Medical Sailing Ministries (MSM) provides remote-access transport and logistical support using the 53 foot Australian registered steel yacht Chimere to dental, optical and general medical teams amongst the islands of Vanuatu.

www.msm.org.au
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Six months of frenetic preparation and planning preceded Chimere’s departure from Westernport on 2 June 2013.
(Top left - Co-owners Rob Latimer & Barry Crouch express their relief at finally getting Chimere back in the water, loaded and ready to depart. Linda Latimer helps stock Chimere with food for 5 months and we really didn’t think it was all going to fit aboard !!)
Introduction to MSM

Medical Sailing Ministries (MSM) began in 2008 with a vision to provide medical transport to remote and isolated islands and villages in Vanuatu.

MSM operates as an outreach mission of the North Ringwood Uniting Church (Vic, Australia) in conjunction with Uniting World and currently uses a 53 foot steel yacht Chimere, on loan from joint owners Robert Latimer and Barry Crouch.

Medical teams from the Vanuatu Prevention of Blindness Project, (part or the Presbyterian Church of Vanuatu Health Department, ie PCV Health) were taken to 24 different islands throughout 2009 and 2010 with around 30 volunteer sailors assisting over that time.

After assisting PCV Health with the establishment of a Dental Care Service throughout 2011 and 2012, MSM again returned to Vanuatu in 2013 to provide remote-access transport, following a major re-fit of Chimere.

2013 Mission Overview

In 2013 MSM assisted both the Vanuatu Dental Care Service and the Vanuatu Prevention of Blindness Project (VPBP) in reaching some of the most remote regions of the Vanuatu island chain. Both of these programs fall under the Health Department of the Presbyterian Church of Vanuatu (PCV Health) which operates in partnership with the Australian Uniting Church under a Memorandum of Understanding (MOU) with the Health Dept of Vanuatu.

The work of Medical Sailing Ministries (MSM) in 2013 was funded from a range of sources including:

- Boat owners Robert Latimer and Barry Crouch
- Individual and corporate donations
- Contributions from volunteer sailing and medical team members
- Contributions from Uniting World (the overseas aid arm of The Uniting Church in Australia)

The 2013 mission was divided into 5 stages between June and October as shown below:

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Delivery Voyage</th>
<th>June</th>
<th>Melbourne to Vanuatu via Sydney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>Medical Mission 1</td>
<td>July</td>
<td>Central Region (Shefa Province)</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Medical Mission 2</td>
<td>August</td>
<td>Central Region (Malampa Province)</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Medical Mission 3</td>
<td>September</td>
<td>Northern Regions (Torba Province)</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Return Voyage</td>
<td>October</td>
<td>Vanuatu to Melbourne via Sydney</td>
</tr>
</tbody>
</table>

SAILING TEAMS

Each sailing team remained aboard for approx. 30 days and consisted of the following volunteers:

- Captain
- 1st Mate
- Coxwain
- Deckhand/Cook
- Cook/Deckhand

MEDICAL TEAMS

Each medical team remained aboard for approx. 14 days and consisted of the following members:

- Ni-van (local) Dental Care Practitioner
- Ni-van (local) Eye Care Practitioner
- Doctor
- Dentist
- Optometrist
- Nurse

Note: The above medical missions were conducted in addition to those ordinarily conduct each each year by PCV Health and The Vanuatu Prevention of Blindness Project using inter-island planes, 4wds and local boats.
In order to increase the effectiveness of the mission in 2013, all medical and sailing team members were accommodated aboard Chimere. This generally totaled 11 people for the 14 days of each medical mission.

MSM visited islands and villages according to a schedule provided by PCV Health, in accordance with their goal of reaching each island every 3—5 years.

The map below shows the approximate location of each MSM Medical Mission in 2013:
Summary of Each Stage

A summary of each stage, along with details of each sailing and medical team, are shown below. In brief, there were a total of 5 stages involving the participation of 36 volunteers - 25 sailors and 12* medical.

Local Ni-van Dentalcare and Eyecare workers also formed part of each medical team, with Govt. Health workers in each region also invited to participate wherever possible.

* Dr Tony Richards is double counted in these figures as a sailing volunteer as well as a medical volunteer

Stage 1  JUNE, Delivery Voyage (Melbourne to Vanuatu via Sydney)

Sailing Team
Robert Latimer (skipper)  Bob Brenac (skipper)  Jon Coclough  Ramon Rees
Tony Richards  John Land  Don Grimmett  Gary Jago


The delivery voyage began on 2 June, after months of preparation and re-fitting. The first leg involved a 3-4 day sail, with favourable winds, from Westernport (Hastings) to Rushcutters Bay Sydney where we were hosted by the Cruising Yacht Club of Australia (CYCA) for 7 days. The second leg involved a very fast 10 day sail from Sydney to Pt Vila travelling south of new Caledonia and arriving on Sunday 23 June.

The delivery voyage was achieved in two legs – Westernport to Sydney, then Sydney to Pt Vila

Delivery crew on the Sydney to Pt Vila leg arrive in less than 10 days.
L-R Jon Colclough, Gary Jago, John Land, Tony Richards & skipper Bob Brenac
A week prior to the arrival of the first medical team, the new sailing team arrived to prepare Chimere for the mission ahead. During this time a request was made through Richard Tatwin on behalf of PCV Health to travel north to the island of Tongoa and rescue a surgical team.

The eye surgical team, comprising Dr Johnson Kasso, Annie Bong, Helen Karie, Basil Aitip, Lui Daniel and Colwin Dingley, had been on Tongoa for a week and was due back the previous Thursday (June 27) but inter-island flights were not operating (due to the wet air strip); a situation that was likely to continue for at least another week and possibly two to three weeks.

After reviewing their schedule, the MSM team promptly agreed to assist and departed on the afternoon of the next day, Sunday June 30, travelling through the night to arrive at Tongoa in the morning of Monday July 1. The eye surgical team of six, plus a considerable amount of equipment, was then loaded aboard Chimere, returning to Havannah Harbour the same day around 4:30pm where a truck was obtained to transport everyone back to Pt Vila.

Chimere remained in Havannah Harbor (Gideon’s Landing) until Friday 5 July at which time the medical team arrived and immediately came aboard in preparation for an early start the next morning.
Saturday 6 July was an early start with Chimere travelling the short distance north where an anchorage was found between the islands of Nguna and Pele. Clinics were conducted on both of these islands over the next few days, with Thursday 11 July seeing a move across to the island of Emao. Clinics were conducted at Emao and then on Saturday 13 July we travelled north to Mataso and Makira where an attempt was made to find anchorages, however, the strong SE winds and high seas made it impossible.

It was instead decided to anchor on the west coast of Emae, with clinics conducted on this island over the next few days. The continuing strong winds and rough seas also prevented us from running clinics on the nearby island of Tongariki.

Chimere returned to Pt Vila, from Emae, starting at 5:30am on Thursday 18 July. The wind remained strong at around 25-30kts from the ESE and seas from 2-4 metres. (Strong enough for the inter-island ferry Big Sista to have suspended operations and for inter-island flights in the region to have been cancelled)

The mission was very successful, (despite the poor weather) being the first time so many people had been accommodated aboard. It was also the first time that we had provided dental care as part of the clinics, with new processes developed to enable its efficient set-up and operation.

Right, The return sail from Emao to Pt Vila was always going to be a bumpy ride, given local fights and the inter-island ferry Big Sista services had been suspended due to the high wind and big high seas
Stage 3 AUGUST, Medical Mission 2, Malampa Province (Akham and Malekula islands)

Sailing Team
Andrew Latimer (skipper)  Martin Purcell  Denis Flores  Rhod Cook
David Mears

Medical Team
Morinda Toara (Dental Care Worker)  Helen Karie  (Eyecare Worker)
Dr Garry Hibble (Dentist)  Dr Helena Gawlinska (Doctor)
Megan Zabell (Optom)  Isabel Purcell

Ships Log, Mission 2

The new sailing team arrived on Friday 26 July, with the old team flying back to Australia on Sunday 27 July. The medical team for Mission 2 then arrived on Friday 2 August.

