

Aitutaki & Rarotonga Hospitals, Cook Islands

James Wolfe

The University of Melbourne

About the Cook Islands

The Cook Islands (or the ‘Cooks’) comprise 15 small islands cast across two million square kilometres of the South Pacific Ocean. The main island is Rarotonga, home to more than half the Cooks’ population and about a four-hour flight northeast of Auckland. With a population just exceeding 2000, Aitutaki is the Cooks’ second-most visited island and is about 45 minutes north of Rarotonga by air. Aitutaki’s lagoon is one of the most beautiful in the Pacific. TV’s ‘Survivor’ picked Aitutaki as the location of its Cook Islands season and National Geographic named it as one of the top 12 adventure islands in the world. I spent close to two months of my elective in the Cook Islands; the first four weeks at Aitutaki Hospital and the following three weeks at Rarotonga Hospital.

Getting there

On the plane from Auckland to Rarotonga I was seated next to a Maori man from Wellington. We chatted nearly the whole trip. About half way to Rarotonga, he asked me if I would like a burger. In his carry on baggage he was carrying enough Burger King (New Zealand’s version of Hungry Jack’s) to feed his family and offer a spare burger to me. I had heard about the kindness and hospitality of the Polynesian people, and I had my first experience of it before I had even landed in the Cooks.

I took a small plane of about 30 seats from Rarotonga to Aitutaki. I was told someone from Aitutaki Hospital would meet me at the airport when I landed. So I pulled my bag off the back of a cart and waited, but no one from the hospital was there. After just a few minutes of looking obviously like a lost foreigner, a local came up to me and asked where I was going. I told her I was going to the hospital. She walked off and told another man that I needed to be taken to the hospital. He said, ‘Ok,’ then took my bag and walked off to his car. I figured I should follow him. His name was Papa Eddie Mani (sounds like ‘money,’ and so he calls himself Eddie ‘no-Mani’). Generally, the men and women become known as *Papa* and *Mama* once they become grandparents. Papa Eddie drove me to the hospital. (Two days later, Papa Eddie would drive me home again, after we had had a Coke at the Fishing Club (the local bar) on Saturday night. But first we would go past his house so he could show me around and offer me a couple of mangoes.)

I arrived at Aitutaki Hospital late on a Thursday afternoon. There was one nurse, one cook, no in-patients and no doctors. They were surprised to see a medical student. The cook took me out on the back of her motorbike to buy dinner. Not long after I had finished eating at the hospital, a lady turned up with several deep lacerations to her finger. She had put her hand under the lawn mower without turning it off. I was introduced to the hospital’s only doctor,

Dr Koko, while we were cleaning our patient's finger. He was also surprised to see me. We continued (both of us in shorts and thongs, or 'jandals') to work on stitching the patient's finger.

Aitutaki Hospital

Aitutaki Hospital has 26 beds. It functions as a kind of round-the-clock health service that deals with any and every presentation, from fevers and coughs to road traffic accidents and strokes. The best way to describe the healthcare on Aitutaki is 'remote'. Its distance means that Aitutaki may run out of anything from petrol to antibiotics.

Aitutaki outpatients runs from 8 a.m. to 4 p.m., Monday to Friday. Anything outside of this presents to emergency. Common presentations include skin infections, fevers, coughs, rashes, blood pressure checks and medication refills. When I first arrived Dr Koko, who was trained in Burma, was the only doctor on the island. Generally he attended the hospital during business hours, and when he was not at the hospital, he was on call. Dr Koko has been at Aitutaki Hospital for more than 10 years now. About half way through my placement Dr Helen arrived from Fiji. She will join Dr Koko at Aitutaki Hospital for a year.

Outside business hours the hospital is manned by one or sometimes two nurses. The nurses were all local Mamas and each of them took care of me like we were family. We shared many meals, many laughs and many good stories. One night nurse Kura took me out to hunt crabs. We pulled our motorbikes to the side of the road and went walking through the beachfront trees at night in search of the crabs. Kura found one and caught it like she had done a thousand times before. She brought it up to me, threw it on the ground at my feet and told me to catch it again. To clarify, this crab had big claws – really big – although I had been told it would only hurt if it got me with its pincers, and it would not take my finger right off. Turns out I have a talent for picking up crabs that had already been caught.

