

On the Interrelationship Between Global and Public Health and a Healthy Environment: A Discussion with Professor Linda Selvey

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ABSTRACT

Dr. Linda Selvey is currently associate professor in the School of Public Health at Curtin University in Perth, Australia. She is not only a renowned Public Health physician but also has a PhD in Immunology. Her remarkable career includes projects and campaigns around the globe, encompassing countries such as Australia, Nepal, India, the Philippines and Liberia [1,2]. More recently, she was involved in the response to the Ebola epidemic and worked for the World Health Organization as a Field Coordinator for the Montserrado County in Liberia [3].

In the early 1980s she became an active environmentalist and is particularly passionate about climate change and its health implications. She has been involved in many environmental campaigns and between 2009 and 2011 she was CEO of Greenpeace Australia Pacific. Based on her huge experience in both global (and public) health and medicine, she often emphasizes on the strong links between environmentalism and health advocacy. These are going to be discussed in the interview below, including useful advice for medical students interested in global and public health.

RÉSUMÉ

Dre Linda Selvey travaille actuellement comme professeure agrégée au sein de l'École de santé publique de l'Université Curtin à Perth, en Australie. Détentrice d'un doctorat en immunologie, son travail en santé publique se distingue par de nombreux projets internationaux l'ayant menée dans divers pays, y compris l'Australie, le Népal, l'Inde et les Philippines. Elle a également récemment participé aux efforts de contrôle et d'éradication de l'Ebola au Liberia en tant que coordinatrice sur le terrain pour l'Organisation mondiale de la Santé [1-3].

Depuis les années 1980, Dre Selvey a une passion pour le changement climatique et ses effets parfois délétères sur l'homme et la santé publique. Cet intérêt s'est traduit entre autres par plusieurs campagnes pour l'environnement, allant jusqu'à siéger comme PDG de Greenpeace pour la région Australie Pacifique. S'établissant sur de longues années d'expérience, Dre Selvey préconise aujourd'hui une surveillance étroite entre la santé publique et l'environnement. C'est avec cela en tête que nous nous sommes entretenues avec Dre Selvey. Cet entretien comprend entre autres des recommandations pour les étudiants en médecine qui s'intéressent à la santé publique.

PLEASE DESCRIBE YOUR CURRENT ROLE.

I am currently an Associate Professor in the School of Public Health at Curtin University. In this role I teach postgraduate students about the epidemiology of infectious diseases as well as the public health response to climate change. I also do research, predominantly in the infectious diseases area. I also have a few voluntary roles including National Convenor of The Wilderness Society Ltd, which is one of Australia's national environmental

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organisations and am also president-elect of the Australasian Faculty of Public Health Medicine.

WITHIN THE PAST DECADES YOU CONTRIBUTED SIGNIFICANTLY TO THE FIELDS OF PUBLIC AND GLOBAL HEALTH. IS THERE ANYTHING YOU ARE SPECIFICALLY PROUD OF?

I'm proud of my contribution to controlling the Ebola epidemic in

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Liberia. I was working with colleagues in the World Health Organization and other organizations to develop and implement better triage processes in private health facilities to minimize the risk of Ebola transmission in health care facilities [3]. In relation to climate change, I would like to highlight the development and teaching of a unit within the Master of Public Health Program at Curtin University called the Public Health Response to Climate Change. Over the past 3 years I've witnessed a transformation of a number of students from more passive observers of climate change to passionate advocates, which is something that the world needs more of.

YOU SPENT A LOT OF TIME ON MEDICAL RESEARCH, AMONGST OTHERS AS A POST-DOCTORAL FELLOW AT THE NATIONAL INSTITUTE OF HEALTH IN THE UNITED STATES. WHY DID YOU CHOOSE TO TRANSITION TO PUBLIC HEALTH?

When I was at the NIH I lived in Washington D.C. At that time (in the early 1990s), there were a lot of people living in poverty in Washington D.C., and these people were predominantly African American. I found it impossible to live there without making some contribution to solving this problem and addressing the obvious racism that led to this position. I therefore became very active in a local neighbourhood where there were a lot of issues with crack cocaine, unemployment and overcrowded housing. It also was a neighbourhood in which the residents were predominantly friendly, open and very welcoming. I started out volunteering for a local organization there and ended up moving there. This, plus a number of other connections I made and social justice activities I was involved in, led me to the conclusion that I was more interested in having a job in which I could influence such social issues, so I decided to return to Australia and study public health.

