



# *Indigenous Wisdom*

FOR THE EARTH *with*  
Quina Care

Jacob & Carolien Van der Ende

HEALING IN THE HEART  
OF THE AMAZON

Welcome, everyone, and thank you so much for joining us for the Indigenous Wisdom for the Earth series. This series is a place for indigenous people to share their wisdom, their cultural heritage, their beliefs, and the challenges that they face. It is also for groups who work to help indigenous people to bring a voice to their needs and offer ways that you can get involved.

The purpose of the series is to open our hearts and minds to cultures who have treasured our planet and could share with us insights that we can use to become more connected with nature and each other. We hope that you will be inspired, informed and intrigued.

This month our honoured guests are Jacob and Carolien Van der Ende of Quina Care. This couple had a vision, to provide healthcare to those who need it most. With a strong connection to their hearts of service they set out from an early age to help the indigenous tribes of the Amazon. Their journey has led them through many challenges and triumphs. And now at last their dream is coming into fruition! With the help of others QuinaCare has formed.



**Terra:** Greetings everyone. Thank you so much for joining us for the Indigenous Wisdom for the Earth series. We have a very special guest today, Jacob and Carolien Van der Ende. And there may be a little bit of a time delay as Jacob is in Ecuador and Carolien is in the Netherlands. Thank you both for joining us. I would love if you could introduce yourself and let our listening audience know about who you are and why you are here today.

**Carolien:** Thank you very much. My name is Carolien Van der Ende. I'm a medical doctor specialized in tropical medicine and international health. I'm currently in the Netherlands but I'm working as well with Jacob in Ecuador in the Amazon to help provide the people there with healthcare.

**Jacob:** My name is Jacob last name (pronounced) in Dutch is Van der Ende and in English would be Van der Ende. I'm the husband of Carolien and I'm also a medical doctor specialized in the same specialty, international health and tropical medicine. And well to explain a little bit how we came here in Ecuador where we live now a little bit over three years, is that we're a couple already for a little bit over 20 years and that is quite a long time.

And during our traineeship to become a medical doctor, we... the dream was growing to help those people in the part of the world who for who it's not really normal to have good healthcare overseas. We were living far away and back in more rural parts and then we decided because we fell in love with Latin America, we thought well, why not helping the people of the rural parts of Latin America? Which is the most rural part is the Amazon. Instead of most colleague medical doctors with the same specialty who normally go to, to Africa, which is always most logical because always people say well in Africa the situations really bad, but actually the situation here and in the rural parts of the Amazon, they're really comparable to Africa. So then we thought well, we're a couple that makes it really easy to go abroad to work abroad for a long time. So that is the reason why we started to do this specialty and well, maybe you can tell something Carolien about what we did after we finished our specialization.

**Carolien:** Yes, like Jacob said, we always had the dream to go to South America to work with the people in the Amazon, the indigenous people. But when we graduated five years ago it was at the time of the Ebola outbreak in West Africa. So we first decided to go there to help in the Ebola outbreak first for three months but as one virus took over the outbreak, it took us a little bit longer. So we stayed there in the end (for) almost one and a half years, helping fight Ebola but also helping build the normal health care as well in Sierra Leone. We went to Sierra Leone.

After one and a half year it was a little bit more stable over there and we decided to continue our dream or actually go with our dream to go to South America and that's the moment we went from Sierra Leone to Ecuador to start to work there with the indigenous people in the Amazon. Before we could do that, we first had to register our medical titles in Ecuador and had to work a year for the government as medical doctors to validate our titles. So we did (that) first. We did that also in another town and then where we are now but also in the Amazon.





And after that we were starting with our project, which is building and essentially running a small hospital in Putumayo, which is a north eastern part of the Ecuador, Amazon on the border with Colombia. And with that we're still busy. We are renovating an old boarding school into a hospital and eventually there we will attend. We both will work there as medical doctors and we will attend to the people there which are indigenous people also other Ecuadorians, but also a lot of indigenous people who still live there very traditionally. So that's in short, what we what we are doing and how we came to this project.