Twice each week Aitutaki Hospital runs a non-communicable disease (NCD) clinic. The clinic aims to monitor and optimise treatment for a large number of patients with conditions like type 2 diabetes, ischaemic heart disease and hypercholesterolaemia. I admired this clinic because the island's only doctor took it to be his responsibility to run it – a task that seemed above and beyond the capacity of the resources that he had as support. I was also impressed by the response of the patients, who even turned up for the clinic on public holidays, demonstrating their appreciation and understanding of the importance and impact of their diseases. It showed they had a willingness to improve their own health. In an environment where NCDs are so common, it was truly a great thing to see something so simple as a patient coming to hospital requesting to know their blood pressure.

I had two experiences with Aitutaki Hospital's one and only ambulance. The first was a Mama who had a stroke. I walked out onto the wards one morning, and the nurse on duty asked me to join the hospital driver to go to a patient's house. I was told Dr Koko would meet me there. The ambulance was a big van with a stretcher bed in the back. There was an ancient-looking oxygen tank and a bench seat running along one side. Up front there was room to seat three people. Mama was not doing well when we arrived at the house. With only clinical evidence available (there are no CTs, no MRIs and only the basic blood tests could be

performed on site), a stroke was suggested as the most likely diagnosis, and Mama passed away some days later in hospital. This was really the first time that I was actively involved in the case of a patient that would pass away. What I learnt most from this experience was the importance of communication. Although Mama was never alert or responsive while in our care, her daughter was at the hospital for most hours of the day and night. She was strong, intelligent, inquisitive and made some very tough decisions. Often, after speaking with the doctor, she would come to me and ask, 'What does this all mean for my mum?' I found this experience so educational and so humbling.

The second time I rode in the ambulance happened late one evening, just before midnight. I had just returned to the hospital when a nurse came to me and said, 'Doctor, a baby has been born. Could you go to the house in the ambulance and bring them here. We've woken Dr Helen and she'll be here when you get back.' So I went. The hospital driver took me to a house where I met Rave's grandmother (you will read about Rave below). She hugged me. Then a woman walked out of the house into the dark of the night and the lights of the ambulance. She looked a bit uncomfortable in her gait and a little wide in her belly. I helped her climb in the ambulance. Wondering where the baby was, I asked what had happened. She told me she had been having contractions.

I asked, 'How far along are you?'

'Twenty-four weeks,' she said.

At this point I thought to myself, *please let there not be a 24-week-old baby here.*

To be honest, I can't remember how I exactly phrased the Have You Just Had Your Baby Or Is It Still Inside You question. But she was still pregnant. No baby had been born. So I went on and took a history from the patient.

I met Dr Helen when I returned to the hospital and brought the patient inside. She said in my ear, 'Where's the baby?'

'It's still inside. She's 24 weeks.'

'I was expecting a baby,' Helen said. She looked a little surprised.

'Yeah, me too!'

So we began the protocol for a potential premature delivery, but thankfully ended up sending our patient home healthy and still pregnant.

Rave

One particularly memorable case involves a boy named Rave. Rave was about nine or 10 years old. He had long brown hair and most of the time he went without shoes. I first met Rave while a friend of mine was killing pigs for a birthday feast. Rave was elbow-deep in pig guts, helping out wherever he could. He was a cheeky kid, but obedient. I saw plenty of Rave outside the hospital before he became a patient. Sometimes we slept at the same house.

One day I noticed Rave was limping. It did not seem to interfere with any of his activities; he was still running around barefoot. A couple of days later, Rave presented to outpatients

unable to walk, with a very swollen right knee. It was obviously infected. I asked him about it. He said, 'It's because I didn't have a shower.' Rave had had a mosquito bite that he scratched with his dirt-filled fingernails. That is where his infection started. Someone at home told him it was because he was not keeping himself clean.

Rave could not walk so we decided to keep him in hospital and start some IV antibiotics. It was December 31, which meant New Year's Eve in hospital for Rave. He was not keen on the idea, especially because there was a dancing festival, the *Koni Raoni*, on New Year's Day. I gave up my bed in the student's accommodation at the hospital because Rave asked me to stay with him on the wards that night. He had dinner, played some games on my iPhone and fell asleep pretty quickly.

When we checked on Rave in the morning Dr Koko wanted to do an incision and drainage. So we gave Rave a dose of ketamine, opened his knee and cleaned it up. I stayed with Rave while he threw up his breakfast afterwards. He was in hospital for another night and went home the next day after giving me his apple.