WHAT WAS THE HIGHLIGHT OF YOUR CAREER SO FAR?

That's a difficult question. I think that there have been many highlights. Obviously being CEO of Greenpeace Australia Pacific was a huge privilege, and I got to work with some amazing people on issues that are so critical to the future of the planet. I also feel that the 13 years I spent at Queensland Health was a great opportunity to make a difference.

WOULD YOU TELL US MORE ABOUT YOUR TIME AS CEO AT GREENPEACE AUSTRALIA PACIFIC?

It was quite challenging to move from a senior position in government to becoming CEO of an activist organization. I got to work with some incredible people in Australia and the Pacific as well as throughout the world. Not long after I started at Greenpeace we had to face the tremendous defeat of the United Nations Framework Convention on Climate Change (UNFCCC) meeting in Copenhagen, which failed to deliver a much-needed global agreement

on action on Climate Change. The UNFCCC meets once a year as the Conference of the Parties (COP), in which world leaders are invited to attend. In 2009, world leaders gathered with the possibility that the outcome would be a binding agreement on limiting carbon emissions. There were very high expectations of the outcome of this particular COP meeting from climate change advocates and the general public. However, when the COP failed to deliver a binding agreement it was clear that a lot of momentum was lost from the international processes and that it would be some time before it was possible to have another opportunity for a binding agreement. Greenpeace, who had been advocating for action on climate change since the early 1990s like many other climate activist organizations, had known that the meeting may not result in a binding agreement, but still invested a lot of time and energy into trying to make this happen. The failure of the talks, given how critical it was to cut emissions quickly, meant that we had to have a rethink about the best way to achieve action for a safe climate. This led us and many other climate change activist organizations to really question our strategies. It was a very sad time of much soul-searching.

The highlight of my time at Greenpeace would have to be when Australia introduced a price on carbon. We really felt that we were starting to make a difference and that Australia would start to restructure its economy to phase out fossil fuels. Now we've gone backwards, but one thing is for sure – none of us can afford to give up, nor would we want to; there is too much at stake.

TELL US MORE ABOUT YOUR FIRST CONTACT WITH ENVIRONMENTAL PROBLEMS?

I became aware of environmental issues at a relatively young age because my father was very passionate about the environment. I grew up in Darwin in tropical Australia and there used to be coral just off the coast where we would snorkel. Sadly, the local council graded the side of the road and the tropical monsoon rain washed a huge amount of mud into the sea, killing the coral. My father made a huge fuss, but it was too late. Then when I was 14 years old, Darwin was devastated by a massive tropical cyclone and we lost our house, as did most people in Darwin. The city went from being a lush tropical landscape to one bereft of trees. Thus I got to see first-hand the devastating impacts of climate-related extreme events.

WHAT LINKS DO YOU SEE BETWEEN ENVIRONMENTALISM AND HEALTH ADVOCACY?

Human health is closely linked to the health of our natural environment, although these links aren't always obvious to see. In addition, our civilization and health are dependent on a stable climate, something that we have now irreversibly impacted. Therefore, our health will continue to suffer and we need to

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protect our climate not just to protect our natural environment but also our own health. I've also learned a lot about health advocacy from my work in advocacy for protection of the environment as well as the other way around. We can use similar tools and learn from each other in order to be more effective. Both public health advocacy and advocacy to protect our natural world and our climate are advocating for similar changes to our economic and social systems, and therefore our advocacy can be synergistic.

DO YOU THINK HEALTH PROFESSIONALS HAVE A SPECIAL RESPONSIBILITY IN REGARD TO RAISE THE AWARENESS OF CLIMATE CHANGE AND ENVIRONMENTAL PROBLEMS?

Yes, health professionals play a key role because we're trusted members of the community and we have a responsibility to protect the health of the community. We cannot do this without ensuring that climate change and environmental problems are kept in check. As long as the community see climate change as an environmental issue, in which the only people calling for change are 'radical environmentalists,' we won't succeed in getting governments to take meaningful action. Health professionals have a critical role to play here, as a trusted voice, advocating for the health of the community and also providing a voice for change beyond the environmental movement.

