Transcript: In Conversation with Marc-David Munk

Dean Galea:

Today, welcome to our latest public health conversation starter. These starters are a series of discussions we're having with thinkers who provide a critical perspective on the work of public health. I'm delighted today to be welcoming Marc-David Munk. Dr. Munk is a doctor and a healthcare executive who has held a range of leadership positions at some of the country's most forward-looking healthcare delivery organizations. He has also been an entrepreneur in residence at the Harvard Innovation Labs. He's an alum of our school. We're here to a degree in epidemiology and international health. Reason we're talking today is that he just published a book based on his experience as a volunteer emergency flight surgeon with AMREF Health Flying Doctors in East Africa. The book, which is terrific, is called Urgent Calls from Distant Places: An Emergency Doctors Notes about Life and Death on the Frontiers of East Africa. I'm really delighted to have you here today. Marc-David, welcome.

Dr. Marc-David Munk:

Dean Galea, thanks so much for having me.

Dean Galea:

Thank you. Tell us a little bit, let's just start with easy. Let's start with about you, about your background. How did your path lead you to be doing the interesting things that you talk about in the book?

Dr. Marc-David Munk:

If you read in the book, I really started as a college student volunteering as an EMT, and that was really my first inkling that I would be interested in going into public health and medicine. If you had told me when I was a teen that I would go in that direction, I would've laughed at you. There was nothing I would've considered, but one thing led to the next, and I ended up going to medical school later than many of my colleagues. But in that interim period, I was lucky enough to be at BU to get my MPH in International Health and Epidemiology. And when I graduated, I stayed in emergency medicine, worked for a number of years as an academic physician, and then as described in the book, hit a wall. I suddenly felt that the system was really not working particularly well, and I wanted the opportunity to step away from academic practice in the US and go abroad. And really the book is really about that experience.

Dean Galea:

It's interesting, the Hit-a-Wall experience, which I took from the book. It's similar I think, to the number of physicians who start rethinking and revisiting about their experience

in medicine. Now, why did you write this book now? What did you hope that readers will get from it?

Dr. Marc-David Munk:

So the files sat on my drive really for like a decade. The stories I describe are from my trips to Africa in 2008 and 2012, and it was one of those things when I got to a certain point in my career, I've just hit 50. I was looking back at the key pivot points in my career and I realized in retrospect that Africa for me was one of those very important branch points where I had to make decisions about what I would do next for my career and what was most important to me, and that the stories were really, really interesting and I realized in retrospect that they really should be shared. And so I pulled the files off of my hard drive and sat down for a couple of years and started really fleshing out these stories and putting them together. And the book was done.

Dean Galea:

I mean, I resonated with a lot of the book. And I've also worked in East Africa, as you know, there's a lot of elements to it, which I actually quite liked and I quite enjoyed reading, so I'm glad you did write it. I'm glad you actually got it in the world. It's section one of the book. Another part that I resonated with you, you quote Paul Theroux, who I actually quite like, and you have this quote from Paul Theroux. I saw trains, I found passengers, which I really loved. I think we sometimes find ourselves engaging with trains, with thinking only about populations, but actually we forget about the people along the way. Can you talk a little bit about how you bring the two together in your head? How do you bring together the individual stories about the people with the larger vision of thinking about the train and the population?

Dr. Marc-David Munk:

I think in retrospect, what I realized, it's very easy as a physician to lose your compass really to sort of lose the reasons why you entered this profession. And for me, going to Africa, the most important part of those trips were actually meeting individuals and empathizing with them and learning their stories and really experiencing, I think what was, for me, a very pure doctor-patient relationship. I mean, these are relationships that we formed completely different backgrounds, completely different languages, completely different life experiences, completely different socioeconomic situations.

But what I found most important about those experiences was that there was something A, universal about the Doctor-patient relationship where there was an implicit understanding that I was there to help and there was a respect for the relationship from both the patient and from the doctor. And secondly, I realized that

there were very good reasons for being in medicine and they had to do with taking care of individual patients. And that the really satisfaction for me wasn't so much kind of a big bang organizing big systems, but that there was a real pleasure in taking care of an individual. And that was reinforced for me in those stories.