**Terra:** Wonderful. Thank you. We first met you through our support Jacob had written in because he was hoping to plant tropical trees next to the hospital they're building, and I went to their website to check it out. And it's, it's just amazing to me that the work that they're doing and why they're doing it... We had a previous guest, Anne Marie Miller, who worked with a tribe in the Amazon. And she was stating that there is no health care. There's no quick easy way to get to a hospital. If there is an emergency, it's usually a multiple hours (by) road or plane ride. If you can get a plane or just a river, a boat, there's nothing that's immediately available. I was reading on your website, that is a similar situation. You amazingly found this beautiful boarding school that is being renovated, and it's at a strategic location by a river, where you're going to be connecting to not just one tribe, but potentially multiple tribes from multiple countries. Can you tell us a little bit about the boarding school and how that's become the hospital and then additionally, the different kinds of tribes and the different kinds of healthcare challenges that might come up in the Amazon?

**Jacob:** Of course, of course. We had a lot of luck because we went to Ecuador and like Carolien said we were looking for the best place to realize a hospital. And it partly depended on the number of people living there because I mean, you know, building a hospital there is only 1000 to 2000 people living in a close range. That's why we've decided to build it in Putumayo and in particular Puerto el Carmen. We thought we had to build it like newly which is much more costly.

And then we came to live here in the Lago Agrio region more recently. And then one of our neighbors said well if you want to realize a hospital maybe you should talk to the bishop because he's the owner of the old boarding school which they are not using anymore because the government built another school next to it. So, it's empty and it may... it might be useful as a hospital.



And then well, the first time we went there, and we saw this building and you can see it on the website, it's perfect for to be a hospital. So shortly after that we went to talk to the bishop and he knew as well as we knew by that time, that there's a big necessity for healthcare in that area because like you said Terra, for the people living in this town it's four hours to go to the nearest hospital by roads. At least four hours because they don't have their own transport, so they need to wait for a bus or they need to find somebody who has a car. For the other people who are living alongside the river, Rio Putumayo, Rio San Miguel, which are both connected to this town, they have to go sometimes half a day in their own boat to first go to Puerto Carmen. And from Puerto Carmen they go by road. So if you have an emergency, you're completely lost. Because a lot of emergencies like we call in the Western world you have this "golden hour" and in this "golden hour" at the moment you need to act medically and you can stabilize patients. But if you go beyond this hour the chances of morbidity and mortality are rapidly increasing. So imagine if you have this long travel.

So the bishop knew as well as we knew that it's really important to have a good hospital offered there and we came to an agreement. It's called an "Accommodate" in which he is giving us the use of this building for free for the next 20 years and we can use it and renovate it as a hospital. So that was an amazing step forward. Carolien, maybe you can tell something about the indigenous tribes we see around there.

**Carolien:** Yeah, of course. Yes, the area is, like I said before, it's called Putumayo, it's an Ecuadorian district but it's right on the border with Columbia and close to Peru as well. So we're expecting to see people from all three countries, which are mainly living there in small communities alongside the river. The river is their main road actually and they're all communities alongside those rivers. So it doesn't really matter if it's Ecuador, Colombia, or Peru. They are used to living there for forever. And for us, it doesn't matter if somebody is coming from Colombia or Peru. We will attend to everybody. In there, there are also living mestizos in this area, but the original indigenous people were living there are mainly five different tribes. Which are the Cofanes, the Quechuas, which is the biggest tribe, the Shuars, the Sionas, and the Secoyas. Mostly they're living in set villages, communities with names. But the Sequoia tribe is a tribe that is a Nomad tribe. So they're traveling and they're living a few years in a certain community, a certain area and are traveling to another area. So they're sometimes they're in our area, sometimes they are a bit more south, sometimes they are in Peru or Colombia, so we will see them, depending if they're nearby. If not, they go to another, another hospital.

