

Profile

Kinari Webb: saving lives and saving rainforests



Erick Danzer

In the distance you can hear the chainsaws and the thud of thousand-year-old trees hitting the forest floor. “This is what it is like to live in the rainforests of Indonesia in an age where fossil fuels rule”, says Kinari Webb, an orang-utan researcher turned pioneering doctor. Webb runs Health in Harmony, a US-based non-governmental organisation that supports project Alam Sehat Lestari in West Kalimantan, Indonesia. She provides health care for villagers living near Gunung Palung National Park, one of Indonesia’s last refuges for orang-utans and an important remaining lowland rainforest. The clinic has a unique way of working: it offers health care in exchange for conservation services.

“The villagers’ health problems are many. Tuberculosis is their number one killer”, explains Webb. The disease maintains its hold because people are so poorly nourished and sleep crowded together in poorly ventilated homes. Other common health problems are malaria, diabetes, heart disease, diarrhoeal disease, and injuries. Since many people in Indonesia live a hand-to-mouth existence, wouldn’t it be kinder to offer health care for free? Webb explains: “While anyone may receive health care at the clinic, regardless of ability to pay with cash, the clinic gives extra health-care incentives to local communities to encourage them to protect the park from illegal logging.” In addition, the clinic offers conservation-promoting work to patients or their family members as a non-cash way of paying for health care. A new reforestation pilot project has just begun that will offer a way for patients to earn income, or credit at the clinic, while restoring areas of rainforest damaged by illegal logging.

The clinic, wedged between the national park and the South China Sea, could not be more remote. Webb felt it was imperative to ask the communities what they needed when she began and one of their requests was for a better local ambulance. In this isolated setting, Webb and her colleagues lack many diagnostic tests. The high cost of transport to the nearest town means sending patients to urban hospitals is a last resort. “The lack of X-ray capabilities, say, can flummox new volunteer doctors from the US but it forces them to think laterally”, Webb says. She adds that the capricious electricity supply can also be challenging. “So far, the inability to ensure continuous refrigeration has vetoed the idea of providing vaccines, but these are badly needed”, she says. Cervical cancer is prevalent in the community but there are no pathologists to do pap smears. Webb is looking forward to the arrival of a solar-powered fridge so she can store HPV, hepatitis B, and other vaccines. Another important part of her team’s work is to help train Indonesian medical staff and community health workers. Health In Harmony’s new venture to fund the building of a hospital nearby will increase teaching capacity and provide a wider range of health care.

Webb first went to Indonesia 16 years ago to study orang-utans. During this time she helped out in a small hospital, which had cut the infant mortality rate from 25% to 12% just by introducing vaccination and prenatal care. Webb was profoundly affected by the idea that small interventions could make an enormous difference and so decided to study medicine. After training at Yale Medical School, Webb returned to Indonesia to set up her clinic in 2007. It was always her plan to tackle health and the environment together. “Here, you live on the forefront of destruction and you see how the entire natural world is being utterly destroyed around us. There is no hiding from it”, she says.

Nancy Angoff, associate professor of internal medicine met Webb when she began her medical training. “Never did I doubt that Kinari would accomplish any goal she set out to do”, says Angoff. “What she has accomplished in a few years is truly remarkable. Her model ties the health of individuals and communities to the health of the environment.” Thomas Duffy, professor of internal medicine and at Yale, agrees and comments that “Kinari is the stuff of enchantment and magic—saving lives and saving forests.”

So far the clinic seems to be fulfilling its mission—they have had more than 14 500 patient visits and plans to fund the hospital are finally underway. Webb is working with the US Fish and Wildlife Service and the Indonesian National Park Service to use overflights of the park to help monitor the effectiveness of their work to decrease illegal logging. She says she is “encouraged by the heads of villages who have stated that their villages have reduced logging in order to receive the extra health-care incentives”. To ensure the clinic’s sustainability, Webb’s team are also chasing funding from the UN’s Programme on Reducing Emissions from Deforestation and Forest Degradation in Developing Countries.

With her conservation biologist husband Cam Webb, who advises the reforestation programme, Webb can see a time when they train up others interested in setting up similar clinics. Meanwhile, the onward march of rainforest-killing big corporations continues. Cash crops like palm oil are propping up the Indonesian economy, and their unfettered spread both terrifies and motivates Webb, “it puts a fire under you”, she says. For Webb taking care of the health of local people and engaging them in conservation seems a viable way to avoid such destruction: “When you live in the battlefield, you feel this panicked sense that we don’t have much time until the rainforests are gone. We might have 5 or 10 years. We do not have more than that.”

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