Dean Galea:

Yeah, it's something which I've struggled with. I think sometimes being in public health, when we talk about the health of populations, we do not emphasize enough that ultimately health of populations is health of individual people. And of course, it's about that. You talk in the book quite movingly actually about picking up patients and leaving behind many others who are also ill. And your reflections on that, and I resonate with that in the work I have done in East Africa, and I'm wondering how you look on that now. How do you look at the responsibility to the individual patient and our collective responsibility to contribute somehow to building systems that actually look after everybody who's ill and better at preventing from being ill? How do you sort it out in your mind at this time?

Dr. Marc-David Munk:

Yeah, I'm so delighted to be on a public health podcast because, for me, what was very interesting and what I hadn't appreciated at the time was that there is in fact an inherent tension between your roles as a public health worker and your role as a physician taking care of an individual patient. And that tension kept coming up again and again in different situations, as you say, there were many times, and for the benefit of the listeners who haven't read the book, the story is really about medevac work in East Africa, where AMREF runs really the premier air ambulance service that gets into the most remote strips and takes care of patients and brings them to Nairobi. But of course, every time we would fly to some of these very basic rural hospitals, we would enter a ward where there were maybe 10 or 15 or 20 very critically sick patients in ward, and we were there to pluck out one of those patients.

And it forces you sometimes when the flight is over and you get home in the evening to ask yourself, we had a multi-million dollar aircraft staffed with highly paid professionals of pilots, nurses filled with the best equipment that was available, that medevac for one single individual costs, pick a number. Right? Tens of thousands of dollars. And could that money have been better spent providing a range of more basic public health interventions? The answer is yes, I'm sure it could. But it sort of depends who's asking the question and which framework you use to make those decisions. And as I say in the book, I frequently reference this concept of The Star Thrower, Loren Eiseley's story about the tide going out on a beach and sea life being left on the beach, a veritable Holocaust of sea life dying. And the Star Thrower parable is one

where the old man is going down the beach picking up the stars and throwing them back into the water to save their life.

And the question for the old man is, "Why do you waste your time doing this for each individual starfish?" And the answer that the old man gives is it matters to that starfish. And what I took away from that experience was it matters for the patients that I've touched. Each one of those people, their lives were absolutely saved by these heroic medevac flights that we took into remote Africa. And to discount that in the name of sort of a broader public health goal, to me, just didn't feel quite right. But something I struggled with for sure. And these tensions between public health and medicine came up again and again. There were questions, certainly spending questions about public health versus the individual.

There was one notable story where we were med-evacing a patient from Ethiopia to Nairobi from a rural hospital, a critically sick guy with kidneys were shutting down, liver was shutting down, he was bleeding. And I looked at the nurse and I said to the nurse, "Is it possible that this is, in fact, a hemorrhagic virus?" They pop up in Africa every so often. And I realized that the risk that we were running was potentially flying a patient with a hemorrhagic virus into the middle of Nairobi and potentially infecting the entire city. The flip side, if we were to leave the patient there was that I would've neglected him, abandoned him, left him to die in rural Ethiopia. And I realized that my training as a doctor had never really provided me to make the trade-off of abandoning and of patients in the name of a broader public health goal. There's nothing in the Hippocratic Oath that really allows you to do that. And so these tensions came up again and again, and I thought they were an interesting angle on the book.

Dean Galea:

Yeah, I thought it was actually super interesting in the book, and I think you tackled it honestly, actually. And as with any honest wrangling with this question, I think you raised more questions than you answered, which I respect. There's a quote in a sentence in the book where he said it's impossible to truly understand a place without being part of its fabric. And what that makes me think about is the complicated thoughts that one has about something like an Amber-flying doctor and about doctors from high-income countries working in fewer resource settings. Where are you at in your thinking about this, about that whole complicated set of questions about the role and responsibility we have as to our shared humanity, but at the same time having these imbalances of resources and power and the role that than one might play in a clinical setting.

Dr. Marc-David Munk:

And there's such important questions. I put that quote in the preface for two reasons. Number one is I want it to be crystal clear that I'm not one of those people who dedicates their lives to working in Africa. Right? Either in a full-time, clinical capacity, or else in a policy perspective or working full-time for an NGO. The book really is about my personal experience as a short-term visitor to Africa caring for patients. And I think what the book really provides maybe is a fresh set of eyes on a situation where people who were there as full-timers maybe could become blind to. So it was, for me, a personal journey and novel experience. As you say, I'm not sure I have great answers for these big questions. It was the work that we were doing on an individual basis.