Outside Aitutaki Hospital

What struck me most about Aitutaki was the kind heart of every local I met. I had travelled there as a medical student expecting to serve people in a remote community who do not have the ease of access to the range of health care that I am so lucky to have in Australia. Instead I found that I was the one who was being cared for – I was constantly offered fruit, feasts, beds to sleep in and invitations to weddings, birthdays and headstone unveilings. There was not a day where I was hungry or lonely. I was adopted as a cousin, brother and a son. There is this mentality on the island that everything belongs to everyone, which is refreshing and inspiring. Mangoes are free and come from a tree in anyone's front yard. In fact, most fruit is picked and eaten on the spot, anywhere.

Motorbikes are the mainstay of transport on the island. Helmets are optional at 40 km/h, but you do need one if you want to travel at 50. There is a maximum of two people on a bike, and it was always a great sight to see some of the Mamas with a grandchild tied to their back with a *pareu* ('sarong') as they rode down the street.

I was adopted into the home of a local family, the Tupapaas. The words I heard most often were, 'Eat James, food over there.' Soon I was sleeping at the house, attending church with the family, visiting aunties and uncles, digging an *umu* (underground oven) to cook for a birthday, going hunting for coconut crabs (these ones will take your finger right off if you get it caught in a pincer) and being chastised like I was part of the family. I was treated with such a generosity that is hard to put into words. What made it more incredible was that it did not seem a particularly special effort. There was always space and always food, and I was always welcome to it. One of the aunties once said to me, 'James, if we're not home, then come, eat, rest, sleep, and go again; food is in the cupboard there and a couch in the living room'.

The dancing festival I mentioned before, the *koni raoni* ('dance around') is where one village spends an entire day traveling through each of the other villages on the island to dance and sing and play drums. At each village a feast follows the dancing, and the whole effort is a

fundraiser for the village whose turn it is to dance. *Koni Raoni* happens twice each year – once on Boxing Day and once on New Year’s Day. On New Year’s Day 2013, it was Vaipae’s turn. Vaipae (or ‘Hollywood village’ as the locals called it, because ‘it’s where the stars are born’) is where I stayed with the Tupapaas, and so was my adopted village. After attending practice sessions, I spent a very hot and humid New Year’s Day traveling around Aitutaki with the Vaipae village, dancing, eating and raising funds for the village’s local hall.

Back to Rarotonga

After Aitutaki, I spent three weeks on the general medical ward at Rarotonga Hospital under



Photo_2: James joins some of the Aitutaki locals at the *koni raoni* island dancing festival on New Year's Day



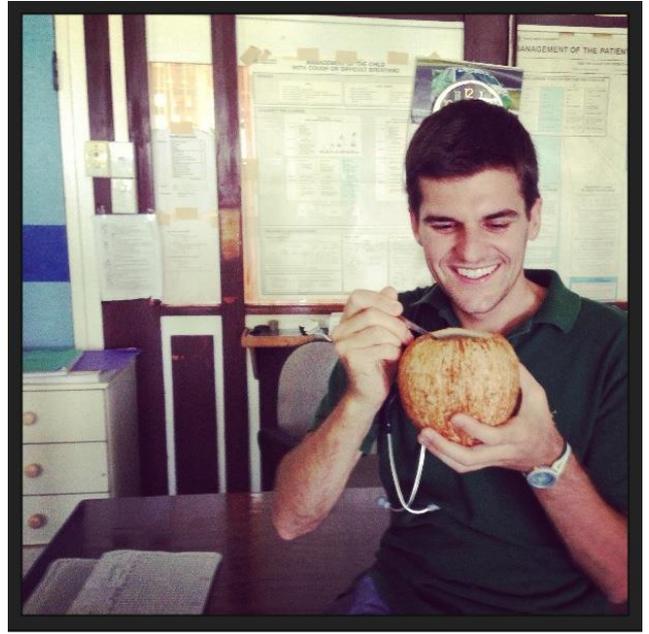


Photo_3: Outpatients, Aitutaki Hospital



Photo_4: James offers the doctors and nurses at Rarotonga Hospital a donation of medical equipment supplied by the Melbourne University Health Initiative (MUHI)

Photo_5 & Photo_6: Teau, a Cook Islands medical student who studies in Samoa, prepares coconuts for breakfast and we eat them as we begin the ward round



Photo_7: Rave, the young patient with a septic knee, shows off his strength