All these different tribes have more or less the same kind of pathology, the same kind of diseases. All have in common as well that their original and actually still one of their main health care facilities is the traditional medicine. They go a lot to their, what they call shaman or curandero that are traditional healers, but you see more and more that they're also looking to complement that with what we call the western medicine. So we are very happy to welcome them and we are trying to see how we can work for them so that both kinds of medicine can help them.



The kind of diseases we see most are diseases related to the environment. So, tropical diseases. It's because of the climate, because of the type of Nature, the type of animals (and) insects that are living there but also related to their living circumstances. It's a very poor area, more than 70% of the people live beyond poverty threshold. There is very few accesses to drinking water, to pipe water in the rural areas. It's only 8% has access to (clean) water. The same is (true) for electricity (and) for a lot of things. So that also affects a lot their health and it is a lot of influence on what kind of diseases we see.

So the most important group of these diseases according to the statistics of the country is Parasitosis (which) are infections with parasites. They cause different kinds of infections. They can cause the most obvious and the most we know is Gastroenteritis, infections of the stomach and the intestines, but they can also cause different skin infections. They can cause urinary tract infections, respiratory infections. So that is the main group of diseases we see there, which is of course, because there are a lot of infections since it's a hot and humid climate and because the hygiene circumstances are very poor, actually.

Another kind of disease which we see a lot is malnutrition mainly with children under five because there's not enough food, but also because of these infections. Mostly these intestinal infections, children have a lot of diarrhea and vomiting, and that will also cause a lot of nutrients they are losing because it's going out of their body to say. So there's a malnutrition, a lot of malnutrition in children.

And also because of the same reason there's a lot of anemia in children, but also in women, less in men, but also men suffer as there is not enough nutritious food to support their bodies. These are the main groups of diseases, the specific tropical diseases we see there a lot are malaria and dengue. There are also other tropical diseases, but these are two main diseases we see a lot here.

**Terra:** I was looking at your website on the page about Ecuador. Then in particular about Putumayo and there's a little graphic of different statistics. 92% of the people do not have safe drinking water.



*Photos provided by Quina Care*

92% do not have electricity. 98% do not have sewage. 42% malnutrition in children. Poverty 73%. Violence against women 80%. Teenage pregnancies 37%. These statistics, it's very difficult for those of us who live in the Western cultures to wrap our mind around... we're so accustomed to having electricity and water and to just know the different challenges that are creating the different health issues. It's very eye opening. I read on your website, something that you could have become specialists in the Netherlands and had a very comfortable life. But you chose to go and help these people who need the help. So I would like to know a little more about the courage to have this vision and this dream and to see it through because it's been years, several years progress. It's not just let's go do this and it's done. What inspired you to begin this journey? And what has been some of the joys and some of the challenges along the way into getting to this point?

**Carolien:** Yes, this well, mostly we call this dream because we feel really fortunate to be able to work here, started a long time ago. At the medical school, we both had been studying for time in South America. Doing internships and doing some research during our medical school and in that moment we saw the continent we fell in love with South America. But we also saw the struggles they still have there and we saw the poverty and the lack of healthcare. So we wanted to do something, to help something and we were thinking about how can we do that best. And then we thought, well, the best way we can actually help is probably use our profession since we're both medical doctors, which is something you can do very well in another country as well. And it might be there. Yeah, that's something they lack the most, good healthcare.

So in that moment, we decided to study, both to study, Tropical Medicine and international health. To be well prepared and to know which kind of struggles we will have there. To learn about tropical diseases but also this specialty is also about how you work in rural areas. What do you have to do when there's not much? When the closest hospital is hours away? So you have to be able to treat the most urgent diseases. So we are also trying to do Caesareans, we are trying to do emergency surgeries and all different things to be able to help the people who live rural, where there is no other healthcare facility close by. So we try to help as much people as we can at the site, but also if it's a very big problem or very urgent problem we can stabilize the patients the best way so that we can gain some time to refer them to other parts. And as well what you learn is because a lot of diseases are caused by infections, by lack of good hygiene, we also learned a lot about prevention. How we can set up programs to educate the people about how they can increase their hygiene levels, what kind of food they need, how they need to treat their children. Especially also pregnant women, because there can be problems. We did a lot of surgeries as well. So after this specialty in the Netherlands we were really well prepared to go to a rural area.

