

# ANNUAL REPORT 2016/17

**Rotary**  
Districts  
of Oceania



**ROMAC**  
Rotary Oceania  
Medical Aid  
for Children



# 10 FAQ's about ROMAC

1

**Q. Does ROMAC receive Government funding?**

**A.** No. ROMAC relies entirely on the generosity of our individual and corporate donors, the support of Rotary Clubs and District Governors – and the very prudent management of our funds.

2

**Q. Does ROMAC have any paid employees?**

**A.** No. ROMAC is 'staffed' entirely by volunteers who use their own office facilities, drive their own cars and pay their own miscellaneous expenses eg. telephone accounts.

3

**Q. Why does ROMAC bring children to Australia and New Zealand instead of operating on them in their own country?**

**A.** Because the necessarily complex surgery, paediatric intensive care and rehabilitation required to remedy disfiguring birth defects like encephalocele or life threatening cardiac problems, is simply not available in small nations in the South West Pacific, Papua New Guinea and Timor-Leste.

4

**Q. What is an encephalocele?**

**A.** An encephalocele is an extremely distressing congenital condition where part of the infant brain bulges out of the skull to form a sac-like protrusion in the middle of the face.

5

**Q. What other medical conditions do ROMAC children present with?**

**A.** Serious trauma eg burns, which require re-constructive surgery and skin grafting. It is a long, painful process often requiring multiple re-admissions.

6

**Q. Why do so many children present with burns?**

**A.** Because cooking over an open, ground-level fire pit is the norm in many villages. Sadly, toddlers often fall in, with disastrous and painful consequences.

7

**Q. Once a child in need has been identified how are they brought to Australia or NZ?**

**A.** It is logistically complex to bring a baby or indeed an adolescent, from a remote village to a leading teaching hospital for treatment. Visas and passports need to be obtained, international airfares booked and pre-paid, availability of hospital costs and surgeons ascertained, internal transport organised, home hosting arranged... it is incredibly time consuming... and all offered pro bono by volunteers.

8

**Q. Does ROMAC need more volunteers?**

**A.** Yes. There are many ways of supporting ROMAC. You might offer your vocational skills, home-host one of our little patients and their carer or be a volunteer driver.

9

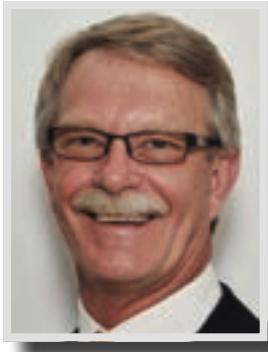
**Q. How can I find out more about ROMAC?**

**A.** Visit our websites – [www.romac.org.au](http://www.romac.org.au) or [www.romac.org.nz](http://www.romac.org.nz) or check out our Facebook page for regular updates.

10

**Q. How can I donate?**

**A.** That's easy. Thank you for asking. Fill in the form at the back of this Annual Report. Donate securely on-line at [www.romac.org.au](http://www.romac.org.au) (OR [.org.nz](http://www.romac.org.nz)) OR mail a cheque to either our OZ or NZ address. Donations above \$2.00 are of course, tax deductible and, in return, we hope you get a nice warm fuzzy feeling for helping ROMAC to transform the life of a small child.



## Rob Wilkinson

### Chairman's Report

# *Another successful year for ROMAC*

**A**s we enter our 30th Anniversary year, we have cause for pride but we also face increasing challenges. ROMAC has long been the quiet achiever of Rotary. Perhaps too quiet! Much of what we do, seems to fly under the radar. We are working towards achieving greater recognition and engagement with fellow Rotarians and ROMAC friends.

One of the challenges we face, is the education of newer Rotarians. Many appear to be completely unaware of ROMAC, our history and our current initiatives. Experienced longer-term Rotarians may believe that ROMAC and our aims, objectives and outcomes, are widely known amongst the wider Rotary family but sadly, our enquiries suggest that this is not so.

Do you know that since ROMAC's inception and the admission of our first surgical patient in 1988, ROMAC has either saved or transformed the life of over 450 children. Do you know that in this Rotary year alone, ROMAC, in Australia and New Zealand, have identified, transported, admitted and treated 36 critically compromised young children from neighbouring countries in Oceania?

We believe that the best way to address this lack of awareness, is to actively seek invitations to speak at Rotary Clubs. ROMAC, in every District, fields Guest Speakers. They can not only tell the ROMAC story, but supplement it with videos and attractive brochures. The back stories of our young patients and their remarkable recoveries, often from near death conditions, will take your breath away. Please ask your ROMAC Regional Chair for details ...

Another challenge we face is fund-raising; it's a competitive field. ROMAC surgeries cost on average \$25,000 per case even though our doctors often offer their professional expertise, pro bono. Hospital and surgical costs, particularly for Intensive Care beds are rising. Our aim, with continuing fiscal prudence, is to future-proof our corpus. We hope as many Clubs as possible will help us achieve this financial goal.

ROMAC prides itself on constantly re-viewing and refining every element of our organisation to maintain our reputation as an effective and efficient multi-District Rotary project. We're intent on creating a more positive image, not for aggrandisement, but with the hope that it will generate greater Rotary Club support so that we can continue to provide essential humanitarian aid to children in need.