Due to the flight delay and late arrival of dentist Garry Hibble, Chimere didn’t get away from Pt Vila until 2:00am the next morning. To sail north to the island of Akham, on the southern coast of Malekula, was completed by 4:15 in the afternoon. Clinics were then conducted at Akham and up the west coast of Malekula over the next 10 days.

The mission concluded at the Beachfront Resort in Luganville where the medical team flew home and three of the sailing team stayed on till the arrival of the sailing team for mission 3.

Medical Mission 2 set sail from Pt Vila at 2:00am on Saturday 3 August, with clinics conducted first at Akham Is, then all up the west coast of Malekula, concluding in Luganville Santo.

Above - Dentist Garry Hibble did an amazing job relieving pain, through the extraction of teeth

Right – Life aboard became particularly busy around dinner time with 11 people onboard

Above, The team arrives for another day in the clinic
Optom. Megan with another happy customer

Dave and Denis grab a break between duties

Skipper Andrew keeps a watchful eye.

The wind and sea increase as Chimere rides at a not-so comfortable anchorage

The team together at the airport. l-r, Denis, Martin, Helena, Megan, Rhod, Isabel, Dave, and back row, Andrew & Garry

Helen and Morinda share a laugh before the start of a busy day

Denis brings his cooking skills into play for the benefit of all

Carrying the gear ashore for the setting up of a new medical clinic
**Stage 4  SEPTEMBER, Medical Mission 3, Torba Province** (Merelava, Merig, Gaua, Vanualava, Mota Lava, Ureparapara, Loh, Hui, Toga islands)

**Sailing Team**  
Robert Latimer (skipper)  Matt Bryant  David Todeschini  Cathy West

**Medical Team**  
Bob Natuman (Dental Care Worker)  Gibson Aru (Eyecare Worker)  
Dr Barry Stewart (Dentist)  Dr Graeme Duke (Doctor)  
Dr Doug Utley (Doctor)  Nancy Chang (Optom)  
Ruth Wilkinson (Nurse)


This mission was to see co-owner of Chimere, Barry Crouch, join the crew, however, due to significant work commitments he was not able to participate. However, Barry did arrange for his brother-in-law, David Todechini to come which ensured the sailing team maintained its strength.

The medical team arrived at Luganville in the evening of Friday 30 August and shortly after we headed off through the night to the island of Mere Lava where we arrived at 12:30pm the next day (1 Sept) and obtained indifferent anchorage off Tasmat Village.

Clinics were conducted on Mere lava and over the next 14 days we travelled north through the Banks and Torres groups of islands where clinics were conducted on the islands of Merig, Gaua (Losolava & Tolap) Vanua Lava (Vurius Bay & Sola), Mota Lava, Ureparapara, Loh, Hui and Toga.

At Vurias Bay (Vanua Lava) we travelled up the coast by dinghy to the village of Vatrata to collect a young boy, Adison and his father. Adison had travelled to Australia several years before for facial surgery and it was important for the doctor, Graeme Duke, to assess his progress.

From the island of Loh we travelled overnight to northernmost island of Hui, taking local health worker Zebulon, where a clinic was conducted. We then travelled south to Toga where clinics were conducted at both the north and south of the islands.

The medical team and some of the sailing team flew out of Loh on Monday 16 September, with Sally and David Spencer flying in to assist with the sail back to Pt Vila and home to Australia.

Mission 3 sailing and medical teams at the conclusion of their tour – Loh Is:

Ir Gibson, Ruth, Matt, Doug, Dave, Graeme, Rob, Nancy, Cathy, Barry and Bob.
Dental Care worker Bob is being taught by dentist Barry on the left, supported by crewmember Dave on suction.

Dental Care worker Bob gives another oral health presentation.

Landing on the small island of Merig. (pop. 22), was a particular highlight, although it did require some nifty dinghy work!

Eye Care worker Gibson screens the village school children for eye problems.

Giving new meaning to the term “community medicine” here we see Barry Stewart attending to teeth, while Nancy does eye check-ups in the background.

Dentist Barry Stewart treats a young patient who was reluctant to sit in the “chair.”

Doctor Graeme Duke does a check-up on young Adison who had travelled to Australia several years ago for facial-cranial surgery, but is now back in his remote village.
The 360 mile sail south to Pt Vila began on Monday 16 Sept, following the departure of the medical team, and involved a short stopover at Loganville on Wednesday 18 Sept (to drop Bob and Gibson off) and overnight stops at Lolowai (Ambae), Asanvari (Maewo), Nopul (Ambrym) and Sandwich Bay (Malekula). Arrived in Pt Vila early morning on Wednesday 25 September, where Chimere remained at the seawall (Waterfront) until departure back to Australia.

The return voyage to Australia began on Tuesday 8 October, with skipper Bob Brenac arriving a few days earlier along with additional crew Carl and Cam. They cleared customs in Coffs Harbour on Thursday 17 October after generally favourable conditions. (except for gale force winds on last day)

Cam and Carl needed to leave the boat here so Robert flew to Coffs Harbour to assist with the return voyage to Sydney. Chimere then arrived in Sydney in the early morning of Monday 21 October and berthed at Cruising Yacht Club of Aust (CYCA) for about 8 hours- enough time for new crew to arrive.

Departed in the afternoon of Monday 21 Oct and arrived at Westernport Marina 7-8 days later in the morning of Tuesday 29 Oct after sheltering in Eden from a Bass Strait storm for 2 days (where gusts of 77 kts from the SW were recorded at Wilson’s Prom).

The conclusion of Mission 3 at the northern island of Loh required Chimere to then be sailed 360 mile south to Pt Vila.

Ah, the familiar Sydney skyline ... a welcome sight after many days at sea
The return voyage took the northern route around the top of New Caledonia and from there to Westernport via Coffs Harbour and Sydney.

The Sydney to Westernport leg took 7-8 days on account of needing to shelter from gales in Bass Strait.

Left – Rob, John, Tony and David take a photo during a rare quiet time on deck - then after finally tying up at the Westernport marina.

Right – Rounding Wilson’s Prom and predictably lumpy conditions in Bass Strait.

Above – The “Return Voyage” crew just before stepping aboard for the sail home to Australia.
Medical Clinic Statistics 2013

A summary of the total number of patients seen and treatments provided for the three missions is shown in the table below.

**General Statistics**

<table>
<thead>
<tr>
<th>Date</th>
<th>Province / Location</th>
<th>Number of Islands/ Number of Villages</th>
<th>Estimate of attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Shefa / Shepherds</td>
<td>4 / 10</td>
<td>242</td>
</tr>
<tr>
<td>August</td>
<td>Melampa / Malakula</td>
<td>2 / 9</td>
<td>753</td>
</tr>
<tr>
<td>September</td>
<td>Torba / Banks &amp; Torros</td>
<td>9 / 14</td>
<td>535</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>15/33</strong></td>
<td><strong>1530</strong></td>
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</tbody>
</table>

**Dental Care Statistics**

<table>
<thead>
<tr>
<th>Date</th>
<th>Province / Location</th>
<th>Dental Exam / Screening</th>
<th>Dental Treatment</th>
<th>No of Fillings (inc ART)</th>
<th>No of Extractions</th>
<th>Dental Referral</th>
<th>Dental Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Shefa / Shepherds</td>
<td>123</td>
<td>101</td>
<td>28</td>
<td>42</td>
<td>22</td>
<td>5 / 75</td>
</tr>
<tr>
<td>August</td>
<td>Melampa / Malakula</td>
<td>427</td>
<td>223</td>
<td>0</td>
<td>423</td>
<td>0</td>
<td>4 / 189</td>
</tr>
<tr>
<td>September</td>
<td>Torba / Banks &amp; Torros</td>
<td>182</td>
<td>182</td>
<td>25</td>
<td>114</td>
<td>0</td>
<td>6 / 350</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>732</strong></td>
<td><strong>506</strong></td>
<td><strong>53</strong></td>
<td><strong>579</strong></td>
<td><strong>22</strong></td>
<td><strong>16 / 614</strong></td>
</tr>
</tbody>
</table>