After that we decided to go to the Amazon because that was the part where we really wanted to help. There are a lot of people who are needing health care and a part of that we also we were both very interested in the indigenous people of the Amazon and in South America, the whole South America as well. So that's why we choose this life instead of staying at the Netherlands and having a comfortable job there.







**Jacob:** Yeah, and adding on that is we, with this specialization we have we got a really good training in the Netherlands but with like... even if you're alone but especially when we're together you can make with little efforts you can make such a difference for these people living here.

And that goes for when we were working in Sierra Leone, which was not sophisticated at all. And the hospital we are realizing here it's really, it's also it's really basic but with only small measures, having a really simple operating theatre and have your basic instruments and basic medicines you can make such a difference for so many people and that's the difference between, many times, between life and death or between a normal life and the life with a dis-capacity.

And they train you all this in the Netherlands and then I mean, you do the training in the Netherlands and that's not tropical at all. But once we worked in like... our experience in Sierra Leone, it was so impressive that you can be there for so many people.

Terra: I really want the audience to understand how amazing the heart of service that both of you have, that you had this vision and you have this dream and you pursued it and went to multiple years of schooling and then just to forge this path to create this hospital that's just now in the beginning stages. It's a really beautiful testament to the soul of who you are, and the care you give, and how I would love to see more and more people devoting their lives and their gifts to the planet in the way you do.

It's an honor for me to be speaking with you. And I'm just so impressed and very moved by the project. I was watching the video of Sierra Leone last night and just the challenges there must have been difficult. I believe I saw where an infant had passed away from (the) Ebola outbreak and that must have been heartbreaking. And yet every day you continued in that situation until the resolution came where the outbreak subsided and went away and I just want to speak to the sheer volume of your heart to live that kind of life. Thank you for being the examples that you are to the rest of humanity.

**Jacob:** Thank you very much, Terra. Thank you.



What I wanted to say, because you asked what are the challenges to I mean, we're really fortunate being this far in this project, and we are, we couldn't have been this far without the help of a lot of people of course. We mean, it's not we're alone in this. We have a Dutch Board. We have now a Board in US, which is helping us where we also are founded, and we have a board here in Ecuador, and we're many people, family friends around us who are helping us and we're really, really fortunate with, with his help, and this made us come this far in a relatively... such a short time.

But the challenges we have, what we will have, as working as a doctor here in these kinds of circumstances and that we had experienced in Sierra Leone (is that) many people are dying of course. And there are people sometimes come too late to the hospital to get good healthcare. I mean they die on the way or they are so weak they will end up with a dis-capacity. That is one of the challenges. Another challenge we face and it's good that we're together in this, Carolien and I, and that we are a couple so that we can correct each other is that it's we are always working. I mean the moment we will open up the hospital it will be open and it will never close again. So in the day we will be attending to people with normal diseases like non emerging things also emerging things of course, but the moment on the hospital will close at five pm for outpatient care, the emergency department is still open and this is what we saw in Sierra Leone is that you're always working and if you're not in the hospital, you're still with your mind and your thinking, you're still with your patients. And that's something you must be aware of and we can correct each other that sometimes you have to take a moment off here or take a day off and don't go to the hospital. And here we need to do this with... we need a bigger staff. We can't be the only two medical doctors, so we need to hire local doctors who can be there instead of us so we can take a rest. And that's really difficult because you want to be there all the time to devote all your time and your care to the patients to give them the best care as possible. But it's being human beings it's impossible to work 20 hours a day, seven days a week. So that's one of the, I think, one of the biggest challenges we will face.