How can you help? Invite a ROMAC Guest Speaker to your Club, workplace or District Conference. Ask for (and receive) ROMAC brochures. 'Like' and comment on our Facebook page. Visit our website. Become a ROMAC volunteer. Make a tax-deductible donation. Hold a ROMAC fundraiser. Help us celebrate by getting a table together for our 30th Anniversary Dinner. Spread the word that at the heart of ROMAC, is a little child who requires help.

I'd like to end by thanking those whose on-going support makes the continuation of ROMAC possible. Our marvellous ROMAC volunteers, our hospitals, medical, surgical, nursing and allied staff, our corporate sponsors and generous donors, our ROMAC District and Regional Chairs and of course my very supportive Board and indefatigable Operations Committees and finally, without exception, our retiring Committee members who have given so much. Thank you everyone.

*Rob*

Rob Wilkinson



## Where are they now?

ROMAC is about to celebrate our Thirty-year Anniversary and we'd love to share it with former patients, carers, volunteers, Board and Committee members, Regional Chairs, donors, supporters, PDGs etc.

If you fit the bill, or you know of someone who does, or maybe you've kept in contact with a former ROMAC patient your Club sponsored or hosted, we'd love to hear from you.

Please contact honorary ROMAC Communications Advisor, Ann Burleigh at [communications@romac.org.au](mailto:communications@romac.org.au)

## Some of our marvellous doctors'



Dr Kirsten Finucane



Prof Tony Penington



Dr Ian Nicholson



Dr Zac Moaveni



Prof David Croaker



Dr Eric Horne  
Medical Director



Dr John Harvey

## Our wonderful corporate sponsors'



## Our Cover Girl



It's hard to believe that 2 year old Junilla, from Vanuatu, was in the words of ROMAC's Honorary Medical Director, Dr Eric Horne *"blue and breathless on admission to Starship Hospital for life-saving cardiac surgery".*

This sparkling post-operative image and many others, courtesy of honorary ROMAC photographer, Bill Horne.

The ROMAC Board and Operations Committees, would also like to publicly record our thanks to the many people who enable ROMAC to continue with our life transforming, humanitarian initiatives.

We could not continue without your support. On behalf of the children you sponsor - thank you so much.





## Bruce Robinson

### Treasurer's Report

## *2016 – 2017 financial year*

It is with pleasure that I present my Treasurers Report for the 2016 – 2017 financial year.

**D**onations from Rotary Clubs remain largely unchanged from the 2016 year at \$486,686. The number of Clubs who donated however fell from 198 in 2016 to 189 in 2017 (note: in 2015 – 260 Clubs donated). This indicates only 18% of Rotary Clubs in Australia currently support ROMAC. Other donations and bequests rose from \$205,486 in 2016 to \$274,275 in 2017. This increase was largely the result of a significant bequest from a Rotarian in his will.

A long-stated desire of the Board has been that the indirect costs of running the organisation are covered by the income generated from investments. Income generated from investments in 2017 (excluding unrealised capital gains) amounted to \$92,782 whilst indirect costs were only \$87,347. This very pleasing result means that 100% of ALL donations to ROMAC are allocated exclusively for the benefit of patients. Very few Charities can make this claim or indeed achieve the successes ROMAC does without any paid employees or office space. ROMAC is run completely by volunteers!

Medical expenses fell slightly in 2017 from \$477,421 in 2016 to \$473,962. Whilst this is also pleasing, an explanation is warranted. During the year, 2 Australian Rotary Clubs (RC of Ross River and RC of Albert Park) were granted Global Grants from Rotary International which have been applied against medical and other related expenses. This mirrors the experience from the 2016 year when ROMAC NZ received 2 Global Grants.

As a consequence of very prudent financial management and the receipt of the Global Grants, the organisation achieved a net surplus of \$331,869. Whilst this result is pleasing from a financial perspective, the Board is cognisant of the fact that we may not receive further Grants and this may mean a call on our reserves to continue our work of improving and saving the lives of children in the Oceania area.

The “average” cost of treating a patient in either Australia or New Zealand is in the \$25,000 to \$30,000 region. The last few years has seen this amount gradually creep up with the cost of medical facilities on the rise. Whilst some patients are less than this average, some patients cost significantly more. One patient in the last year cost in excess of \$80,000 and that was after the treating hospital discounted their costs by half and this also did not include the costs of medical specialists who donated their time on a pro bono basis. At some point in time we are likely to have one or more patients who will have a significant financial drain on our reserves. The need for greater Rotary Club support is quite apparent and I would urge all Clubs and Rotarians to consider us when it comes time to make donations.

This is my 4th and last report as Treasurer for ROMAC. I have enjoyed immensely the opportunity afforded to me to act in this position and I hope my small contribution has helped to improve the lives of those less fortunate than us. To my fellow Board and Committee members I thank you for the confidence shown in me, as well as your friendship.

Whilst my tenure as Treasurer has come to an end, I am sure my association with ROMAC will continue. I firmly believe that ROMAC is an invaluable humanitarian initiative that reflects positively on the wider Rotary organisation and indeed builds incredibly valuable goodwill between Australia, New Zealand and our Oceania neighbours.

Yours in ROMAC and Rotary service

*Bruce*

Bruce Robinson (Australia)

#### **New Zealand Financials** (please see separately)

**NB:** The compilation and Annual Audit of the 2017 Financial Statements for ROMAC, Rotary Oceania Medical Aid for Children Ltd and ROMAC Pty Ltd as Trustee for the Gift Fund, has been completed and is published on the ROMAC website for viewing. Please direct any enquiries to the Honorary Treasurer.



