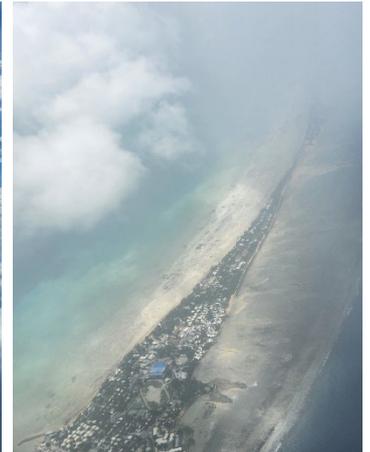


Tungaru Central Hospital Eye Clinic (Kiribati)

Jeremy Flanagan

Kiribati is a nation of 32 atolls and raised coral reefs, spread across three time zones and the equator. In my final year of medical school I spent two weeks at the Eye Clinic in Tungaru Central Hospital (TCH) in South Tarawa. South Tarawa is the collective name for a series of narrow atolls (Betio-Bairiki-Nanikai-Banraeaba-Eita-Bikinebeu-Temwaiku-Bonriki) joined by a single road over a series of causeways.



TCH on Tarawa (Google Maps); Tarawa from the air, looking towards TCH from the southwest; flying directly over Bairiki.

In my first day of clinic I met the team – Nurses Taraii, Tebwebwetaake, Abii, Noama, Miriam and Tokoriri; Registrars Dr Erena and Dr Tortara; and Dr Rabebe herself. Dr Rabebe is the sole ophthalmologist in Kiribati and had built the Eye Clinic from the ground up, after undergraduate medical school in Fiji and postgraduate ophthalmology training at the Pacific Eye Institute. I also met the hospital’s medical director, Dr Tekeua Uriam, and discovered that I was the first medical student to visit the hospital ever!



Myself with Dr Rabebe in the Eye Clinic; Low tide at TCH, with the western islands of South Tarawa in the distance

I quickly found out that the team shared a wonderful sense of humour, with my time often punctuated by laughs and jokes between the nurses, doctors and patients. Luckily for me, the slit lamps at the clinic had observer scopes donated by the Fred Hollows Foundation. This meant that Dr Rabebe, Dr Tortara and Dr Erena could show me clinical signs in real time before I examined the patients myself, and I was lucky enough to perform several procedures under supervision in theatre and clinic. With no optometrists in Kiribati, patients were often referred from the outer islands for presbyopia (requiring reading glasses) and cataracts (requiring surgery), via text message from a community health practitioner. At least two days per week were reserved for refraction (identifying suitable glasses) alone, which was often performed by the highly trained nursing staff who also screened some patients for diabetic retinopathy and worked with the surgeons in theatre.

Pan-retinal photocoagulation laser with observer scope, used to treat proliferative diabetic retinopathy; performing procedures supervised by Dr Erena and aided by Tebwebwetaake (photo taken by Noama; patient consented to photography)



In more economically developed countries, ophthalmology is often touted as a 'high-tech' specialty of specialised diagnostic and therapeutic tools. At TCH, the only functional tools available were a laser for the treatment of proliferative diabetic retinopathy, three slit lamps and a B-scan ultrasound. Cataracts were removed using small-incision surgery, as obtaining the machine used for phacoemulsification (the gold standard technique in Australia) was prohibitively expensive. For the same reason, a common side effect of cataract surgery – posterior capsular opacification – was treated with invasive surgical capsulotomy, rather than an in-clinic laser procedure.

I was staying 40 minutes away from TCH, so I rode the bus in each morning along the single main road. A Kiribati bus entails at least 20 sweaty people crammed into a 10-seater minivan, with Gilbertese music blasting at full volume. It's operated by a two-person team – a male driver, and a female assistant that operates the door and scouts for fares. There are no bus stops or timetable in Kiribati, with passengers being dropped off and picked up wherever there's space on the footpath. On my travels via bus around Tarawa I would often get soaked in sudden torrential rain, as it was unusually wet for the dry season – and then once undercover find myself dry within 20 minutes as the ambient temperature during the day was over 30°C, remaining at 28°C overnight.



Remnants of the Battle of Tarawa on Betio Island, more than 80 years later: the former Japanese command bunker, now surrounded by a church; M4 Sherman/LVT tracks repurposed as a fence; one of many concrete bunkers now used as a domestic dwelling; and remnants of an anti-aircraft emplacement. Numerous concrete rainwater tanks are still used by residents today (not shown).

Most foreigners in Kiribati are diplomats, aid workers or teachers and drive in cars, so me being a lone foreigner on the bus attracted some curiosity. Kids would often wave and yell out 'Mauri' from the tray of a passing truck or cheekily ask for money. In the street, I was often asked where I was from and where I was going. Once I introduced myself - Mauri, arau ngai Jeremy - and explained the purposes of my visit, people would express how proud they were that Dr Rabebe was I-Kiribati. I received almost-constant offers of hospitality and was welcomed into people's homes to eat and meet extended families. Dr Erena even took me along to a State Dinner with the President of Kiribati himself!



Eita, looking towards North Tarawa

I am deeply grateful to the Dent Family (Blandine, Christian and Stephan) and the Pacific Health Fund Board for creating such a special opportunity for medical students. After seeing first-hand what has been achieved by Dr Rabebe and her team, I have a real appreciation of why Dr Dent made it his life's work to support the training of his Australian and Pacific colleagues.