**Terra:** Yes, absolutely. That's something that TreeSisters emphasizes is that... Well, as you know, we work for both restoration and women's empowerment. And to see climate change and everything happening to the planet, it's very easy to get overwhelmed with the news of what's going on worldwide, different situations. If we don't take the time and space to heal ourselves and refill our cup and, and just be present in that energy in the gratitude of the planet then it's very difficult to go out and tackle the issues of climate change and I imagine it's the same for you. It's to take the space to really heal and be with yourself in order to go out and heal others. So again, I thank you again for the amazing work that you do.

Let's talk a little bit about the name. I believe it's Quina Care. And if you could tell me a little more about the origin of that and share a little bit about where you're at with building of the hospital at this stage?

**Carolien:** Yes, the name is... you pronounce it in Dutch and also in Spanish as Quina Care or Quina and care is in Spanish, is of course different but Quina is the name of the tree, which produces the medicine for malaria.





The name of the tree originally is Quina Quina. And it's a tree that grows in the Amazon and also in the part where we are working. And the indigenous people they're using it already for more than a hundred years to treat fever in a jungle. Of course, they didn't know that it was malaria, how we used to call it in the western world, but they use that medicine, the bark of the tree already for more than a hundred years. Later, the western medicine found out that there's quinine in this bark of this tree and which was the first and still one of the used medicines to treat malaria as well in the Western world. So we choose this name to, to make a bridge between the traditional original medicine of the people that are living there, the indigenous people and the western medicine, which we are more trained in and which will be the main part of our hospital. So that's why we choose this name to bridge between the two cultures.

And about the hospital maybe Jacob you can tell a bit about how we are with the renovation?

**Jacob:** Yeah, of course. The building is a two story building with a like.. a square building with a big patio and we've chosen to realize an outpatient department, an emergency room, a radiology department, a laboratory and the pharmacy on the ground floor. We started renovating this ground floor in April last year, like the big renovation is done so we're only looking now for finishing the details. The equipment we need, like the beds, the monitors for the patients, radiology machines, these things, most of these things we got donated from Dutch hospitals, Dutch private clinics, General practitioners... they are at the moment still in the Netherlands. We are working out the paper, the paperwork with the Ecuadorian customs. Most likely a few more weeks and then we can send the first container by boat from Rotterdam in Holland to Guayaquil here in Ecuador, a big port and then it's a two day ride on the truck for this container to arrive. And then we can actually fill up the spaces with all the equipment we need, and we can already open up for to see as soon as possible people in the outpatient clinic and any emergency coming day and night.

And in the meantime, we will continue with renovating the first floor where we will realize a hospitalization area with a separate ward for men, a separate ward for women, a separate ward for children, and a maternity ward. That's the first part. And then after this if we find enough funding, we want to realize a labor room, with three labor beds and a surgical theater where we can do these emergency surgeries that Carolien was talking about.



Photos courtesy [QuinaCare.org](https://QuinaCare.org)



So hopefully by the end of the year, we can hospitalize patients. And if everything's going very well, so maybe at the beginning of next year, we can also do surgery on the people. Then well... the hospital is... it's like our dream is completed we can treat patients every day. But most importantly, we can save these patients that come in with any kind of emergency, stabilize them, or cure them. And then if we can't cure them, stabilize them, and send them to a bigger hospital where they find their, their treatment indicated.

**Terra:** One of the things that was impressing me the most on your site is that you mentioned a little bit earlier, how you have to know multiple fields of medicine. It's not just one particular area you have to know from how to heal a cut to how to deliver a baby by Caesarean. It's a very wide range. That's impressive.

I also was wondering, how are the indigenous people in that area and just the people who live in that city, how are they responding to this? I read that you had to have a meeting and convince them It wasn't a movie theater or something to that effect. What was that about?

**Carolien:** Yes, it was when we first came there. We were starting with the reconstruction or the renovation of the building, and we had a lot of contact with the mission there with the Catholic church. And there were all stories going that there are renovating the building into a movie theater, a university or a shopping mall, which is quite funny because it's a very small town in the middle of the Amazon. So well, I think a hospital is a better use of the building than a shopping mall there.