**Eye Care Statistics**

<table>
<thead>
<tr>
<th>Date</th>
<th>Province / Location</th>
<th>Eye Care Screening</th>
<th>Mag Glasses Provided</th>
<th>Sun Glasses Provided</th>
<th>Eye Care Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Shefa / Shepherds</td>
<td>106</td>
<td>24</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>August</td>
<td>Melampa / Malakula</td>
<td>307</td>
<td>146</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>Torba / Banks &amp; Torros</td>
<td>401</td>
<td>235</td>
<td>111</td>
<td>20</td>
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<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>814</strong></td>
<td><strong>405</strong></td>
<td><strong>144</strong></td>
<td><strong>20</strong></td>
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</table>

**Medical Statistics**

<table>
<thead>
<tr>
<th>Date</th>
<th>Province / Location</th>
<th>Medical Screening</th>
<th>Medical Treatment</th>
<th>Medical Referral</th>
<th>Medical Education</th>
<th>Mud Brick Stove Demos</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Shefa / Shepherds</td>
<td>90</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8 / 155</td>
</tr>
<tr>
<td>August</td>
<td>Melampa / Malakula</td>
<td>753</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>September</td>
<td>Torba / Banks &amp; Torros</td>
<td>381</td>
<td>140</td>
<td>15</td>
<td>202</td>
<td>5 / 150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1224</strong></td>
<td><strong>140</strong></td>
<td><strong>15</strong></td>
<td><strong>202</strong></td>
<td><strong>13 / 305</strong></td>
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</table>
MSM 2013 Financial Summary - Income and Expenditure

A summary of the expenses and income for the MSM mission in 2013 – both budgeted and actual, is shown below:

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2013 Budget</th>
<th>2013 Actual (excluding Flights)</th>
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</thead>
<tbody>
<tr>
<td>Medical Team &amp; Crew Donations</td>
<td>$18,600.00</td>
<td></td>
</tr>
<tr>
<td>Medical Team, Support &amp; Boat Crew Voluntary Donations, plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilising World Funding Request for 2013</td>
<td>$15,100.00</td>
<td>33,700.00</td>
</tr>
<tr>
<td>Dental Care Program Support (2 x $500 for 2 Missions) plus other costs (Transfer from Dental Care Budget)</td>
<td>$3,000.00</td>
<td>3,000.00</td>
</tr>
<tr>
<td>Donations, fundraising, sponsorships (via MSM)</td>
<td>$4,050.00</td>
<td>2,353.10</td>
</tr>
<tr>
<td>Income from Sale of Glasses (on Mission) - (?) - Note 1 1,241.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from Sale of Sun Glasses (Post Mission) - (?) - Note 1</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$40,750.00</strong></td>
<td><strong>$40,294.32</strong></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2013 Budget</th>
<th>2013 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuels (Diesel, Petrol, Gas)</td>
<td>$6,000.00</td>
<td>$5,919</td>
</tr>
<tr>
<td>Food/Provisions (4.5 months for crew, plus medical teams when aboard)</td>
<td>$9,000.00</td>
<td>$8,707</td>
</tr>
<tr>
<td>Equipment/hiring/insurance ( Dinghy, Life R, EPIRB, ClubMarine)</td>
<td>$1,500.00</td>
<td>$2,546</td>
</tr>
<tr>
<td>Customs/mooring (Arrival, P&amp;V, Return (Australia))</td>
<td>$1,000.00</td>
<td>$946</td>
</tr>
<tr>
<td>Communications (Satmail, local phone, satphone)</td>
<td>$4,000.00</td>
<td>$1,625</td>
</tr>
<tr>
<td>Other (Crew shirts, Personal GPS locators)</td>
<td>$700.00</td>
<td>$1,576</td>
</tr>
<tr>
<td>Website, Internet &amp; Support</td>
<td>$300.00</td>
<td>$566</td>
</tr>
<tr>
<td>Team accommodation and transport ashore where required</td>
<td>$1,250.00</td>
<td>$1,607</td>
</tr>
<tr>
<td>Medical kits</td>
<td>$250.00</td>
<td>$0</td>
</tr>
<tr>
<td>Personal gps locators</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>VHF handheld units (Radios), Charts, Cruising Guides</td>
<td>$500.00</td>
<td>$1,125</td>
</tr>
<tr>
<td>Contingencies</td>
<td>$1,500.00</td>
<td>$730</td>
</tr>
<tr>
<td>Purchase of Glasses / Sun Glasses (Note 1)</td>
<td>$5,000.00</td>
<td>$3,695</td>
</tr>
<tr>
<td><strong>Total Mission (Non Boat Related expenses)</strong></td>
<td><strong>$31,750.00</strong></td>
<td><strong>$26,353.37</strong></td>
</tr>
<tr>
<td>Boat Related Repairs and Maintenance Expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation (Survey, hull, equipment &amp; rig), wiring, 240v generator, inverter, lifting bag/slings, tarps)</td>
<td></td>
<td>$514</td>
</tr>
<tr>
<td>Maintenance/Repairs (During mission, engine, sails, other)</td>
<td>$3,000.00</td>
<td>$2,301</td>
</tr>
<tr>
<td>Post mission, slippering, engine, anti-fouling &amp;c. (Return to Owners Clean)</td>
<td>$6,000.00</td>
<td>$7,600.00</td>
</tr>
<tr>
<td>Usage depreciation</td>
<td>$0.00</td>
<td></td>
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<tr>
<td><strong>Total Boat Related Expenses</strong></td>
<td></td>
<td><strong>$9,814.30</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$40,750.00</strong></td>
<td><strong>$36,167.67</strong></td>
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| SURPLUS | Excess of Income over Expenditure | $4,126.63 |

Note 1: Inventory of 1198 pairs of Ready Made glasses for future missions remain. Value = $1,317
Mission Observations & Comments

by Morinda Toara  (Dentalcare Worker)

Sailing Experience

I had this feeling of excitement when I volunteered to go on our first mission to the Shepherds group.

I have never been on a sailing boat before so I was really looking forward to the trip.

During the first five days things went well until we set off for Emau Island. The sea was quite rough and the wind was strong, I felt uncomfortable on the boat. As we tried to anchor at Marou village me and Helen already made up our minds to sleep ashore.

We couldn’t stay on the boat because it was rocking and it made me feel sick.

On our way to Mataso the weather was worse. I was shaking with fear and cold, thinking of what would happen to the boat and how am I going to survive.

While all these thoughts of fear came to me, I know that we will make it thru. Seeing the Australian volunteers relaxing and laughing away gives me courage and that we were safe. Due to the bad weather we couldn’t make it to Mataso, Makira and Tongariki.

The PCV Health team say good-bye to the island of Emao. Morinda is seated at the right (in the blue top) with Helen at the back.

Morinda makes her way ashore for another clinic.

Coming ashore attracts a lot of attention, particularly from the children.
The second mission to Malekula was fine - better than the first one. Sometimes we experience rough sea which makes me feel sick but I managed to complete the mission.

As part of my work, sailing was a challenge for me. When I feel sick I couldn’t do my job properly. Sometimes I got wet and cold, but I thank the Lord for this challenge. It strengthens my ability to face such situation.

**Work Experience**

Working in the two missions was a good experience for me.

I met many people with dental problems and talked to many children. As we give our talks the people seem to understand the importance of dental health. We asked questions to each other, and by responding, it gives me confidence and helps me improve my presentations.

I enjoyed talking to children because they always pay attention. They always tell the truth when I asked them questions but sometimes they will lie if they are scared. Sometimes a few of them will cry as we entered the classroom, thinking that we were going to give them injection. But as we explained to them about our work, they will stop.

Working outside Port Vila is not always easy due to transportation. Sometimes I had to walk an hour from my village to another to do the Education Talk and then back. It’s always tiring but I enjoyed it anyway.