## Barry Wilson Operations Director

### ROMAC 2016/2017 Report

All children referred to ROMAC come under the ambit of the Operations Committee. From the initial request for assistance to the child's safe return home post-operatively, the logistics are compelling ... and time consuming. I'm delighted therefore, to report that a new recruit has joined the volunteer team as Operations Manager. Carol Bourne, with a strong professional background as a logistician, has enthusiastically and empathetically assumed responsibility for coordinating all patient movements within Australia (see her separate Report and Flow Chart).

Qualified referrals into New Zealand are coordinated by Lorraine Bartlett who retires this year and to whom ROMAC owes a significant debt of gratitude. Lorraine will be succeeded by Garth Halliday and Operations look forward to his contribution.

In 2016-17, we have coordinated movements of 36 ROMAC patients, but not with-out drama! A medical emergency saw Royal Darwin Hospital swing into action to save the life of a seriously ill ROMAC child. The monumental surgical efforts by Dr Josh Francis, in consultation with Dr Cindy Molloy in Adelaide, and the support of the Hospital's staff, was truly exceptional.

Sadly, we continue to experience some difficulty in securing hospital beds in Australia; we are however very appreciative of those who can support us. It is perhaps opportune here to point out, that no Australian or New Zealand child is ever disadvantaged by the admission of a ROMAC child.

Unhappily too, we've also experienced significant delays in locating and communicating with some families in remote island locations. 'Remote' can mean many hours of driving over almost impassable tracks, days of using unreliable and infrequent transport or simply walking/carrying for many arduous hours. And then we ask an anxious mother to entrust her seriously ill child to total strangers, in a far away country for treatment. That's where trust, faith, hope and love come in ...

Happily, our local ROMAC teams in Oceania, offer invaluable assistance with language and logistics. Happily too, we've worked for some time with partner organisations such as Interplast and we've also noted an increase by Outreach Surgical and allied programs, so less complex procedures can now be performed in the Islands. This means of course, that ROMAC is being asked to accept the more complex (and dare I say more costly?) cases.

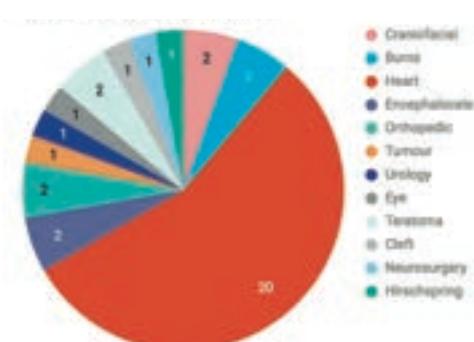
The integration of an entirely new database and management system (eROMAC) with embedded patient privacy and security, has streamlined Operations. It enables us to better serve our patients and their families and to communicate more readily with other key ROMAC people, our medical partners and supporters.

In Operations, the role of our honorary Medical Director is pivotal to our success. I'd like to express my sincere thanks to Dr Eric Horne for his unstinting dedication, professional advice, empathy and support. Thanks too, to Immigration Departments in Australia and New Zealand who regularly issue emergency Visas, often within hours of a request. Our thanks of course also go to ALL ROMAC helpers, at 'home' and in the Islands, who provide endless hours to support ROMAC - an entirely volunteer-run humanitarian organisation dedicated to giving seriously ill or disfigured little people, the opportunity to live a transformed life.

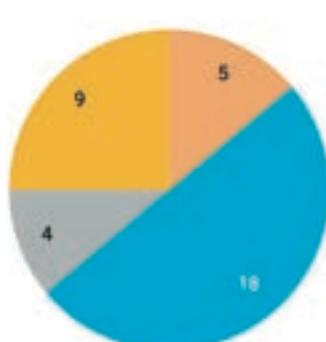
I genuinely believe that ROMAC epitomises all that is best about Rotary. Working together, we are achieving remarkable outcomes. Thanks for being part of the ROMAC success story.

*Barry*  
Barry Wilson

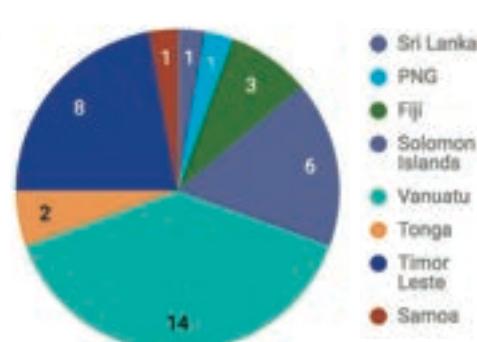
**Types of Surgery 2016-2017 for 36 cases**



**Regions 2016-2017 for 36 cases**



**Source Countries 2016-2017 for 36 cases**





## Carol Bourne Operations Manager

### ROMAC *New flow structure*

'Operations' is the engine room of ROMAC. It really has only one function - to facilitate the pathway for a child who needs life-saving or complex reconstruction surgery, not available in their country of origin. The tricky part is sorting out the jigsaw of information, with 'Operations' needing to overcome many challenges:

#### Problems

##### Operations Director:

- Get a referral?
- Some data missing
- Could child qualify?
- Failed to qualify
- Qualified for consideration