So we decided to together with the local authorities there we have a meeting with the mayor with yeah, all kinds of local authorities to explain what it's going to be. What the former boarding schools was going to be. That it's going to be a hospital and what kind of hospital it will be. It is a private hospital, not part of the health care of the Ecuador healthcare system. But it's private but it's not an expensive hospital. It's there especially for the most poor people, especially for the indigenous people and the people that are living far away in the jungle for that kind of people we will be there and that everybody is welcome. No matter which kind of tribe you are, which kind of country you're coming from. No matter if you're poor or rich but that everybody is welcome. And that we will treat everything we can and if not, we will try to offer solutions.

So that's the bit we explained to the people. And they are, were all very positive of that. They said it's really needed. That there are not enough facilities and that actually their main problem is lack of health care and a lot of people are sick, a lot of women are delivering babies not in the right place or when they have to be transferred to the next city where there is a hospital they deliver during during the transport to the city or yes, sometimes it goes well, but sometimes that doesn't go well and then there's nobody who can help them to find transport in the first place, it's very difficult for them. And apart from that, it's very expensive. People have to go to the city, you have to pay for their transport, have to pay for their stay there.



At the same time this means that they're in the city so they cannot work on their land. So they will lose income if they cannot harvest or if something happens on their own land so all those reasons for them is so important that there is a hospital nearby and that there is healthcare nearby where they can go there anytime they need. Not only during working hours but if it's an emergent, if it's an emergency, if it's urgent they can go there every time they need. So as far as we can see, they're very happy and greeted and they are welcoming us very much.

**Terra:** I was watching also an interview on your website with one of the locals and if I understand correctly, it said that the healthcare in Ecuador is free except what that means is if you have an illness, you have to go on a waiting list and spend several months before you even get to see a doctor. Or if you have surgery, you have to ask your relatives to pay for the supplies. It's it just sounded like a very challenging situation to live in. If you could explain a little more about that structure?

**Jacob:** Yeah, yeah. Well this was the Ecuadorian government is always promoting like we have the best health system in the world because we have hospitals everywhere and it's all free. I mean it is free. But the capacity is far not sufficient. So the hospital here where I'm now in Lago Agrio which is actually the only hospital in the whole province of more than, I think, 110,000 people, the hospital here has completely collapsed. And if you're here on the emergency department, you have people waiting there for over a day sometimes over two days. So is true that it is free. But people are really, like we say they're dying in the waiting room. Because for example, the time lapse between feeling something in your breast and getting treatment is more than a year, and that's far too long. I mean, if that lump in your breast is cancer, you need treatments as soon as possible. But here you have to first go to a local clinic and then if you're lucky, they give you an appointment for the bigger hospital. But then you are on a waiting list of at least three to four months and then they say okay, let's do some diagnostics. And then you have to wait for the mammography and then you have to wait for the appointment for the result of the mammography and then you need to wait for the appointment for the surgery. So it's taking a long, long, long time and this is... it is free. It is free. But people don't get the healthcare that they deserve because everybody has a right for good health care.

And also the indigenous people, also the people who are living far away from the government hospitals. And so what do the Ecuadorian people do? Those who have money they go to private clinics, but it's really expensive. Ecuador is a good example of a country where there's only like, a really small percentage of people who have a lot of money. And most of the people who don't have any money are not sufficiently in the area where we're in which has more than 70 to 80% of poverty. And from almost, I think, 35 to 40% have extreme poverty. So it's impossible to go to any private clinical or private hospital. So these people are lost.

And we want... we can't operate for free because we have also our own costs because we can't just give everything away because then that makes the project impossible. That's why we say up front okay for we're really, really low cost. And we, we asked many people, if it's possible they can pay because they always have a little bit of money because they sell their bananas or they sell their yuccas or they do a little bit of work.