The hundreds of patients I touched in my time there, their lives were irrevocably improved, altered, saved by the work that I had done. But as I realized in retrospect, oftentimes it feels like it's just kind of a drop in the ocean. Right? There's just so much work that needs to be done. So the question was really, should we continue doing this work or should we be dedicating resources to interventions that benefit a broader pool of people? I struggled with these questions and I wasn't in a position to answer them, but I do realize in retrospect, getting back to this concept of the importance of the individual, that the work that we do individual to individual is just so critically important and it can't come at the expense of a broader public health intervention. That ,for me, was the inherent tension.

Dean Galea:

Yeah, to use the starfish example, I've used the example of the people being thrown in the river, and the classic public health paradigm is, [inaudible 00:11:54] person does go upstream to figure out who's drowning them in the river. If you have somebody who's actually drowning in the river right now, ignoring them to try to figure out who's drowning them in the river, of course, is missing the point that that person benefits from being pulled out of the river at that moment. And I've written a little bit about this, trying to find the balance. I think it's too easy to say that there is an answer one way or another, and I think one needs to do both. And I think similarly, if I may, sorry, I'm supposed to be asking you questions, but I'm riffing before she said, is it is difficult to know what to do about these resource and balances.

And at your point, your reflection on the cost of one evacuation flight and could that money be used better is a really important question. At the same time, you also don't have that money as cash in hand that you can just deploy in this other environment. Looking back on it, now at this stage in your life and with what you now know and what you now learned, would you have done anything differently?

Dr. Marc-David Munk:

And let me make a further point about your prior point about diverting the money. In fact, as you know, it's oftentimes not a question of money. It's a question of actually getting programs done effectively and efficiently. And there is this concept of in Canada where I grew up, of the tall poppy, I don't think it's actually a concept in the US. I've never heard it here, but the idea is, should you really decapitate a high-performing program like AMREF Flying Doctor Service, which is a spectacular organization that wins again and again, Ambulance of the Year Awards globally, should you decapitate Flying Doctors for the sake of diverting money someplace else? I don't think there's no guarantee that the program that you diverted to will actually execute in any way that's meaningful. There's just so many barriers to high-performing programs that I'm not sure that direct translation.

Would I do anything different? No, I don't think so. For me, it was honestly almost the one-sided trip where I feel like I benefited far more from the experience than people in Africa did, quite honestly. For me, it was a transformative opportunity to look inside myself and to clarify what I wanted to do with the rest of my career. And I'm just so grateful to have had that opportunity to go, what a game-changing experience.

Dean Galea:

Yeah. I want to just ask a question about global public health. You've been in the public health world, in clinical world, and I do think that what we call global public health is undergoing a transformation, and I think it's a long, long-needed, long-awaited transformation. And the transformation comes from initially global public health came from really high-income countries implementing programs in low-income countries that we knew worked in high-income countries. And now there's much more of an awareness of the importance of fairness and partnerships. And I'm wondering from this perspective that you've had where you were providing a very particular clinical service in a low-income country, what insights that gives you about the direction of travel for global public health?

Dr. Marc-David Munk:

It's an important question. It was a very interesting time to be in Kenya because, as you know, Kenya is becoming far more affluent over the years. And what we started to see was a pretty significant change in the patterns of illness where what you've had really since the 1950s when AMREF was first created by a handful of surgeons, you had your malaria, you had your various tropical illnesses, viral illnesses, foodborne illnesses, et cetera. What was interesting, of course, is that they're not exquisitely time-sensitive illnesses for the most part. Malaria, of course, can kill you quickly, but for the most part, these are relatively slow moving illnesses, relatively indolent illnesses that didn't require a high degree of time-sensitive intervention. And as Kenya became far more affluent,

what we started to see was that there was a much higher burden of cardiac illness, of strokes, and certainly of trauma.

The cars got better, the roads got better, and the trauma increased significantly. And so, an intervention like the flying doctor service was critical for the health of Kenya. And they're starting to see now that, of course, as these time-sensitive illnesses increase in time, the cost of the system increases dramatically as well. That was really one of the first things that we noticed that, in fact, this was a very important transfer of knowledge from us to them.