##### Operations Manager:

- Need a doctor & hospital
- Need ROMAC Board approval
- Need patient & parent Passports
- Discover name and ages wrong
- Request Visa for travellers
- Present Visa application
- Visa delay
- Medical screening delay
- Failed Medical Visa
- New Passport/medical
- New family member Visa
- Negotiate final arrival date
- Handle transfers at all airports
- Destination handover

#### Challenges/Solutions

Go to the electronic form on the ROMAC website that collects data, submits, confirms and generates a numbered provisional receipt  
Check electronic form in eHR and request missing data  
Operations and Medical directors confer in relation to ROMAC guidelines  
Referrer advised and if possible an alternate provider suggested  
Child is upgraded from Provisional to a ROMAC case

The search begins to find a doctor and hospital prepared to accept the child and provide surgery without disadvantaging any Australian or New Zealand child  
Need Acceptance letters from hospital/doctor, estimate of costs, timeline  
Often need to get Birth Certificates too, before Passport application possible  
From Passport, check and correct all data in eHR  
Prepare Letters of Offer to parents and Immigration letter for visa application  
Submitted in Island by local Rotarian or doctor, as the coordinator  
Local coordinator may lose contact if family live remotely  
Travellers need to pass medical and be negative to TB  
Parent may be TB positive, so new family member needed  
Significant time delay, while coordinators seek suitable adult carer to accompany child to Australia or New Zealand  
Submit new Immigration letters and Visa application  
We coordinate with doctor/hospital, flights and transfers  
ROMAC and Rotary volunteers needed to meet patients at every airport en route, to ensure comfort and safety before transferring to their next flight, regardless of time of day.  
Phew! Operations can now hand over to ROMAC's fantastic Regional Chairs for provision of TLC while child/carer are in OZ or NZ.

And of course, much of the above needs to be replicated in reverse, once the child is medically cleared to return home. It is with great pleasure that I present my inaugural ROMAC Report in the recently created role of Operations Manager. As a relatively new Rotarian but a highly experienced logistician, the opportunity to become an 'understudy' to the ROMAC Operations Director obviously appealed.

It has been a steep learning curve but we have worked co-operatively to share the load, re-define roles and processes and put in place a very sophisticated database to protect our patient's privacy and coordinate all their personal and medical data in our unique eHR (electronic Health Record).

This year, Auckland's Starship Hospital, identified and offered greater capacity for ROMAC's children and almost half of our cases were managed there by Dr John Stirling and his fellow professionals. We are indebted to them. I'd like to acknowledge also the fantastic support received from the ROMAC NZ team, ably led by Glenys Parton.

The Eastern seaboard Regions provided surgery to all our other patients (see their separate Reports) and again, the Operations Committee acknowledges the support of the Regional Chairs and their volunteer helpers. We hope our very enthusiastic Western Region will resume ROMAC admissions in 2018.

A good news story ... A seriously ill child, in a rapidly deteriorating condition, was scheduled for admission to the Women's and Children's Hospital, Adelaide, but was instead managed in Royal Darwin, in collaboration with Dr Cindy Molloy in Adelaide. Crisis averted ... and another precious young life saved by ROMAC and our marvellous medical teams. I'm proud to play a part.

In closing I'd like to mention the often unsung ROMAC heroes in the Islands. ROMAC coordinators and helpers include Mario and Judite (Timor-Leste); Professor John Vince and Craig Brouggy (PNG); PDG Wayne Morris and Titus Nasi (Solomon Islands); Janet Kalpukai (Vanuatu) and others who willingly step in, as needed. Your support of ROMAC Operations is much appreciated.

*Carol*

Carol Bourne

# ROMAC success stories - Our patients

## ROMAC Cases for Year 2016/2017

Name	DOB	Country	Region	Surgery	Status	Hospital	RC Sponsoring
Bradley	1996	Papua New Guinea	Southern	Neurosurgery	Completed	St Vincent's Private Melb	Nunawading
Charles	2014	Solomon Islands	Eastern	Hirschsprungs	Completed	The Canberra Hospital	Western Creek
Chriselda	2015	Timor-Leste	Southern	Heart	Completed	RCH Melbourne	Dandenong South East
Christella	2014	Vanuatu	Eastern	Burns	Completed	SCHN Westmead	Northwest Sunrise
Daian	2008	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Auckland Harbourside
Daniel	2015	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Remuera/Auck East Inner Wheel
Domencia	2015	Timor-Leste	Eastern	Teratoma	Completed	The Canberra Hospital	Gungahlin
Elrisha	2014	Solomon Islands	Northern	Heart	Completed	LCCH Brisbane	Stones Corner
Farel	2008	Timor-Leste	Northern	Neurosurgery	Completed	Royal Darwin	Brisbane Airport
Fathima	1999	Sri Lanka	Southern	Haemangioma	Current	St Vincent's Melbourne	Wyndham
Fidelcia	2016	Timor-Leste	Southern	Heart	Completed	RCH Melbourne	Doncaster
George	2010	Solomon Islands	Northern	Encephalocele	Completed	LCCH Brisbane	Brisbane Airport
Hensley	2016	Solomon Islands	Eastern	Teratoma	Completed	The Canberra Hospital	Canberra South
Jeff	2016	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Remuera
Junilla	2015	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Western Springs
Junior	2015	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Birkenhead
Junitalia	2014	Timor-Leste	Eastern	Heart	Completed	SCHN Randwick	Cronulla/Sydney
Ken	2003	Solomon Islands	Eastern	Heart	Completed	SCHN Randwick	Caringbah
Lina	2015	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Downtown Auckland
Lujio	2005	Timor-Leste	Eastern	Heart	Completed	SCHN Randwick	Parkes
Marcellyn	2015	Vanuatu	Northern	Eye and Cleft	Completed	Mater Private Springfield	Brisbane Airport
Maria	2003	Samoa	New Zealand	Heart	Completed	Starship Auckland	Devonport
Mark	2012	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Milford
Megan	2003	Tonga	New Zealand	Orthopaedic	Completed	Southern Cross Hamilton	Hamilton
Mohammed	1998	Fiji	New Zealand	Burns	Completed	Mercy Auckland	Manukan Oceania/New Lynn
Noa	2007	Fiji	Eastern	Urology	Completed	The Canberra Hospital	Jerrabomberra
Pamela-Rose	2013	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Takapuna North
Philip	2014	Solomon Islands	New Zealand	Encephalocele	Completed	Starship Auckland	Albany
Quendaline	2002	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	North Harbour
Royson	2013	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	Milford
Rui	2004	Timor-Leste	Eastern	Heart	Current	SCHN Randwick	Cronulla
Simara	2016	Fiji	New Zealand	Heart	Completed	Starship Auckland	Otahuhu
Teretoriano	2014	Timor-Leste	Southern	Tumour	Completed	Monash Melbourne	Clayton
Trevanz	2011	Vanuatu	New Zealand	Heart	Completed	Starship Auckland	New Lynn
Vaea	2015	Tonga	New Zealand	Cleft Lip/Palate	Completed	Auckland Surgical Centre	Papakura
Vinna	2012	Vanuatu	New Zealand	Orthopaedic	Current	Braemar Hospital Hamilton	Hamilton East

