I had the privilege of spending one month in Apia, Samoa for my medical elective with the Obstetrics and Gynaecology team at Tupua Tamasese Meaole Hospital. Samoa is a beautiful island nation located in the heart of Polynesia. Apia, the capital has an interesting mix of colonial and traditional architecture. Travel further afield you'll find a true island paradise – beach fales, coconut trees, white sand beaches and turquoise blue waters. It was hot and humid, and on occasion I arrived at the hospital drenched, having been surprised by a sudden tropical storm. The traditions and culture remain strong and important in everyday society. The people are warm, welcoming, and generous.

Whilst I departed Australia expecting an elective entirely in Obstetrics and Gynaecology, I arrived in Samoa to find a state of emergency during the height of the measles epidemic. As such, my elective was not entirely what I expected, and the likes of which I am unlikely experience again. The scale of the epidemic was immense. In a country of around 200000 people, nearly 3% of the population were infected, with over 80 deaths. While I was in Samoa, children were not allowed to go to school, nor attend public gatherings. There were two days during which businesses were not allowed to operate, and the entire population was ordered to stay at home for a mass vaccination programme. While local and international health care professionals were deployed for this extensive task, people hung red flags from their doors to indicate their immunisation status. Meanwhile, the hospital was flooded with international aid – Australians, British, New Zealanders, Japanese, Israeli, Norwegians – you name it, they were there. It was an incredible show of humanity and global citizenship. On top of dedicated measles wings in the hospital, a paediatric tent-ward was set up in front of the hospital. It was run with by Australian and UK doctors. One day, just wanting to see inside the ten, I asked permission to look around. Before I knew it, I was swept up into the running's of the ward. I was assisting on ward rounds, helping the doctors admit new patients, fetching medications from the pharmacy and more. It was incredibly rewarding and to feel as if I was on the medical frontline of the measles epidemic. However, it was at times devastating and harrowing. The majority of the deaths were of infants less than 12 months old. On occasion, families decided to withdraw their children from medical care to instead seek help from the Fofo Samoa (traditional healers). Days later, these children often represented to hospital either dead on arrival, or close too.

Before going to Samoa, I barely knew anything about measles. To me it was a bygone, vaccine-preventable disease. Prior to the epidemic, vaccination rates had fallen to an all-time low of 31%. This was after an incident in 2018 when two infants died after receiving vaccinations diluted with anaesthetic. Since, a prominent anti-vax sentiment had grown among Samoan communities. During the epidemic, health records were disordered, coordination of health resources where chaotic. There were times when vaccination teams were sent out to the same village three days in a row. On the other side of the islands, people from villages that had lost several children, had not received vaccinations. However, the country simply did not have the infrastructure to respond optimally to the crisis, nor for the public health and education campaigns to prevent it. It was a perfect storm. This said,

the Samoan doctors worked tirelessly and selflessly. They were impressive in both their knowledge and generosity. With the help of international aid, a vaccination rate of 94% was achieved, an astonishing accomplishment.

While the measles epidemic took up a lot of the time of the health care professionals during my time in Samoa. I also thoroughly enjoyed being a member of the Obstetrics and Gynaecology team at Tupua Tamasese Meaole Hospital (TTMH) and learned a lot under their guidance. My day-to-day consisted of ward rounds, doing general ward jobs and then heading to labour ward or sometimes to theatres. I was expected to work more independently than I am used to in Australia. This was daunting at first, but my confidence grew quickly. By the end, I was confidently taking histories, examinations and presenting my findings and provisional plans for investigations and management to the consultants and registrars. My proficiency at performing and interpreting CTGs improved. Even carrying-out simple procedures such as inserting cannulas became easier. Most exciting, was delivering a baby for the first, a feeling that did not get old. My supervisor even asked for my help to edit the *Measles in Pregnancy Samoa Guidelines*. I felt like a valued member of the team and I was so excited to be helping. Samoa was a fantastic experience for my clinical skills, my confidence and my passion for medicine.

My time in Samoa has deeply impacted me and will be present in my mind for a long time. I am still processing the enormity of it all - the heart break of the nation, the tireless healthcare workers, the deaths. It has left me thinking about healthcare systems and how we must start with infrastructure and organisation if we want to make the biggest impact in community health. The medical experience was incredible, but it is secondary to what I learned about people, adversity and resilience. The hard work, generosity and humanity of the Samoan and international doctors were inspiring and have instilled in me a strong desire to use my medical skills and knowledge to give back to the community in the future — and for this reason I know that I will return to Samoa. For the time being, I am left with many questions about how to best improve people's lives and health — I hope, one-day to have some answers.