So we asked many people around this area like if a medical consultation costs \$5 for a normal adult, is it something that the people can pay? And everybody's saying, Yeah, that is really reasonable because if you go to a private clinic, it is at least 35 to \$40 up to 60, 80 or 100 dollars. So \$5 is reasonable. \$5 for adults, half the price for children and most likely, pregnant women, we want to offer free health care because it's so important to get good health care, and that's why we live this way. We want to help these people

**Carolien:** Yeah, and in addition to that, I want to say that the price we are asking the people is more symbolic. It's, of course it will help a little bit with the running costs of the hospital. But it's more that we also do that because the care you give will be more appreciated if you have to pay for it. So it's a symbolic and if people cannot pay it if there are people who don't even have \$5 and then of course we will help them. We will find a way to help them. We will never let somebody outside or you will never don't give anybody care because they don't have money.

But to make people a bit responsible for your health, and also to appreciate the care they get, we will ask a symbolic amount to the people. And of course the rest of the money needs to come from a lot of people who are helping out, like Jacob told before, that we had a lot of people, met a lot of people and organizations who are supporting us in this project and in this way supporting the health care we can give to the people.



**Terra:** I definitely see where people would want to be able to give some money for the services and how important that is.

What can our audience do? And I would love for everyone... I'd love to share the video of your hospital, the drone footage, the tour of the hospital in progress with our audience, and I'd like to encourage our audience to go there (to watch it). What can our listeners do if they want to help you out with this project?

*A mural of the school turned hospital remains on the wall during renovations.*

**Carolien:** Well there are a lot of things people can do they can I think the most important thing is if they go to our website, read about our project, talk about our project and then on the website are also our contact details. So people can contact us to see in what way they can help. Of course a project cost a lot of money. So we're constantly looking for donors for money to support the project. But we also are very helped by people who can help, who can help us voluntary with their knowledge. With some things they can do. We have help (from) a lot of people who are constructing or helping us with designing the hospital. For example the video with the drone shots you're talking about, it's made by a friend who has a job in editing videos, but he voluntary for us made this video.

So there are a lot of different ways in which people can help and everybody who's interested in the project and want to help, we're sure everybody has their own talents and their own things the way they can help. So please if you want to be part of the project if you want to help us have more information just go to our website and contact us and we can see how we can work together.

**Terra:** And the website is?

**Jacob:** QuinaCare.org

**Terra:** Okay...

**Jacob:** So it's... Quina is written with a Q. Quina Care is Q U I N A and care as in care dot org.

**Terra:** Beautiful.

**Jacob:** Yeah, I wanted to say that every three months we have a newsletter also in English, which we send around so you if you want to you can subscribe to the newsletter. And also we have what we call blog and vlog. So Carolien and I write, once in a while, like once in every three or four weeks, we want to write a story or we make a vlog about something that happened to us or about the renovation of the work. So if you want more frequent updates, you can also subscribe to that. Or you can just write us an email to [care@quinacare.org](mailto:care@quinacare.org) and then Carolien and or I will respond as fast as possible. And as Carolien said, if we're going to have anything, any kind of help. I mean, we're just simple medical doctors and that is our, our backgrounds and it's our that's how we are trained. For this with realizing a hospital, you need any kind of knowledge, experience and instruction, so if you can be part of that network. It's also really, really, really helpful.

**Terra:** So if anyone in our audience has a gift to share of their own talents or of their own skills, or maybe just advice or experience, they can reach out and be a part of this. That's beautiful. And that's a wonderful opportunity. Is there any knowledge or any wisdom that you have or any experience that you gained over the years that you'd like to share with our audience?



Something that just was really a beautiful experience you want to share or rather it's some knowledge you really wish that everyone knew that this is like a platform for you to just speak to the world and this is what you would want everyone to know.

**Jacob:** Well, for my part, I can say especially because regarding the topic of this conversation is that these indigenous people are really the minority here. I mean, they're there in a way that they're really discriminated and these people don't have an equal chance here in this part of Ecuador and nor in Peru or in Bolivia or anywhere else. And it's something really, really striking us that these people living here like from day one in this area don't get equal chances and they are still living in the jungle, which is really good because we know by... from science and from investigation that preserving the jungle preserving your forests for that to happen is really important that these people stay there but because they're really poor, a lot of really high incidence of diseases they are... they're leaving these areas because they don't have any prospects. I mean they say well we don't have any, we don't have any hospitals so why, how can we stay here? How can we continue living here? We don't have drinking water, we don't have sewage.