---

Helen and Morinda occupied the forward cabin aboard Chimere.

Morinda divided her time between providing treatment, giving oral health presentations and assisting the volunteer dentists.
MISSION 3 - TORBA Province (Banks and Torres Islands)

General observations regarding oral health

- With the exception of Sola, which is the provincial centre of the Torba Province and relatively more exposed to a Western diet, the caries prevalence rates observed in children was perceived to be lower than what has been observed in the capital, Port Vila. The dmft (decayed, missing, filled index for primary teeth) in 6-7 year-olds in Sola was around 4 whereas the other places visited in Torba Province had lower indices of around 0.5 - 1. (For comparison, the dmft in Port Vila was around 6, which is extremely high)
- There was little evidence of previous dental treatments such as fillings and preventive restorations
- Dental disease was essentially untreated
- Some children were unable to attend or focus on their schoolwork because of dental pain
- Although plaque indices were not recorded, oral hygiene appeared to be better in Torba compared with Port Vila children
- Advanced periodontal disease was very common among older adults
- Dental pain was the main reason for seeking dental treatment
- There appeared to be a lack of resources and training for staff with respect to oral health promotion and prevention in Government Health Clinics

Observations on the dental services provided during Mission 3

- The time taken to transport and set up the dental clinic was somewhat frustrating. It was more efficient on occasions when equipment was taken ashore in the afternoon/evening ready for an early start the following morning.
- Conditions were not ideal with respect to space, location and lighting. However this became less problematic with experience and the availability of artificial lighting from portable generator power when needed
- Services were mainly directed to relief of pain, usually by dental extraction(s)
- ART fillings and scaling and cleaning were extremely time-consuming due to the lack of suitable equipment, therefore more or less abandoned in the latter stages of the mission
- There was a sense of personal despondency at the thought that we were only scratching the surface with respect to the oral health needs of the people in these isolated communities
- Cooperation, support and encouragement from other medical/yacht crew members was excellent. Ruth and David, in particular, were particularly helpful in this regard
- Bob's oral health education presentations were excellent. His charismatic personality appeared to invariably engage the attention of the children in his audience
- Due to the large quantity of instruments and materials loaded on board Chimere for the Melbourne-Port Vila stage destined for the PCV Health Clinic, there was no room to ship quantities of educational materials, toothpastes and tooth brushes
Introduction
This year MSM continued its partnership with PCV Health and their medical programs – the Vanuatu Dental Care Service and the Vanuatu Prevention of Blindness Project (VPBP) to deliver healthcare services to the rural and remote village communities of Vanuatu. Our primary focus is to work in the remote communities, supporting existing services and alongside local and other NiVan healthcare workers.

Another aim is to train sufficient local staff to reduce the need for overseas specialists. To this end a number of local eye and dental workers have been assisted in their training through PCV Health. Our healthcare goals are in line with those of the Ministry of Health, focusing on quality as well as quantity of service delivery.

Background Logistics.
MSM supports the existing healthcare service network in Vanuatu. We work alongside, support, and encourage local healthcare workers. Treatment provided is consistent with the local Healthcare Workers Handbook (1). Where necessary, we refer patients to existing specialist staff and programmes, e.g. Eye Care, ENT, or TB Nurse Practitioners, etc.

There are a number of aspects to the MSM services including medical, optometry (eye), dental, other specialty services, education, and prevention. There are also several phases in the delivery of these services: preparation and planning, transport and delivery, running the clinics, follow-up, and review.

Medical Staff and Clinic Preparation
Selection of village/clinic destination is a consultative process driven by PCV Health. This is followed by communication with relevant healthcare workers several months in advance, and then confirmed closer to the time of delivery. Communication and support from local Pastors and village Chiefs is also sought.

Teams generally consist of a nurse, doctor, optometrist and dentist, plus local, NiVan healthcare workers. The local healthcare nurse or aid-post worker is also encouraged to be present and involved on the day of the clinic. This assists with communication, treatment and follow-up.

Selection of the overseas staff (predominantly from Australia) requires careful selection and preparation. For example, medical practitioners are requested to have at least four years of general medical training and, preferably, prior experience in Vanuatu. New staff members are paired with experienced staff. Medical supplies, consistent with Ministry of Health formularies are purchased and packed for transportation. Expired medications are not used.

All overseas healthcare staff undergo (informal) training to familiarize them with geographic, cultural, and healthcare issues relevant to Vanuatu and approach to medical care. To this end an educational Handbook has been developed (2). Treatment algorithms are in line with the HealthCare Workers Handbook (1).

Clinic Services
Clinics are usually run for a full day in one village, or longer if necessary. Services provided include:
(a) Screening and treatment of non-communicable medical diseases, e.g. hypertension, diabetes, obesity.
(b) Screening and treatment of non-communicable eye diseases, e.g. cataract, pterygium, refractory error, etc.
(c) Screening and treatment of non-communicable dental disease. See page 18.
(d) Treatment of infectious and communicable diseases, such as bacterial and parasitic infections (ear, lung, skin, kidney, gut etc.).

(e) Diagnosis and referral for specialist care in Vanuatu, e.g. eye surgery, ENT surgery, general surgery, specialist assessment.

(f) Diagnosis and referral of children for definitive specialist care not available in Vanuatu. Examples: correctible but serious congenital diseases, such as heart disease, club foot, etc. We have been fortunate to be able to access financial and social support through Rotary Oceania Medical Aid for Children (ROMAC) and at no cost to Vanuatu Government.

(g) Diagnosis and referral of adults for definitive specialist care not available in Vanuatu, e.g. adults with rheumatic heart disease.

(h) Education of local community regarding preventable non-communicable diseases, e.g. diabetes, hypertension, oral hygiene, general hygiene, obesity, etc. These reinforce and are consistent with Ministry of Health programmes (3). This year we utilised A2 and A4 sized posters with simple messages in Bislama to reinforce these messages during the running of the clinics and for community educational presentations.


Medical Clinic Attendance.
Clinic attendance is voluntary. Every member of the local community is encouraged to attend the clinics and access the services provided. No fee is charged, except for a small (voluntary) donation for the ‘purchase’ of spectacles or sunglasses. There is no discrimination or favouritism according to age, gender, village, religious denomination, attendance at community presentations, etc. Patients are not required to provide for or support the clinic to access services.

All services are offered but not all are necessary or requested by every patient. Most clinic attendees, however, utilize several of the above services during the same visit. Where requested, staff have and will visit homes or nearby villages to provide services to those who are physically unable to attend the clinic.

Up to 80% undergo medical screening and assessment, 80% undergo optometry (visual) checks, and 2-10% require specialist referral. Statistics in this report are based on patient numbers not total services rendered.

Local, Ni-vanu healthcare workers are requested to attend and assist at the clinics. This is for the purpose of assisting with communication, advice, and support. We also learn from them and provide encouragement to these staff, many of whom work solo.

2013 Medical Clinics
During 2013 there were six medical teams - three MSM (yacht-based) and three separate VPBP land-based teams. The data provided on page 14 refer only to the yacht-based (MSM) teams. All medical clinics are conducted on shore, (not on the yacht) in public buildings, or where this is not possible, in the open air.

The MSM supported, (yacht-based) clinics were held in a total of 33 villages, on 15 islands across the Shefa, Malampa, and Torba Provinces. A total of 1,530 NiVanuatu attended these clinics, at an average of 46 patients per clinic, ranging in age from 10 to 90.

Of the total patients:
- 1,224 (80%) underwent medical screening, of whom 11% required active treatment and 1.2% required referral for specialist medical or surgical services not available in their ‘home’ village.
- 814 (53%) of patients also received optometry review. Of these 50% were prescribed and given spectacles, and 9% received sunglasses. Approximately 2% were referred for eye surgery (cataract and/or pterygium removal), arranged through PCV Eye Care.
- 732 (48%) of clinic attendees underwent dental assessment and treatment, and this is dealt with in more detail on page 18.
Based on our observations, the prevalence of non-communicable disease in the rural communities of Vanuatu appears to be lower than that reported in the urban Vanuatu population (4) but similar to the Australian rural population (5), as summarized in Tables 1 & 2.

