tsunami disaster response in Indonesia. This actually brought some memories for me. When I was called in the middle of Christmas holidays to accompany a plane full of emergency supplies and medicines to Sri Lanka. You write about how this experience for you was a blunt encounter with the shortcomings of international aid efforts, especially the lack of collaboration that often exists with local leaders and communities. I think I can relate to that. I've seen that. How did this experience influence your future work in Indonesia?

Kinari Webb [00:07:36] I spent time during residency, so I saw that this interconnection, I saw how much local communities really needed access to health care and that that was important for protecting the rainforests, and I was looking at a lot of these NGOs and thinking, maybe I could get a job with one of them. But when I was there in Aceh after the tsunami, I was horrified. Local community members were saying things like, thank you for what you're providing, but really what we need more than anything... We know you've received so many millions and millions and millions of dollars from around the world to help us, but what we really need is to clear our rice fields so that we can plant rice and in three months we will have food again. Because the rice fields had all had all this debris dumped on them from the tsunami. The local NGOs just said, I remember the sort of shock when this was announced in one of the meetings, the coordination meetings, and they said, well that's not in our brief. We don't clear rice fields, we give rice. I just thought, what? What are we doing? There's this aid has been... All this money, the support has been given to these communities, and yet we are doing it in a way that is almost about perpetuating poverty. I don't know if you've ever seen the movie *Poverty Inc.*, but it does a beautiful job of describing this process. I just thought, I cannot be part of this process. I came home totally frustrated and I spoke to a friend of mine and she said, well, we could start another non-profit. We could start one that's based on the principle of listening to communities. That real shock that I had had about completely misunderstanding the situation of what was going on with the illegal logging in this national park where I had studied orangutans, where I was really blaming people or thinking they didn't understand, but that was not what was going on. They fully understood. They just didn't have a choice. So that key principle for me of listening to communities was really essential. So that's what we did, and we founded Health in Harmony.

Garry Aslanyan [00:09:51] And of course after the tsunami, you completed your residency training outside of San Francisco and then returned to Indonesia to start that initiative.

Kinari Webb [00:09:59] Yes.

Garry Aslanyan [00:10:00] And I found it very interesting how you were able to address a health care challenge and an environmental challenge at the same time. How did you discover that interconnectedness? Tell me more.

Kinari Webb [00:10:15] So again, that experience of feeling like I didn't understand things really drove me to just listen to community members. So when we started, we did 400 hours of listening to all of the communities all the way around the national park. I should say to actually that I didn't know that I was going to start at Gunung Palung National Park, which is the place where I studied orangutans. I had spent a year travelling around Indonesia first, and what I discovered was that the situation was the same everywhere I went. Now we know that it's a situation that's the same in many places all over the world. Without access to basic services, their basic needs, communities are often driven to destroy their local ecosystem, even when they really don't want to do that. So we just listened and I thought every community was going to come to a different solution, and they did not. Every single community came to the same consensus independently about what the key solutions would be for them. The way that we phrased the question was this, we said, "You all are guardians of a precious rainforest that is valuable to the whole world, and that helps support the health of the whole world. What would you all need as a thank you from the world, so that you can thrive and the forest can thrive?" And what people said was they needed health care access. Sure enough, that came out straight. Without that we cannot protect the forest, we cannot thrive; and we need organic farming training. They also wanted help with education for their kids. It's interesting because everywhere we've been in the world now, those three things keep coming out as really critical.

Garry Aslanyan [00:12:02] That's a very interesting realization, and actually in our next season, we're interested in doing an episode on holistic health, but it's not been that easy to find examples of where this has happened in practice. This was interesting for me to learn about the programme which was founded on a desire to deliver truly holistic health to rainforest communities. Maybe let's listen to another extract from your book.

Kinari Webb [00:12:37] I told her about my vision for this work. I explained how, as doctors, we were taught to see people as just assembled body parts. In her case, as a dentist, teeth, and not holistically. I told her about people having to log to pay for medical care and how the health of the environment affected human health. I believed we should not only be treating people as whole human beings, but also expand the circle out and treat the community and the environment. I didn't agree with just putting band-aids on people's medical problems. I thought we should be treating the causes of the medical problems as well.

