

“Only in Samoa”

Samoans have an uncanny ability to sleep anywhere. They pride themselves on being extremely relaxed, with much of the day spent sedentary or supine, chilling out and chowing down with the family.

It is not hard to imagine, then, how obesity and diabetes have become endemic, with traditional fry-up, carb-laden barbeques being commonplace and exercise a novelty. One local summarised the Samoan life as: “Sit, sit, sit. Eat, eat, eat. Fat, fat, fat. Finish!”

Nevertheless, their fondness of family time is a wonderful aspect of the culture. Extended families interwoven into strong village and church communities provide a tremendous sense of belonging and commitment to one’s relatives. They also provide potential networks for health promotion. During my six weeks in Samoa, I was welcomed into the local community, invited to church services and, of course, barbeques. The pastor had already been contemplating the need to promote “being healthy spiritually and physically” and together we devised a church-based dance exercise program.

The generous, jovial nature of Samoans is striking. For instance, every wet season parts of the islands become virtually inaccessible for days due to flooded roads. To my surprise, rather than finding it an annoyance, locals regard the procession of cars trying to cross the swollen streams as a fun spectator sport, with crowds gathering to cheer from either bank!

While underdeveloped infrastructure can be frustrating for tourists, most are left fondly reminiscing over the quirkiness of the country, exclaiming, as the locals do, “Only in Samoa!” This is a saving grace for the tourism industry, the country’s main economic hope. Other industries have failed and the nation is largely dependent on foreign aid, exacerbated by the September 2009 tsunami and global financial crisis.

I was there three months after the tsunami had ravaged the south coast. A highlight of my trip was assisting a paediatric outreach team with respiratory screens in children who had been caught in the surge. The area we visited, a stunning white sand coast fringed by palms, was still littered with rubble, upturned boats and makeshift tarp shelters, evidence of sadly inefficient aid distribution.

I will never forget that day: a mother grieving for a son who was swept away just after rescuing his baby sister from her cot; another reliving shaking her daughter down from a tree branch with a lasso; another with her bright-eyed child on her lap, who had survived being buried alive for twenty-four hours.

At the national hospital I encountered many presentations I had never seen in Australia. These included: rheumatic fever induced cardiac failure, typhoid fever, injuries secondary to falling coconuts/coconut pickers and yet to be excised breast carcinomas. A poor grasp of the importance of long-term compliance with treatment, metabolic disease, poverty with overcrowded housing, and lack of screening programs were the main contributors to late and seemingly preventable presentations. Clearly, there is a great need and potential for preventative health in the country.

I would like to express my deepest gratitude to the St Vincent’s Pacific Health Fund for funding this placement.

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