One of the major differences between rural communities and the urban population in Vanuatu and Australia is the high proportion of undiagnosed and untreated non-communicable disease. This is in part due to the limited access to diagnostic services and treatment. This is where PCV Health, VPBP and MSM (along with several other similar volunteer and NGO medical services) have been able to assist.

Case records (names changed to protect identity.)
Sarah is a 57-year-old lady we met on a remote island in Torba Province. She came to our clinic requesting only a dental treatment for three decaying teeth. She eventually agreed to medical and eye checkup where it was found that she had previously undiagnosed diabetes (blood sugar=20.2mM) and well-controlled hypertension. Fortunately she was not overweight. She was given dietary advice, commenced on anti-diabetic medication, her decayed teeth removed, continued on her antihypertensive, and regular check-ups arranged by the local Nurse Practitioner assisting us at the clinic.

Nathaniel lives on another remote island in Torba Province. He came to the clinic at the end of the day, complaining of “sot wind” (breathlessness), worried that he might have his mother’s “sik suga” (diabetes) or his uncle’s hi presa” (hypertension). His blood pressure and glucose were normal but further examination revealed a malfunctioning heart valve, probably from rheumatic fever. Arrangements were made to get him to VCH for further assessment.

Simon is a 13-year-old boy from Vanualava who is well known to MSM. He underwent surgery in Australia for a serious congenital illness. Upon our request we met up with Simon and his father at the clinic in the nearby village to assess his progress. It was pleasing to see him now enjoying learning at school and playing with other children.

Conclusions.
These results indicate that

(1) A considerable disease burden remains in the rural communities of Vanuatu.

(2) Education and primary prevention is likely to have a crucial role in preventing further disease

(3) Access to surveillance data from medical services like PCV Health, MSM, and VPBP (and similar organisations) is a useful source of real-time information about disease burden and trends.

(4) Constructive partnerships and collaboration with the Ministry of Health, the existing rural and remote health services, and healthcare workers in Vanuatu is possible.
Table 1  
Prevalence of diabetes and hypertension in Rural Vanuatu

<table>
<thead>
<tr>
<th>Country</th>
<th>Method</th>
<th>n=</th>
<th>Popn</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Obesity</th>
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<tr>
<td>Vanuatu</td>
<td>STEPS</td>
<td>1200</td>
<td>Urban</td>
<td>12 - 21</td>
<td>11 - 29</td>
<td>19 -29</td>
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<td>Vanuatu</td>
<td>PCV clinic</td>
<td>3895</td>
<td>Rural</td>
<td>5.4</td>
<td>8.5</td>
<td>10</td>
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<tr>
<td>Australia</td>
<td>Survey</td>
<td>&gt;5000</td>
<td>Urban</td>
<td>4.1</td>
<td>11.1</td>
<td>24.5</td>
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</table>

Table 2  
Prevalence of NCD eye diseases in Vanuatu and Australia

<table>
<thead>
<tr>
<th>Country</th>
<th>Method</th>
<th>n=</th>
<th>Cataract</th>
<th>Pterygium</th>
<th>Refraction error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanuatu</td>
<td>PCV clinic</td>
<td>3401</td>
<td>8.8-10.8</td>
<td>4.8-6.3</td>
<td>49.0-52.2</td>
</tr>
</tbody>
</table>

References:
Sunday 28 July 2013

When one reflects back on the range of experiences of an MSM Vanuatu mission, it is difficult to identify individual highlights, or for that matter, lowlights. My first thought is that the time went much quicker than I expected it to. Although I was glad to be heading home after four weeks, I struggled to identify where the time went.

For anyone who has not experienced the islands of Vanuatu it is very difficult to picture the village life under which the Ni-Vans live. When you leave the environs of Port Vila, towns as we know them in the western world simply cease to exist. There are just small villages, often with less than one hundred people in them. Although there are usually a few buildings made with modern building materials, the bulk of the village buildings still exist the way they have for hundreds of years. There is usually little or no power, water or sewage yet the people do not see themselves as poor or underprivileged. They are subsistence villagers and this is simply the way they live.

The Ni-Vans, almost without exception in our experience, are friendly, welcoming and happy. They were grateful for the services we provided and were unfailingly generous in their thanks in terms of providing meals and local produce to help sustain us during our stay. If one only visited one or two islands as part of a tour group, it would be easy to think this behaviour was a façade developed for financial reasons. When one visits many different islands that are not part of the usual tourist route it is obvious that their overt friendliness is a part of their national identity. It was rare to walk down an island track without the residents; men, women and children alike, all smiling and greeting us as we passed.

Our mission was not designed to try and change the way they live. It was simply to provide them with a little dental and medical care that they otherwise may not get and to help them out in any other way that we could in the brief time we were with them. I found it refreshing to be part of a team to do exactly that.

To know that we made a difference to a simple subsistence spear fisherman whose mask was old and ragged and whose fins were simply old rubber thongs, was quite satisfying. We were surprised to see this handsome young man calling out from the water with a big grin on his face after that he had swum hundreds of metres out to our boat. He was searching for his spear gun that he had lost some hours previously but he was also offering to catch us fish and sell them at below market prices. To see his face light up as he gratefully accepted a brand new set of fins, mask and snorkel to allow him greater opportunity to make his living, was quite touching.

It was satisfying to be part of a team that really had to work effectively together to accomplish the mission. Each member came with individual skills and experience to complement other team members and after the normal challenges of getting a team to pull together, its effectiveness continued to increase. As members of the sailing team, we often joked that we were simply the life support system for Fang, as we had labeled the dentist with us, as he tramped from island to island building up his collection of teeth. That really is understating the scope of work he and the other members of the medical and dental team completed. They were often on the go from dawn to dusk in the conduct of their work, with little opportunity for sightseeing or relaxation.

Noting the range of backgrounds and ages amongst the team members, and bearing in mind the close confines of a vessel like Chimere, it was gratifying to see how people adapted to the environment without overt signs of friction or discontent.

There were numerous other occurrences, most of them too insignificant to note individually, that combined to make my experience of the July 2013 MSM Vanuatu mission something that I will hold dearly for many years to come. I am grateful for the opportunity to have participated.
Recognising Key Personnel

The following people made a significant contribution to the planning and operation of the Medical Sailing Ministries Vanuatu 2013 mission:

Barry Crouch – Co-owner
Buying half a boat, working flat-out to ensure a major refit is completed on time and then enjoying a total of two days sailing aboard in two years, is perhaps not everyone’s idea of “boating”. Introducing Barry Crouch ...

... an amazingly capable, resourceful and generous guy. Not to mention a wonderful blessing to the continued work of MSM and a friend of Vanuatu – even if work commitments in the end prevented him from actually participating in a two week stint aboard (his boat) during Mission 3.

Robert Latimer – Co-owner
Founder and driving force behind MSM, Robert is co-owner of Chimere. Some would say he has a rather “driven” approach to setting goals, then planning and working hard to ensure they are achieved through the resources and teams of volunteers he assembles.

And yes, in the photo at left it is daylight and Robert’s headlamp is turned on ... can’t explain that one...?!

Linda Latimer – Wife & supporter
As Robert’s wife, Linda gets to stay at home alone for weeks on end, running the household and keeping the books for their financial planning business.

There’s also the opportunity to assist the work of MSM in the background with a myriad of tasks associated with the operation of the Vanuatu mission – such as food purchasing and completing the mountain of legal and compliance paperwork for each of the 36 volunteers. As they say in Vanuatu Tank Yu Tumas Linda!

Mike Clarke – MSM Co-ordinator
Without Mike’s attention to detail in the areas of spreadsheets, budgeting, administration, planning and cheque writing, the in-the-field work of MSM would simply not take place.

Mike has been there from the start - even before 2008, and was most disappointed that work commitments kept him off the boat this year after successful stints aboard in 2009 and 2010.