Garry Aslanyan [00:13:20] Kinari, can you explain in a nutshell how you were able to create a holistic, intersectional model capable of caring for people and the forest?

Kinari Webb [00:13:30] Well, yes and I would say, I didn't do it, the communities did it. They designed these intersectional solutions, which often I didn't even understand the full extent of how these things were intertwined, until many, many, many years later, and I think it's so critical to really recognize that the people who are closest to a problem understand those problems in their fullest complexity and they understand the key solutions. It's also more than that, too, because when they are asked what the solutions are and then those are implemented, it's a very different feeling. It's one of empowerment.

It's one of excitement. It's one of like, wow, we were listened to, everything is now beginning to change in our community, it's really working. So that, I think, is also a really important component of it. It's a somewhat anti-colonial approach. Much of the aid world is extremely colonial and it's racist and it's elitist and it's educationalist, I might call it. This idea that those who are the experts, that "I have a medical degree, therefore I know what should happen." The local communities are the experts and one should listen to them. I said there are three solutions that the communities wanted. They wanted health care access, they wanted organic farming training and they wanted education access, and that's for adults and kids, actually. In all three of those, they're all overlapping, and they're all interconnected, and we made that very obvious in a lot of different ways designed by the communities. So it's things like communities got extra discounts if they were protecting the forest in their health care, because they were protecting the health of the whole community. They were protecting the health of the whole world and therefore it made sense to give them more gratitude from the world. The communities also designed this because they loved the fact that they could get the few cheaters to stop, because if the whole community was getting benefits and there was pressure on anyone who was not working towards the health of the whole, to switch that around. So, it's the classic problem of the tragedy of the commons. The other thing is that we wanted to make sure everyone could always access care, even if they were in a heavily logging community, etc., or if they didn't have money. So people can pay with non-cash payment options including seedlings, or other handicrafts, things like that. Or they can also pay with labour. So in those ways it just works more towards the holistic, everything all working together.

Garry Aslanyan [00:16:25] Many of our listeners are also health professionals. What kind of advice would you give to them? How to be better prepared to deliver this kind of holistic care like you've done?

Kinari Webb [00:16:42] Sakib Burza, who is our medical director, and he came to us from Doctors Without Borders. He's just a remarkable, incredible physician. He talks about his experience at Doctors Without Borders where, if you had someone, kids who come in with malnutrition, well, you treat them with Plumpy'Nut, in a little plastic container, and those peanuts were probably grown in the United States or in Brazil, somewhere like that, and flown all over the world. We're not treating the underlying cause, which is not to say if a child is malnourished, we do not want to treat them. They obviously did. But at Health in Harmony, we're not only treating the acute malnutrition, but then we're talking to the community about why is there hunger? What are the solutions so that you all are thriving? And they are designing, like in Madagascar, designing these very comprehensive food systems that they just needed access to a little bit of education or certain kinds of seeds or a little bit of help with irrigation systems, things like that. Suddenly they go from one crop of rice a year to three. For Sakib to see that and to see it, wow, this is a totally different way of addressing the problem, and that's just the little human malnutrition part I'm addressing. We are thinking as well about ecosystems and whole communities thriving and then whole global thriving. It's interesting because Doctors Without Borders is coming to us and saying, hey, we need to rethink the way we're doing this. I would say we all need to rethink. Climate change is the greatest threat to human health there is, and if we are addressing human health without even thinking about that. We are missing the picture.

Garry Aslanyan [00:18:41] It is impossible.

Kinari Webb [00:18:43] And we can do it all. It's not like there's something we have to trade-off and lose. No, it's win, win, win.

Garry Aslanyan [00:18:56] You already mentioned the importance of listening to communities and I'm curious how this ongoing listening process enhances the agency and ownership of communities, of their health?