*'We warmly acknowledge the marvelous, on-going support of the Rotary Club of Sydney'*



## Glenys Parton

### *New Zealand Region Chair*

The New Zealand team have organised and facilitated the logistics, treatment, care and support of 18 ROMAC children in New Zealand during the 2016-17 Rotary year; twelve from Vanuatu, two from Tonga, two from Fiji and one each from Samoa and the Solomon Islands. Children were treated in Starship and Mercy Hospitals in Auckland, Auckland Surgical Centre and Southern Cross and Braemar Hospitals in Hamilton.

Treatments spanned orthopaedics, cardiac, encephalocele, dental and cleft lip and palate. At one stage, our dedicated volunteer ROMAC teams were managing five patients simultaneously. This obviously required meticulous attention to detail to ensure a smooth and supported path for our young patients and their carers. I commend the commitment this regional team show to the ROMAC cause.

Additionally, in support of patient care, the New Zealand region has successfully delivered two rounds of training programmes for Nurses in Vanuatu as part of ROMAC's ongoing commitment to increase local skill, under the terms of our Rotary Global Grants.

Training, delivered by a Paediatrician and Nurse Practitioner, was based on the first two modules of the WHO Health Pocket Book – 'Caring for Children in Hospital'. It was provided in both Port Vila and Santo in November 2016 and May 2017 with 18 and 36 attendees respectively, in total. Attending Nurses were equipped with Ambu-bags and masks to fit children (and adults) and given a copy of the WHO Handbook as a reference source.

It is a pleasure to be part of such a great volunteer regional team and I warmly acknowledge the enormous role played by NZ Rotary Clubs, especially those in D9910 and D9920 who host our ROMAC patients and their carers, and others who support us financially.

We are grateful to the professional medical staff at the supporting hospitals, particularly Starship, who go out of their way to assist ROMAC. Their skill and expertise transforms the life outcomes for the children we bring to them, for complex specialist care.

I roto I te mahi o nga tamariki

*Glenys*

Glenys Parton

**New Zealand Financial Report:** all enquiries to Geoff Pownall, Administrator, New Zealand



Trevanz



Royson



Pamela



Lina



Vinna



Simara



Megan and mother Koletti



Pamela and Graham McKinnon



Daian



Mark



Daniel



Junior



Daniel with Mum Presci and Peter Salmon, Rotarian



Royson



## **Gaynor Schols** *Southern Region Chair*

**S**outhern Region have welcomed and farewelled 5 children this year with more in the pipeline. Teretoriano, called Anton (2) from Timor-Leste arrived in Melbourne, accompanied by his grandmother Claudina. His mum could not accompany him as she had active TB. Anton was critically ill with a 3kg kidney tumour which was removed by a team of 5 surgeons at Monash Medical Centre. Unfortunately pathology identified an aggressive type of cancer so he had to undergo chemotherapy. Bill and Diane Sides, from the Rotary Club of Clayton, took on the full-time care of Anton while he underwent months of cancer treatment; they were simply marvellous.

On Anton's final visit to oncologist Dr Peter Downie, the report read 'Anton has now completed treatment and is well, fully recovered and back to normal'. This short and sweet report meant so much to all who were associated with Anton and grandmother, Claudina, over their 7 month stay in Melbourne.

Bradley (19) from Papua New Guinea was born with Crouzon Syndrome, characterized by early fusion of skull bones. Bradley was sponsored by ROMAC, for surgery in 1988, 2007 and 2014. He arrived, unaccompanied, for 2 final surgeries in September 2016 and was hosted by Teresa and Michael Cox in District 9810. Professor Heggie performed nose surgery in June 2016 at Epworth, Richmond.