Liz Mallen – MSM Website Manager
One to avoid the limelight, Liz works diligently in the background keeping the website current. This means editing and posting each day’s Ships Log (as it’s received) along with photos, hyper-links and a lot of other stuff most of us have no idea about.
Richard Tatwin – PCV Health Director
As the head of the Presbyterian Church of Vanuatu’s Health Department (the organisation MSM assists with remote-access transport) Richard is the one that directs the work of MSM – which islands, which villages, plus when and how long.

Richard began work in the health field with the Vanuatu Prevention of Blindness Project nearly 15 years ago and brings a wealth of experience, contacts and local knowledge to his leadership and management.

Barry Stewart – Dentist, volunteer and adviser
A lifetime in the field of dentistry, involving both educational and clinical work, plus a desire to use his skills and gifts to help others, makes Barry a wonderful guy to have on your team.

The focus of the dental program on Oral Health education, the establishment of a fully operational PCV Health dental clinic, the conducting of rigorous dental caries prevalence surveys in several regions of Vanuatu and the overall success of the Dental Care Service in the past 12 months, can largely be pinned back to this man.

Graeme Duke – Doctor, volunteer and adviser
When a volunteer doctor was required to join the Vanuatu Prevention of Blindness team in 2009, Graeme put his hand up ... and he’s been doing it ever since.

But Graeme does more than volunteer for two weeks ... then go home again. He applies his wealth of experience, knowledge and networking to the building up and equipping of the work in Vanuatu in so many ways. The most recent example was the production of a range of health posters which are now used in each clinic and are set to gain wider distribution. More than his clinical ability though, it’s Graeme’s irrepressible enthusiasm and ability to press on when others are starting to fade, that makes him such a valuable asset.

Bob Brenac – Yacht Skipper
In early 2009, at the point when MSM was either going to fail before it had started, or go on to fulfill its vision, Bob was referred to MSM through a friend of a friend as, “... someone who might be interested in volunteering...”.

As a regular volunteer skipper ever since, Bob’s role has been absolutely critical to the successful operation of MSM through his willingness to take on the responsibility of command while drawing on his vast sailing experience and network of boating contacts. Bob has a no-fuss, easy going way of getting things done, leading his crew and Chimere through occasionally difficult times and always leaving the boat in a better condition than when he found it.

Andrew Latimer – Yacht Skipper and past co-owner
Brother to Robert and a supporter and adviser to the establishment of MSM in its early days of operation, Andrew and Robert share a lot of boat-history, including the original shared-purchase of Chimere in Busselton (WA) back in 2006 and many several other yachts before that.

Andrew’s willingness to take on the role of skipper is such a vital part of MSM’s operation, with his wealth of experience and advice, across a broad range of fields, being greatly appreciated.
**Ken and Joy – MSM’s newest best friends**

Every now and then the right people just seem to come along when you need them most. In the case of the MSM’s Vanuatu 2013 mission, it was Ken and Joy aboard their wonderful little ship Trinity Castle; which they were ‘sailing’ to Australia after recently purchasing it in the US.

Whether it was helping to fix Chimere’s battery charging issues, replacing a dead starter motor, acting as deckhand, or giving valuable advice on a range of important topics, our chance meeting with Ken and Joy at our Luganville anchorage, was a wonderful blessing all round.

You’ll see in the photo that Ken is wearing an MSM shirt ... as an honourary member of the team he truly earned it.

**North Ringwood Uniting Church – Supporters, encouragers and friends**

MSM could not have started all those years ago without the support and encouragement of the minister (Ian Hickingbotham) and congregation at the North Ringwood Uniting Church.

So many people have provided so much assistance over so many years, it’s not really possible to mention everybody by name. But thank you so much to everyone for your ongoing assistance.
**Helti tut Helti laef**

MSM assists with the preparation and distribution of a regular newsletter for the Vanuatu Dental Care Service called Helti tut Helti laef (Healthy Teeth Healthy Life)

A copy of the first edition can be found in the Appendix at the back of this report.

**Dental Alumni - Melbourne**

Supporter of the Vanuatu Dental Care Service, Melbourne Dental School, has recently published an article by Dentist Barry Stewart. A copy has been included in the appendix at the back of this report.

**Vanuatu Dental Care Service**

Further details concerning the Vanuatu Dental Care Service can be found in the appendix at the back of this report.
Low Smoke Stove Ministry

The making of (sun dried) mudbricks, for the construction of the 3 Step Rocket Stove (or Low Smoke Stove), is a key part of MSM's mission.

According to published findings in the magazine Science, (December 11, 2011) more people die worldwide of complications arising from smoke inhalation than malaria.

The 3 Step Rocket Stove is designed to address this issue, enabling people to build a very effective cooking stove with local materials only – clay, soil, coconut fibre and water, which we have found in almost every village visited.

More than 50 brick-making demonstrations have been conducted across 2010 and 2013, with each village provided with a wooden mould and instruction manual. In 2013 there was also a “How to make a Low Smoke Stove” DVD which was shown and left at most villages.

In October this year there was also the opportunity to actually build a stove with bricks made a week earlier, at the village of Paonangisu, Efate.

The key benefits of the Low Smoke Stove are:

- Less smoke emitted due to hotter, more efficient fire
- Uses less wood
- Ideal fuel for the stove is readily available, dried and discarded, coconut husks
- Cooks faster
- Cooking surface is elevated, thereby reducing back strain from lifting pots
- Less likelihood of children falling into fire
- It provides a business opportunity for locals to make bricks and stoves for others

MSM will continue to promote the use of low smoke stoves and encourage their spread at every opportunity.

A copy of the 3 Step Rocket Stove instruction manual can be downloaded here…


The 3 Step Rocket Stove DVD can be viewed here…

Supporters Tour - 2013

The Supporters Tour was organised for those people who had shown interest in the work of Medical Sailing Ministries; some over many years.

A total of 30 people joined the tour, which coincided with the completion of the MSM program for the year. Flights and accommodation were arranged by Ari from the travel company Excuse2travel in Melbourne, who not only did a wonderful job, but also donated all commissions earned on flights and accommodation to the work of MSM and the dental program – a total of $4,500!
The program is shown here and included spare time for travel to the volcano on Tanna for those who were interested. At the time, Chimere was still in Pt Vila preparing for the return voyage to Australia, so a Day Sail was also organised to the nearby Hideaway Island.

Most interesting and rewarding of all, however, was the "Village Experience" where the group was welcomed into the village of Paonangisu at the north of Efate – the home village of Dental Care Worker Morinda Toara.

Further details of the encounter with the Paonangisu village can be found in the next section and at the following link ...

Above. A dinner and concert were arranged for the Supporters Tour by the Presbyterian Church women at the Pekara Church, Pt Vila. This was in thanks for the assistance provided in 2011 by the North Ringwood Uniting Church when many of the women came to Melbourne for what they termed at the time a “Reverse Mission”

Paonangisu Village Partnership

It is hoped that over time the relationship between the Paonangisu Village and those who attended the Supporters Tour will both widen and deepen.

In the next few months MSM intends to initiate a proposal that will see the North Ringwood Uniting Church enter into a partnership with the Paonangisu Presbyterian Church on behalf of the whole Paonangisu Village, documented in a “Memorandum of Understanding”, that will seek to achieve (amongst other things) the following:

- Two way exchange of friendship, fellowship and cultural awareness, specifically:
  - youth musical tours
  - educational exchanges
  - evangelical outreach
  - leadership & vocational training

- Economic development, through the establishment of small business and tourism activities, generating income to be used for the betterment of the community.

- Building up of the Paonangisu Presbyterian Church Scholarship Fund to enable promising students to pursue further studies and to provide emergency school fee relief from time to time.

A Supporters Tour follow-up newsletter is included in the appendix at the back of this report.
WhatAidWhere.org

There are many different aid organisations working to assist the people of Vanuatu – in health, education, resources, infrastructure, training ... you name it.

Some are small groups. Some are large. Some are Government based, others are private.