Kinari Webb [00:19:11] I'll tell you a story from Madagascar. Women who, when we first started there, did not even usually participate in meetings. Women are now calling meetings to tell our team, there in Madagascar, oh my goodness, look at how healthy we are. Look at how well things are going. We're not afraid of the hunger season. Our kids are in school, and now we've got to deal with this problem with the charcoal production, and we've got to figure out how... They are the agency and the... It is stunning to me to see that, and the pride. We have never worked with a non-profit community member saying this. We have never worked with a non-profit who actually listened to us. You did. You implemented the solutions we said, and now look, we were so right. To see that... and all these other non-profits that came in and nothing changed. So that feeling of - we do know the solutions, we can bring about dramatic change, it's really important. I'll give you another example from Indonesia. One of the community members, one of the community leaders there saying: we are the pathfinders for where the world needs to go, for how to live in balance with the Earth and with humans, and he said, "We want to now teach the world."

Garry Aslanyan [00:20:36] Okay. Okay.

Kinari Webb [00:20:38] That's important. That's a huge difference. I'll just add one thing here. The argument I often hear against this is, well theoretically there might be a better solution than the communities know. How could they possibly know about all the solutions? And maybe that's true, that in theory there might be some better solution, but in reality there isn't, because these community members are ready to implement that solution, and that means that they will really do it. You could come in with some new idea, but they are not going to do it because they don't believe in it. It would take you so long to even convince them to do that.

Garry Aslanyan [00:21:25] And by the time you do it, it will be a whole other world and a whole other issues.

Kinari Webb [00:21:30] That's right, and then you don't have the empowerment.

Garry Aslanyan [00:21:34] Let's switch gears a bit and speak a little bit more about your personal journey, which is really woven throughout your book and despite a deeply satisfying career, you describe the demands and pressures and stresses that work in global health placed on you. I'm sure many of our listeners would be able to identify with this. How have you found hope along your journey and what changes did you have to make to find that fulfilment?

Kinari Webb [00:22:07] So the hope, I would say, has been from just watching change happen so dramatically. In our first sites, after ten years we had a 90% drop in logging households. We had stabilization of the loss of the primary forest and 52,000 acres of rainforest grew back and a 67% drop in infant mortality. All those are numbers, but actually looking at the dramatic change in the communities and to see their excitement that, all of that, brought me great hope, and now we're doing it in Brazil and Madagascar, and we're seeing it work in all these different places, that also is very exciting to me. It's terrifying too. We are facing the end of civilization. We don't really realize; even if we stopped 100% of all fossil fuel emissions and we continue to lose rainforests at the rate that we are losing it, it would still be game over. Rainforests are absolute. They are the heart and the lungs of the world. We really need to think about that in that way. We can amputate an arm and still survive, not well but we can survive. But without the heart and lungs, we won't make it. So I really think about our planetary ecosystem. It's only 2% of the surface of the Earth, but that 2% has 50% of the world's species, it cycles water all over the Earth and it contains so much carbon. Just Indonesia has nine times global emissions stored in the forests. So if we lost that through fire or these tipping points which can happen, because if you lose too much of the forest, the forest doesn't create rain for the rest of the forest and then it tips

to Savannah. So how do I maintain hope? One of the things I have learned slowly over my lifetime, and I will say it has been slow, is that personal thriving is community thriving, is global thriving. They all go together. I really learned this after I was stung by a box jellyfish and I spent almost two years in bed. We have to take care of ourselves as well, and then when we are thriving, then we can really, truly support community thriving, and when a community is thriving, it can support global thriving.

Garry Aslanyan [00:24:53] Some of what you're saying really highlights the bit of attention between having clear calling for global health justice and going forth with steady dedication, simultaneously the need to let go and not hold things too tightly and listen to the world around you. If you were to compare yourself now to that 21-year-old of you who first arrived in the rainforest, what has changed in how you approach your work now?