And we can only with our hospital we can only do a little part of it, but we think it's an important part to support these people continue their life, which they're used to and they should be staying there and living there in this part of the jungle. So yeah, it's really sad to see that these people are really suffering every day and that is something that not everybody knows I think.

**Terra:** Carolien, did you have anything you would like to share?

**Carolien:** Yes, for me, the... well we're living abroad now for five years outside the Netherlands, first in Sierra Leone and now in Ecuador. And for me the yeah, the other biggest experience in general was this first one when I left I thought, well what can we do in countries where there's... there are no such things as the technology as in the Netherlands, where there's not so much money, where you don't have people around you which are very educated, can we really do something?

And I think after five years of experiences, yes, we can really do something of course, we cannot change the whole world and ultimately change the whole country there but we can make a difference in the lives of so many individuals there. With so few things, not a lot of money and not a lot of big projects. But yes, we can make, we can make a difference for a lot of people and we also experienced that with the help of a lot of other people.

We had (people who) they think, well, I want to help but I have to go there and I cannot live like you two there in a jungle. So I don't think I can do anything. But we don't think that that's true because we have we received so much help from so many people around us with their talents and their education. And with all that we can, we have made a difference and we hope to make a lot of more differences in (the) lives of people that are living there. So for me, that is the most beautiful thing I experienced the last five years and it's also make for me this all working to, to work and to live this life in Ecuador.





**Terra:** That's absolutely beautiful. It could be anything as simple as someone wants to share the word about your project and share it on social media. It doesn't necessarily have to be you have to get up and move to the jungle or to the Amazon and do something, it's just whatever your skill or whatever your gifts you can offer and help with this project.

We had a guest from Indigenous Celebrations and she was saying how the climate change has greatly impacted the indigenous tribe that she works with in the Amazon because the weather... the hunting season is off, the growing season has completely switched they you know they had more droughts or they would have floods or then we had the fires in the Amazon. It's forced them to the point where they have to walk like I think it was like 50 or hundred miles to a small town and buy beans and rice with money they really don't have. Because there's really not a lot of paying jobs in the middle of the Amazon. It's climate change itself has created its own challenges on top of the challenges they were already facing. So any way that we can help the indigenous to continue living their lives, if they have a place in point of health care that they can come get the health care they need, and they go back to their villages, that's a wonderful thing to get involved with. And I'm just so very grateful that both of you took the time to come here today and share this with us.

**Carolien:** We're very happy with this opportunity to share our story and hopefully, well, a lot of people are in for helping the indigenous people there and like you said that they continue living their lives there. So thank you very much for this opportunity to tell our story.

**Terra:** Wonderful, thank you. Once you've been interviewed you become part of the family so we'll be checking back in with you from time to time throughout the year ahead just to see how things are going. Thank you for who you are, and your gifts to the world. I wish you all continued success. And thank you for being with us.



**Jacob:** Thank you very much Terra....

**Carolien:** Thank you so much.

**Jacob:** ...for this interview and this opportunity. And again, we are always free to comment on anything and yeah, please, please continue to follow us what we're doing here with Quina Care and the realization of this hospital and helping these people.

**Terra:** Wonderful.

**Carolien:** Yes, thank you so much for your time and for your good work as well. I think we have the same goal. And hopefully we have a future together. So thank you very much for contacting or staying in contact with us and for this platform, and hopefully, we can do many things together to help the indigenous people and the planet to continue like this or even be a bit better than this.

**Terra:** Beautiful. Thank you so very much.

**Caroline:** Thank you.

**Jacob:** Have a nice day Terra.

**Terra:** You too. Take care. Thank you.

All: Thank you. Thank you. Bye bye bye.

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*Transcript in American English  
Transcript and PDF by Terra Canova*





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