From personal experience, however, we have come to realise that whilst most groups do a wonderful job, they have little to no knowledge of what other groups might be doing in their field of endeavor, or indeed geographical area of operation. Likewise there is often a lack of knowledge and co-ordination with, the priorities and vision of the relevant Vanuatu Government departments, be they Health, Education, Environment etc.

In order to assist the communication and networking amongst groups – to improve efficiencies and reduce overlap of activities – MSM is developing a website called whataidwhere.org

Each aid group will be able to add and manage their own information on the site, with a combined calendar, a range of search functions and a regular feedback of each group’s “latest news” acting to assist with planning and aid delivery.

The site will also assist potential volunteers in finding a suitable group through which they might best match their skills and interests.

The logos of several groups MSM have encountered over the past few years, some of whom we have shared information and co-ordinated activities, are shown here.

The long term dream is that the reach of the whataidwhere.org website will extend beyond Vanuatu to include all countries where aid activities are undertaken.

Above, Just some of the logos of groups doing great work in Vanuatu.
## APPENDIX 1 - Mission Itinerary 2013

<table>
<thead>
<tr>
<th>STAGE 2013</th>
<th>DATES*</th>
<th>LOCATION</th>
<th>Sailing Volunteers</th>
<th>Medical Volunteers</th>
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<td>CAP</td>
<td>MATE</td>
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<td>Delivery Voyage (Part A)</td>
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<td>Mel – Syd</td>
<td>RL</td>
<td>JC</td>
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<tr>
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<td>5 Jul – 21 Jul</td>
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<td>23 Aug – 28 Sep</td>
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<tr>
<td>Supporters Tour</td>
<td>27 Sep – 6 Oct</td>
<td>Pt Vila</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return Voyage (Part B)</td>
<td>30 Oct – 9 Nov</td>
<td>Syd – Mel</td>
<td>RL</td>
<td>TO</td>
</tr>
</tbody>
</table>

### Sailing Volunteers
- AL: Andrew Latimer
- BB: Bob Brenac
- RL: Rob Latimer
- RC: Rhod Cook
- JL 1: John Land
- MP: Martin Purcell
- GJ: Gary Jago
- RR: Ramon Rees
- DS: David Spencer
- CW: Carl Warner
- MB: Matt Bryant
- CW: Cathy West
- TO: Tony Owens
- DW: David Bock

### Medical Volunteers
- GD: Dr Graeme Duke
- BN: Bob Natuman
- MT: Morinda Toara
- MP: Isabel Purcell
- RS: Ruth Wilkinson
- LS: Dr Lyndon Shepherd
- TR: Dr Anthony Richards
- BS: Dr Barry Stewart
- Ks: Kristie Shaw
- DS: Dr Doug Utley
- RS: Dr Doug Utley
- HK: Dr Garry Hiblinska
- HJ: Dr Helen (Ni-van)
APPENDIX 2 - Vanuatu Dental Care Service

Dental Services in Vanuatu – Current Status

Summary

As reported last year by the University of Queensland, Dept Dentistry (Refer Appendix J),

“More than 80% of people in Vanuatu live in rural villages and access to healthcare is limited. Vanuatu recorded just six dentists, six therapists and zero hygienists in a study published in the International Dental Journal* last year (2010).

The dentist / population ratio sits at a staggering 1:34,812, while the comparable figure for Australia is 1:1,910.”

Source: University of Queensland, Dept Dentistry
*IDJ, Volume 60, Issue 2, pages 122–128, April 2010)

The Pt Vila Hospital provides an affordable dental service to the local population, however, it is under-resourced and over-worked, as a recent patient described in a letter to the editor of the Vanuatu Daily Post.

Whilst “Western Style” dental services do exist in Pt Vila they largely cater to the ex-pat population and are beyond the reach of all but the wealthy Ni-vans (ie indigenous population).

Amongst the 60+ populated islands of Vanuatu, dental care is either minimal, or nonexistent, relying in the most part on local Health Practitioner Nurses who have gained some hands-on dental experience to extract teeth when patients present with severe pain.

Vanuatu is serviced on an adhoc basis by an assorted mix of overseas medical organisations. Whilst each group does a wonderful job, there doesn’t appear to be any coordination of their work at a national level with a view to delivering a dental service in a systematic manner across the whole island chain.

More than Just Teeth...

Whilst it’s natural to think that a dental service would largely be about teeth and oral hygiene. The fact is, poor oral health can be a precursor to a broad range of other medical conditions including blood poisoning, heart disease, jaw bone infections, poor nutrition and mothers delivering low birth- weight babies. Plus there is the additional economic and social consequences (fatigue, sick leave, impaired performance at school and work, unemployment, etc.) associated with untreated dental and oral diseases.
Vanuatu DENTALCare Service

Summary

The proposed Vanuatu DENTALCare Service is a low cost, non-traditional dental service that builds skills and capacity at the local village and community level.

Unlike the “Western Clinic-based Dental Model” with its reliance on expensive, high-tech machines (requiring regular maintenance), the Vanuatu DENTALCare Service will be centred on the following key elements:

- **Education**, particularly of children and parents.
- **Prevention**, through the provision of check-ups, tooth brushes & other dental products.
- **Treatment**, using predominantly A.R.T. (Atraumatic Restorative Treatment, Refer Appendix F) which has been specially developed by the World Health Organisation (WHO) for use in developing communities. In addition to this, volunteer dentists will be recruited to assist for one week each month in order to treat the more complex cases (eg extractions) and provide mentoring and training.

In addition, the program will involve:

- Training & equipping a team of local Ni-vans to establish and grow the service.
- Partnering with the Vanuatu Health Department to train and equip their existing Nurse Practitioners in the delivery of the DENTALCare Service
- The provision of ongoing training, resourcing and monitoring by partner groups from Australia.
- Eventual establishment of a DENTALCare clinic in the north and south of Vanuatu (ie Santo and Tanna)
- Annual DENTALCare tours between April and September to take the service to the outlying islands.
- Recording of oral health status, including caries prevalence, using the WHO pathfinder method to assist the DENTALCare Service and the Vanuatu Health Department with further dental planning and intervention.

Partner Organisations & Individuals

The delivery of the DENTALCare Service will primarily be the responsibility of the Presbyterian Church of Vanuatu (PCV) through its Health Division; supported in this by the Partner Organisations and Individuals listed below

**Presbyterian Church of Vanuatu**
Providing local facilities, staffing, interpreting, direction and “ownership” of the service under their overall Health Care service.

**Uniting Church in Australia (Uniting World)**
Providing co-ordination and logistics, building on their long, established outreach work in the region in partnership with the Presbyterian Church of Vanuatu.

**Government of Vanuatu**
Through a Memorandum of Understanding provide co-operation across the departments of Education, Health and Customs to assist in the implementation of the DENTALCare Service. (eg Access to schools for the provision of DENTALCare talks, access to Nurse Practitioners in order to provide training and resources and Customs Exemptions for the importation of give-away dental goods associated with the program.)
North Ringwood Uniting Church (VIC) & Medical Sailing Ministries (MSM)
Providing detailed planning and logistical support plus on-the-ground training, and organisation of volunteer dentists in providing mentoring and treatment of more complex cases. They will build on their firsthand experience in providing remote-access transport and logistical support to the Vanuatu Prevention of Blindness Project in 2009 and 2010.
Refer to www.msm.org.au

Prof Martin Tyas, Dr John O’Grady, Dr Barry Stewart & Dr Tony Burke, Dr David Goldsmith, Vicki Silcock
Experts in the field of dentistry and medicine who have extensive experience in developing countries and have expressed a willingness and commitment to assist with the operation of the DENTALCare on an ongoing basis.