Kinari Webb [00:25:26] I think I always did this, but I'm doing it a lot more now, which is that, I would say stepping back actually and supporting others and really... I'll give you an example. Monica Nirmala, she came to work at our programme in Kalimantan as a dentist, and then I was struck by the box jellyfish, suddenly I couldn't help run the programme anymore, and I think she was 23 at the time. We promoted her to be the Executive Director, which was kind of crazy, but she was so brilliant and so good at doing all this stuff, and I just truly believed in her, and she ran the programme for six years and my goodness, she was great at it. Then I sat down with her and I said, what is your vision for your future? What do you want to do? And she said, "I really want to do a master's in public health." And I thought, my belly just sunk, oh my goodness, how can we survive without her? But I knew, and this is the big thing, I have been promoting all the time. What is your magic wand? What is each person's magic wand? Where would you thrive the most? Where is your overlap with what the world needs? So I was like, okay, we just have to trust and believe this, and I helped her, and she ended up going to Harvard and did a master's in public health at Harvard, and then she went back to Indonesia and she's now number two at the Ministry of Health. She was instrumental in how well Indonesia did in managing the pandemic, which was brilliantly done, and she is now working on shifting the Ministry of Health to really think about planetary health, to think about prevention of pandemics, not just dealing with the pandemic once it occurs to think about integrating the health and ecosystems with the health of humans. I just feel like my job is to help support others and to really help everyone I encounter think about - what is your piece of the puzzle? How can you thrive personally? How can your community thrive? How can the world thrive through what it is that you do?

Garry Aslanyan [00:27:51] Maybe as a final question and reflecting on our conversation and what you've learned in the past two decades of working in enabling planetary and human health simultaneously, what are the key lessons that could help advance other public health programmes globally that we want to live with them?

Kinari Webb [00:28:13] The first one I'll say is radical listening. This concept that those who are closest to a problem understand the problem in its fullest depth and know the solutions best. So I think that is a key part. The other one I would say is reciprocity. These are all indigenous concepts. I came to them independently, but this is what communities, all the indigenous communities that we have worked with and that for many around the world, which kind of tells me these are key principles. If humans all over the world independently come to them, this is important. Reciprocity, this idea that we all have something to give and that it's about an equal, loving respect and gift giving mutually around the world. It's not about charity. It's not about colonial yuckiness, and I would expand that reciprocity not just to humans, between humans, but also with the natural world, which is how indigenous people see it as well.

Garry Aslanyan [00:29:25] Thank you, Kanari, for this great dialogue we had. I wish you all the best for keeping up the work that you're doing. Again, thanks for joining us today.

Kinari Webb [00:29:35] Thank you.

Garry Aslanyan [00:29:37] Kinari's story is one of courage. She boldly set out to question and counter the traditional ways in which public health is delivered by building bridges across issues in silos. Kinari's work highlights the importance of two values: generosity and gratitude. Through intentional listening and including Indonesian communities, she and her team were able to effectively improve access to health care, reduce the illegal logging of trees and alleviate poverty in a more sustainable manner. They conduct their work not on principles of charity or saviourism, but rather as a gesture of gratitude and respect to communities for their role as custodians and protectors of broader collective global health. I'd like to leave you today with a final reading from Kinari from her book, *Guardians of the trees*. It may help you consider your own role in global transformation towards a thriving future.

Kinari Webb [00:30:48] The dream also made clear that I was not alone in this, that each of us has something to give to the solution. Every person who faces this truth has to ask themselves the same question. What is my personal role in the global transformation toward a thriving future? The science is clear. We no longer have the time to push this question off to some more convenient point in the future. We are living in the most critical period in the entire history of humankind, and if we do not act now, it will simply be too late. Did I have the courage to accept a bigger calling? Do you?

Garry Aslanyan [00:31:34] I'm very pleased with what we've done with the dialogues series, and truly allowing some of you to step back and immerse yourselves in the topic and get to know our guests in a qualitatively different manner. We will be doing more of dialogues this year. To learn more about our dialogues series and the content of this episode, visit the episode web page where you will find additional readings, show notes and translations. Don't forget to get in touch with us via social media, email, or by sharing a voice message with your reflections of this episode.

Elisabetta Dessi [00:32:12] Global Health Matters is produced by TDR, a research programme based at the World Health Organization. Garry Aslanyan is the host and executive producer. Lindi van Niekerk and Obadiah George are content technical producers. Priya Joy is the curator of the Dialogues series. The podcast editing, communication, dissemination, web and social media designs are made possible through the work of Maki Kitamura, Chris Coze, Elisabeth Dessi, Izabela, Suder-Dayao and Chembe Collaborative. The goal of Global Health Matters is to produce a forum for sharing perspectives on key issues affecting global health. Send us your comments and suggestions by email or voice message to TDRpod@who.int, and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.