At the same time, what we also saw was that AMREF in particular was doing great work that was being developed on the ground. They were becoming very responsive to the needs of the population, particularly with regard to primary care and preventive services and were doing a great job along those lines. And so I think it's a bit of both. I think there is certainly some important information that's being transferred from affluent countries to less affluent countries, but there is also, I think, a much greater amount of homegrown smart, responsive intervention that's being developed.

Dean Galea:

What advice would you have for a person earlier in their career today who is in a more affluent country, who is drawn to trying to do work that improves health in perhaps more low resource settings? In recognizing our growing awareness of the centrality and importance of partnerships and the fact that we actually want to move away from a model where high income countries simply come in and out and give in low income countries, I'm just wondering, what advice would you have for a person early in their career today?

Dr. Marc-David Munk:

Listen, I think it's important to dig in. I think for, it's just an important thing, I think to yourself, to systems around the world that aren't necessarily the system in which you trained or grew up in. It gives you so much richer perspective and so much greater understanding of what's happening in the world. So my advice to them would be jump in wholeheartedly, but it needs to be done with a high degree of humility. And I say to people, I think in both emergency medicine where I trained, but also global health, international health, the most successful people I've seen working in that space bring two attributes. One is curiosity, and the second is humility, right? If you possess both of those things, I think you tend to do well in those environments. If you go in thinking you know it all, if you think you're there basically for a one way information transfer, I think you're going to be sadly disappointed.

And as you know, there's just so many failed programs in Africa, really around the world, developing countries that have been a consequence, I think, of hubris of people from the west, from affluent countries, thinking they know what's needed in these places. And of course they don't. And the most successful programs, I think are ones, as you say, that are partnerships where people understand the conditions on the ground, the barriers to getting things done, and then you bring in some know-how and contribute to those efforts, highly successful.

The examples I've seen, actually, AMREF runs a very interesting community health worker program, and they're developing a bunch of digital tools that allow bi-directional flow of information between community health workers and AMREF Central. So it serves on some level as a surveillance tool out in the communities. But on the other hand, it also provides information to those healthcare workers in this bi-directional flow. I don't think it's anything anybody from Boston University would've created. They would've really not fully understand the nuances of how to make it applicable, say for example, for a low technology cell phone that these healthcare workers possess, very inexpensive Chinese cell phones. The folks at AMREF knew exactly how to build this and what the limitations were, and they're beta testing on a really rapid iterative process. So I'm very heartened by what I'm seeing, and there seems to me to be just so much more homegrown innovation that's really hitting a chord in Kenya that it's lovely.

Dean Galea:

Well, that leads perfectly to the last question. So what gives you hope 2024? We're doing this in February, 2024 on a leap day actually, we're recording it. February 29th, '24. What gives you hope?

Dr. Marc-David Munk:

I'm generally a hopeful person, to be honest with you. People have asked me this because the book, as you know, digs a little bit into the American healthcare scene as well, and it's on some level of reflection of the dysfunction in the American healthcare space as well. And people say, are you disheartened with the way healthcare is going here? Are you disheartened with what you saw in Africa? And the answer is yes. I mean, both examples are disheartening. Africa's disheartening because there are millions of people dying of preventable illnesses, and there's just so much more that could be done from a medical perspective and a public health perspective. And yes, the American healthcare system is incredibly disheartening because, to my mind, a corrupt system with the wrong incentives and profiteers at the table who were taking critical money away from families who can't afford it.

Is that an excuse to step back and do nothing and to throw your arms in the air? No. I'm optimistic that both systems can be improved, and I'm optimistic that with some effort and with some diligence and with some dedication to improving systems, well-meaning people can dig in and fix these things, and I'm really heartened by the fact that the millennials in particular are just such an engaged population, such an engaged generation who truly feel what's right and what's wrong, and feel this sense of engagement and a desire to fix the system. I'm optimistic, really.

Dean Galea:

I share your optimism, even as things are difficult. And I think what the book does and what this conversation surfaces is how one person can engage and actually try to do the right thing by the starfish and by people in the river, even while recognizing the challenges of the systems that we're all working within. And the two are not mutually exclusive, that actually one can try to do the right thing by that person with whom we share so much humanity at the same time as trying to change systems. I think it's a difficult synthesis to bring about in our minds, and I think your book is an example of helping us think through that. So thank you. Thank you for writing it, and thank you for spending time to have this conversation.

Dr. Marc-David Munk:

My pleasure. Thanks so much for having me, Dean Galea.

Dean Galea:

My pleasure.