Both the surgery and hospital were pro-bono. He then had eye surgery at St Vincent's Private on 15th July, done by Mr Lionel Kowal. This was also pro-bono. CT scans and MRIs were also free of charge, thanks to Bridge Road Imaging. Bradley was lucky enough to attend RYLA (he describes it as the best experience of his life) before returning home.



*Anton*

Chriselda (2) from East Timor, had a patent duct in the heart (PDA) requiring surgery. The surgery was done via a cardiac catheter at Royal Children's Hospital, Melbourne. Chriselda and her mother Belina were hosted by the Jones family who earlier lost a 4 year old child to cardiac disease and wanted to host in memory of their son. Tim and Liz Jones also generously donated \$15,000 to ROMAC. Chriselda and Belina were well supported by D9820 chair, Colin Byron and the Rotary Club of Dandenong SE before returning home to Dili.

Fidelcia, from East Timor, was the third patient for Graeme Chester and his team in District 9810. She also had a patent duct in the heart (PDA) but when she arrived with her mother Hernania in February 2017 she was found to have a severe chest infection. She was admitted to ICU at Royal Children's Hospital and required intensive treatment until her surgery on 14 March. Fidelcia and Hernania were cared for by Liz Olie of the Rotary Club of Doncaster. By the end of March she was well enough for an outing to Healesville Sanctuary and on her 1st birthday, hosts Liz Olie and Dianne and Gavan McIntyre, plus District Chairman Graeme Chester, farewelled a happy and healthy Fidelcia and Hernania at Melbourne Airport.



*Rifadha*

Fathima, called Rifadha (now 17) was born in Sri Lanka with a large vascular malformation (growth) on her face. Professor Tony Penington operated on her in 2002 and she arrived back in Melbourne, with her father Mohamed, on 2 May 2017 for follow up surgery. They are being cared for by relatives in Melbourne under the supervision of Rotarian Alan Samuel and the Rotary Club of Wyndham.

Surgery took a full day at St Vincent's Public Hospital where all treatment was provided pro bono. Rifadha progressed well and was discharged after 2 days but she will require further surgery.

I would like to say a very fond farewell to all the wonderful ROMAC volunteers I have worked with since 2008 - first in District 9810 and then as ROMAC Southern Region Chair for the last 3 years. My special thanks to Graeme Chester (D9810), Jim Prokhovnik (D9800), Lesley Shedd (D9780), Colin Byron (D9820), Katherine Baverstock (D9790) and Jill Sward (D9830), my great team of ROMAC District chairs.

My allowed time in this position is over and I will be very sad to hand over to Jim Prokhovnik in September but I wish him all success in the role.

***Gaynor***

Gaynor Schols



## John Lee

### *Northern Region Chair*

This year saw an increase in the number of cases at Lady Cilento Children's Hospital, as the new hospital and staff came further on stream. Darwin Hospital was used for the first time by a ROMAC patient when a child was too ill to travel on to Adelaide for treatment.

With Brisbane both a destination and transfer point for children travelling to Sydney, Canberra, Melbourne and Auckland, Northern Region provides airport greet, meet and transfer, specifically to and from International and domestic terminals. These ROMAC volunteers manage to solve a variety of challenges that children and parents, unused to international travel, can face.

Sadly, ROMAC is not always able to help all referred children. Marcellyn (aged 4) from Vanuatu travelled to the Gold Coast for corneal transplant surgery. George (aged 7) from the Solomon Islands presented with Encephalocele. Elrisal Rose came to Brisbane's Lady Cilento Hospital in June 2017 for urgent heart surgery. Despite extensive and intensive examinations and consultation with international experts, our surgeons concluded that in all cases, surgical intervention was not advisable and unfortunately, the children and their mothers had to return home.

Where possible, we try to arrange host families from the child's island group so that mothers and children have a cultural link. This year, communities from Timor-Leste, the Solomons and PNG have been of great assistance to ROMAC Northern Region.

The support of surgeons, anaesthetists, hospital management and nursing staff has been wonderful with many people going out of their way to assist ROMAC children and their parents. Our honorary Medical Consultant in Brisbane, Dr Rob Justo coordinates this diverse group of medical practitioners; thanks everyone.

The raising of funds to meet travel, medical and associated costs is crucial to the ongoing work of ROMAC and Northern Region commits to this through the now Annual ROMAC Trivia Night on the Sunshine Coast, the Cycling fund-raisers on the Gold Coast and the splendid Emerald 505 Bike Ride 2017.

*John*  
John Lee



## Alun Hughes

### *Central Region Chair*

With no patients this year, it's been pretty quiet in Central but, that didn't stop local enthusiasts from supporting our very successful 'Wear Red for ROMAC' fundraiser. Special thanks to all concerned but particularly Graham and Mary Purbrock (RC of Salisbury D9500) for their sterling efforts, personal donations and home-hosting of former ROMAC children and their carers. I'm sure the District will get behind Incoming Chair, Brett Dalton and, as I sign off, I wish him and of course ROMAC, all the best for the future.