DURING YOUR POSITIONS AS CEO AT GREENPEACE AUSTRALIA PACIFIC AND AS DIRECTOR OF COMMUNICABLE DISEASES AND EXECUTIVE DIRECTOR PUBLIC HEALTH IN QUEENSLAND YOU WERE IN CHARGE OF HUGE TEAMS. WHAT CHARACTERIZES A GOOD LEADER FOR YOU?

A good leader is someone who can inspire, mentor and support individuals (including staff) to work together towards a common goal. A good leader also is clear about the strategic direction – where we want to go and has a vision for how to get there. A good leader is also an effective advocate and is able to build relationships and alliances with others in order to achieve their goals. Was I a good leader according to these criteria? Well, probably some of the time but I would have loved to have been even better at it.

HOW IS IT POSSIBLE TO ACHIEVE A GOOD WORK-LIFE BALANCE BEING INVOLVED IN SO MANY DIFFERENT PROJECTS?

That's a difficult question. My partner would say that I don't have a good work-life balance, but I feel as though it is not too bad most of the time. I enjoy life and I enjoy lots of great relationships with other people, which I really value. I try and be very organized, I make sure I get plenty of exercise and I eat well and I have a strong friendship network that keeps me engaged in things other than what I'm focused on. I try and build social ac-

tivities into my week to make sure that I stop working and spend time with other people.

WHAT WAS THE BIGGEST CHALLENGE OF YOUR CAREER SO FAR?

That's difficult to say. I think I've taken my own advice and have moved with the opportunities and followed my heart (which is how I ended up in Perth). I don't consider my career to be linear and I'm not particularly focused on promotions or accolades. I just try to enjoy myself and do things that I think will make a difference. If it doesn't seem to be working for me, I switch to something else!

DURING THE LAST TWO DECADES, YOU VISITED VARIOUS COUNTRIES SUCH AS INDIA, NEPAL AND LIBERIA. WHAT WAS THE MOST IMPRESSIVE EXPERIENCE YOU HAD DURING YOUR TRAVELS?

In all of those countries the standout from my experiences has been the opportunity to work with and learn from people with different life experiences and cultures. It is great to work together in a team with others who are working towards a common goal and yet have so many different skills and experiences to draw from. For me it is always about the people.

WHAT ARE THE BIGGEST GLOBAL CHALLENGES FACING HUMANITY AND OUR PLANET IN THE NEXT YEARS?

Oh, that's an easy one. Climate Change is the biggest global challenge. We are now getting very close to being committed to global average temperature rises of at least 2 degrees Celsius and this will result in a dramatically different planet to the one we're on with more severe storms, floods and droughts, not to mention heat waves and challenges to our natural systems. To add to that, we're rapidly destroying biodiversity and losing forests, grasslands and other important habitats at an incredible rate. Humanity's greatest challenge is humanity itself and the only solution is a drastic change in how we behave and how we organize our societies.

WHAT ADVICE WOULD YOU GIVE MEDICAL STUDENTS INTERESTED IN PUBLIC OR GLOBAL HEALTH?

Go for it! My career has been one of taking opportunities as they arise rather than necessarily following a clear career path. There are lots of changes ahead in the world and we need to be ready to seize opportunities as they arise and contribute where our skills are best needed. Public and global health are very rewarding areas, particularly if you like the big picture and enjoy working with a wide variety of other people.

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REFERENCES

1. Selvey LA, Wells RM, McCormack JG, Ansford AJ, Murray K, Rogers RJ, et al. Infection of humans and horses by a newly described morbillivirus. *Med J Aust.* 1995;162(12):642–5.
2. Murray K, Selleck P, Hooper P, Hyatt A, Gould A, Gleeson L, et al. A morbillivirus that caused fatal disease in horses and humans. *Science.* 1995;268(5207):94–7.
3. Nyenswah T, Massaquoi M, Gbanya MZ, Fallah M, Amegashie F, Kenta A, et al. Initiation of a ring approach to infection prevention and control at non-Ebola health care facilities - Liberia, January-February 2015. *MMWR Morb Mortal Wkly Rep.* 2015;64(18):505–8.