*Alun*  
Alun Hughes

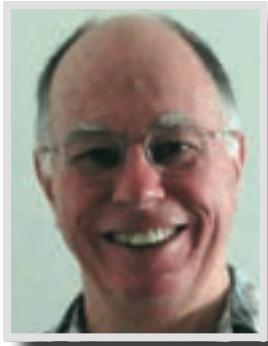


## Robyn Jones

### *Western Region Chair*

Unfortunately, it's all quiet on the Western front as the new Children's Hospital has been unable to accommodate ROMAC patients. There has also been a commensurate downturn in fundraising and interest in general. Hopefully, as I retire and hand over to Incoming Chair, Susan Bruse, this disappointing situation will be rectified and ROMAC in the West will once again, assume a leading role (we have a proud track record) in this wonderful organisation.

*Robyn*  
Robyn Jones



## Richard Woodburn

### *Eastern Region Chair*

It has been another busy year for Eastern Region with nine children under our care. I am very appreciative of the dedicated team of District Chairs in Lyn Thorpe D9670, Maria Moran D9675, Philip Smith D9685, Ken Engsmyr D9700 and Sandra Mahlberg D9710. We are particularly pleased also, to welcome Dr Dan Sachdev as Regional Medical Advisor.

I would like to express my sincere thanks to my predecessor, Ron Delezio for his significant contribution and to farewell longstanding D9685 Chair, Philip Smith who, for seven years, co-ordinated the treatment of many children, especially those admitted to the Children's Hospital at Westmead. Congratulations Philip, on a job well done.

Noa from Fiji, Charles and Hensley from the Solomon Islands and Domencia from Timor-Leste all received expert attention at The Canberra Hospital through the remarkable work of surgeon, Professor David Croaker.

Four children, Junitalia, Lujio and Rui from Timor-Leste and Ken, from the Solomon Islands underwent cardiac surgery at The Sydney Children's Hospital, Randwick under the expert care of surgeons Peter Grant and Ian Nicholson, cardiologist Jon Forsey and clinical nurse consultant Catherine Reilly and their fantastic teams. It is truly amazing to see these children sometimes arrive blue and limp and watch them return home, post-operatively, so full of life and energy.

Christella (2) from Fiji was an emergency burns case, treated at The Children's Hospital Westmead by Dr John Harvey and his team. John's expertise in advising medical staff in Fiji on appropriate initial care, and then his follow-up treatment on her arrival in Sydney, contributed significantly to a very successful outcome.



*Rui and his Rotary Hat*



*Charles post-op*

A highlight of the year was the offer from the Rotary Club of Parkes D9700, to host Lujio and his mother Josephina, between post-surgery consultations. Their visit coincided with the Annual Parkes Elvis Festival which they thoroughly enjoyed, as well as a farm-stay complete with yabbying – Aussie country hospitality at its best!

With an average length of stay for our young patients this year at 68 days, our ROMAC volunteer carer teams, all performed way above and beyond the call of duty with daily visits to hospitals and in some cases, also home-hosting.

Our appreciation is extended to Robert and Pam Chilman, Ash and Leane Pagett, Ray and Maria Moran, Robyn and Ray Pearson, Jo and Greg Healy, Liane Corbett, Nick and Sue Xouris, Guia and Scott Findlay and Liz and Hans Rupp for their magnificent support of ROMAC children. They truly represent 'Service Above Self'. Thank you all.

Our thanks extend also to the staff and volunteers at Ronald McDonald Houses at Randwick and Westmead, where several ROMAC children stayed

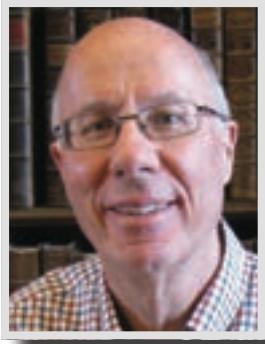
whilst recovering from their surgery. The ideal locations made for easier access to the hospitals for crucial, often daily, follow-up treatment, especially physiotherapy. Our ROMAC volunteers of course, were there to provide support and transport services.

What would we do without them?

**Richard**  
Richard Woodburn



*Christella post-op thumbs-up*



## Chris Joscelyne

### *Marketing Report*

Following the recruitment of two highly experienced volunteers, Ann Burleigh and Maggie Alexander, the Marketing Committee has made several enhancements to our ROMAC communications and public image activities. As professional writers and communications practitioners, Ann and Maggie are contributing their skills to strengthen ROMAC awareness.

Social media has become an important part of our communications campaign, with Facebook used to reach and inform our supporters. Our first Facebook boosted audience campaign in December 2016, reached 23,941 people. Our challenge now is to encourage more Rotarians and their families to 'Like' and 'Follow' our official Facebook pages.

Updated advertising signage featuring ROMAC patient Rexly, have been produced and distributed and fourteen large format photographs, each of a different ROMAC child, plus new pull-up floor banners, make eye-catching displays for Conferences. We're looking forward to extending distribution via our District Chairs. Simply ASK if your Club hasn't yet received any of these promotional tools.

Promotional videos have also been produced (thanks to Sydney Classic Productions) and these videos are available for clubs, via your ROMAC Regional Chairs. Concurrently, PowerPoint presentations have been updated so they reflect a warmer and more positive message. \*Invite a ROMAC Speaker to your Club or District Conference and see for yourself.

The ROMAC booth at the Atlanta Convention was well located and presented with assistance from ROMAC Board members and volunteers from Australia, New Zealand and the USA. It's great to share the ROMAC story but when it doesn't translate into donations, questions need to be asked regarding continuation of this quite costly exercise.

As ROMAC enters our 30th Anniversary year, watch out for our 'ROMAC Friends' initiative and 'Wear Red for ROMAC' celebratory events including an Official Dinner at NSW Parliament House with RI President Ian Riseley as our special guest.

Ann and Maggie join me in thanking Rotarians and others who have supported ROMAC's marketing and communications activities this year.

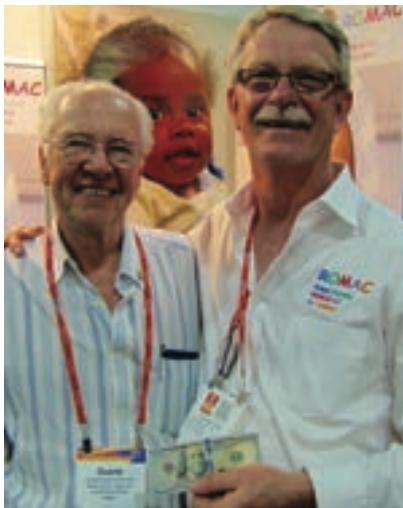
*Chris*

Chris Joscelyne

Farel recovering in Royal Darwin Hospital.



# Some memorable **ROMAC** moments



Dr Fernandes hands Chair Rob Wilkinson \$100 to become Brazil's first ROMAC Friend.



ROMAC Southern Chair Gaynor Schols and Operations Director Barry Wilson discussing the new ROMAC Friends with Rotary Conference delegates in Atlanta.



PDG Stephen Humphreys with ROMAC Operations Director Barry Wilson in Atlanta.

## *A Very Special Invitation* ...for a VIP (that's you!)

Please join us to help celebrate  
ROMAC's 30th Anniversary.

**Enjoy Dinner at NSW Parliament House on Friday 16 March 2018,  
with RI President, Ian Riseley as our Special Guest.**

More info closer to the date but –  
PLEASE PUT IT IN YOUR FORWARD PLANNER NOW!

*We'll look forward to seeing you.*

## How **ROMAC** supports our supporters



# Who's Who at ROMAC

## 2016-2017 ROMAC BOARD AND OPERATIONS COMMITTEE

	<b>Member's Rotary Club</b>	
<b>CHAIRMAN</b> Rob Wilkinson	chair@romac.org.au	North Ryde
<b>DEPUTY CHAIRMAN</b> Brian Eddy	deputychair@romac.org.au	Rossmoyne
<b>SECRETARY</b> Peter Maitland JP	secretary@romac.org.au	Kiama
<b>TREASURER</b> Bruce Robinson	treasurer@romac.org.au	Norwest Sunrise (Bella Vista)
<b>OPERATIONS DIRECTOR</b> Barry Wilson	operations@romac.org.au	Kiama
<b>MEDICAL DIRECTOR</b> Dr Eric Horne	medical@romac.org.au	New Lynn (NZ)
<b>OPERATIONS MANAGER</b> Carol Bourne	opsmanager@romac.org.au	Belvoir-Wodonga
<b>OPERATIONS CONSULTANT</b> Bryan Mason OAM	opsconsultant@romac.org.au	Caloundra Pacific
<b>REGIONAL CHAIRS</b>		
New Zealand: Glenys Parton	newzealand@romac.org.au	Tauranga Sunrise
Northern: John Lee	northern@romac.org.au	Brisbane Airport
Southern: Gaynor Schols	southern@romac.org.au	Torquay
Eastern: Richard Woodburn	eastern@romac.org.au	Randwick
Western: Robyn Jones	western@romac.org.au	Canning Bridge
Central: Alun Hughes	central@romac.org.au	Elizabeth
<b>MARKETING</b> Chris Joscelyne	marketing@romac.org.au	Rotary eClub One
<b>COMMUNICATIONS ADVISOR AND EDITOR</b> Ann Burleigh	communications@romac.org.au	Rotary eClub One
<b>COMMUNICATIONS COORDINATOR</b> Maggie Alexander	editor@romac.org.au	North Ryde

# Some beautiful ROMAC children



Vinna



Maria



Noa



Pamela



Junitalia at Dili home post-op



Lujo



Domencia



## DONATION FORM

*With warmest thanks from* ROMAC

I'm proud to support #ROMAC an official program of the Rotary Clubs of Australia and New Zealand

Donations of \$2.00 or more are tax deductible. Donate safely at [www.romac.org.au](http://www.romac.org.au) OR [www.romac.org.nz](http://www.romac.org.nz)

Enclose a cheque for \$..... and **post to ROMAC** at either address below:

PO Box 779, Parramatta NSW 2124 Australia **OR** PO Box 5179, Wellesley Street, Auckland 1141 New Zealand

**Please debit my:**  Visa  MasterCard for a  one off **or**  a monthly payment of \$..... which I can cancel at any time.

Card number: ..... Exp Date: .....

Card Holder Name (please print): .....

Address: ..... Postcode: .....

Signature: ..... Code: Annual Report 2016-17

# ROMAC

*Transforming*

Caring

# Health

## Happiness

Sharing

Humanity

# Loving

## Compassion

# Giving

## Life-saving

# Hoping

## Trusting

*ROTARY at its best*

**Rotary**  
Districts  
of Oceania



**ROMAC**  
Rotary Oceania  
Medical Aid  
for Children

**AUSTRALIA**  
[www.romac.org.au](http://www.romac.org.au)

**NEW ZEALAND**  
[www.romac.org.nz](http://www.romac.org.nz)