Other partner organizations
Invitations are actively being sought for sponsorship of dental materials, resources for oral health promotion, caps etc.
a). Delivered through a systematic program of talks titled “Caring For Your Teeth”. Initially at schools, churches, clubs and health clinics in the Pt Vila region.

b). Children attending the talk would be given a FREE VOUCHER inviting them to attend the Pt Vila Dental Clinic for a FREE Prevention check-up.

c). Each child would also receive a brochure on “Caring For Your Teeth”.
a). Check-ups are provided free of charge to new patients at the Pt Vila Clinic. Service to include:
   - Cleaning of teeth.
   - Dental inspection and recommendation for treatment if required.
   - Free toothbrush and toothpaste to take home
   - Free cap promoting the DENTALCare service

b). Patient card/records would be maintained and an annual “Prevention Check-up” invitation would be sent out.

c). A small charge will be made for each “Prevention Check-up”

DENTALCare Vanuatu
a). Where cavities are found it would be recommended that A.R.T.* treatment be provided at a cost of 400 Vatu per filling.

b) Where extractions or further treatments is required, patients would be referred to the hospital dental clinic, or booked in to see the visiting volunteer dentist.

c). For one week each month volunteer dentist would attend the Pt Vila clinic to treat more complex cases and assist with the ongoing training of the local dental workers. A small charge will be made for each extraction.

* A.R.T. Atraumatic Restorative Treatment

DENTALCare Vanuatu
Article by MSM volunteer and dentist, Barry Stewart for the Melbourne Dental School, Dec 2013

The story began in 2000 when Robert Latimer, a financial planner and co-owner of the 13-foot steel yacht Chimere established Medical Sailing Ministries (MSM) to transport medical volunteers, plus their gear, supplies and equipment, to remote islands in Vanuatu to conduct clinics in village settings. During the first two missions Robert noticed that dental health services appeared to be lacking in these remote areas of Vanuatu.

Although some health care workers were observed extracting teeth under less than ideal conditions, few dental services appeared to be available. This is hardly surprising in a nation where more than 80% of people live in rural villages and the dentist/population ratio sits at a staggering 1:34,812. (Source: University of Queensland, Dept Dentistry)
Melbourne Dental School Supports Vanuatu Dental Care

Continued from front page

1st Dent J, Volume 60, Issue 2, pages 122-128, April 2010

Following conversations with Robert, it was decided that a proposed model be established within the existing Health Care Worker network and ideally consist of oral health education, prevention and ART targeting mainly primary and pre-school children, and oral screening/education for pregnant women and mothers of young children. With this model in mind, Robert and Mike Clarke, co-director of MSM, established the Vanuatu Dental Care Service, in partnership with the Presbyterian Church Vanuatu Health Program. Funding was obtained from AusAID through Uniting World, the overseas arm of the Uniting Church in Australia and the first two Ni-Van Dental Workers, Bob Netuman and Morinda Toara, were recruited to come to Melbourne to undergo training.

Bob and Morinda arrived in Melbourne in February 2013 and underwent intensive training for four weeks in areas ranging from an overview of the Dental Care Program, lectures on oral health education, prevention, ART, infection control, visits to private dental clinics, chair-side assisting, supporting volunteer dentists, dental records, purchasing, practice manuals, computer hardware, OASIS software training, basic dental equipment maintenance, a visit to Health Promotion and Communications at Dental Health Services Victoria, production of education materials and resources adapted to Vanuatu culture, oral health education presentations in English and Bislama, and practical training in ART at the Melbourne Dental School.

Robert and Mike also helped establish a new dental clinic in Port Vila (with PCV Health Program) to serve as a base for organizing visits to schools and peri-natal clinics on the main island, Efate, as well as a referral centre for patients who cannot be treated simply by ART. Caries prevalence surveys were undertaken on Grade 1 children at two primary schools, one in Port Vila (20 children) and one outside Port Vila (20 children) on the more developed island, Efate, and also in remote areas in the Barakas’ Torres Islands in the northern Torba province (approximately 50 children). Although the data has not yet been processed, the apparent caries prevalence is perceived to be very high in and around Port Vila and somewhat lower in the more isolated Torba province.

In the meantime, Bob and Morinda have implemented the oral health education program in schools and peri-natal clinics in and around Port Vila, and between March and June had visited 11 schools reaching 1255 children as well as screening and oral health advice for 627 individuals ranging from infants (134), primary (421) and secondary (43) children, and adults (92). During the period July to September, however, Bob and Morinda have been involved in three consecutive MSM medical/dental/eye care missions on board the yacht Chimere to isolated areas in Vanuatu, with companions Lynden Sheppard, Garry Hibble and Barry Stewart participating in the first, second and third missions respectively. These missions mainly involved extractions (543 teeth) undertaken by dentists with some ART (50 patients) and scaling of teeth carried out by Bob and Morinda. Bob and Morinda also acted as dental assistants and conducted oral health education sessions to over 500 children and adults in the villages.

Although Vanuatu Dental Care will depend initially on aid donations and volunteer dental staff, the model is designed to be self-sustaining with the aim of expanding the network and supporting dental education for Ni-Van health care workers.

If you would like information about volunteering for MSM or Vanuatu Dental Care please visit the MSM website (www.msmonline.org.au), which includes links to sponsors as well as the first newsletter “Hefa tut Helti lal” and ship’s logs related to past and recent sailing missions.

DPL Australia covers dentists for professional liability in Vanuatu, and ADA/ADAJ Dentists Liabilities Insurance policy underwritten by Guild Insurance also “extends cover to dentists who are currently insured with them, and are carrying out dentistry in Vanuatu for short duration on a voluntary basis”. Both organisations, however, should be informed beforehand.

Dr Barry Stewart

Ethnic note: Barry’s role is to advise and assist in the implementation of a dental care service based on oral health education, prevention and treatment (excluding ART), utilizing dental workers and a network of health care workers in Vanuatu.

Between March and June Bob and Morinda had visited 11 schools reaching 1255 children as well as screening and oral health advice for 627 individuals.
Vanuatu Dental Care Service

The Vanuatu Dental Care Service is an outreach health program of the Presbyterian Church of Vanuatu (PCV). It has been developed over the past 4 years in partnership with the Uniting Church in Australia and a range of other supportive individuals and organisations. It’s also partly funded by the Australian Government’s AusAID. The program is designed to be a low-cost, non-traditional dental program building skills and capacity at the local level including school teachers and other health practitioners.

The key elements include:

1/. Education
Particularly of children and new mothers

2/. Prevention
Through the provision of check-ups, toothbrushes and toothpaste.

3/. Treatment
Using the World Health Organisation (WHO) approved method of addressing small cavities called Atraumatic Restorative Treatment (ART), and referrals to local dental health specialist in more complex cases.

ART—What is Atraumatic Restorative Treatment?

ART does not require sophisticated equipment or even electricity. This makes the ART technique ideal for remote or isolated populations with little or no dental care. It intercepts small and medium sized decay before it grows large enough to abscess the tooth.

This is an atraumatic method of filling teeth without local anaesthetic and usually with little pain or discomfort. It requires only a few instruments and a simple hand mixed white filling material (glass ionomer) that sets in about 5 minutes to rock hardeness.

ART is a simple and economical interceptive treatment of decay, which can easily be learnt in just a few days by school nurses, rural health care workers or lay people with basic skills and reasonable learning abilities.

Richard’s Health Vision

As the one responsible for co-ordinating the health program of the Presbyterian Church here in Vanuatu, my vision for Vanuatu Dental Care Service is as follows:

• As a church worker, I want to see the church serving its people well in health. With Physical Healthiness of people, there will be sound spiritual people who are healthy to carry out the work of the church;

• I see the church promoting a ministry for workers where they can serve the Lord by helping people with tooth problems;

• I see a Service in which its branches out in taking the service to the remote parts of Vanuatu, right to the door steps;

• I see a Service that is affordable to everybody regardless of gender, young and old, disable or able, any religion or denomination, etc;

• I see a Service where at the end of the consultation, the patient can thank the Lord for people who have the skills to help him or her;

• I see a Service where at the end of the day, I am blessed so I thank the Lord for the opportunity I can serve the Lord this day.

Richard Tatwin
Bob & Morinda Train in Melbourne

Integral to the long-term success of the Vanuatu Dental Care Service has been the training and resourcing of locals in Vanuatu (ie Ni-vans). To this end it was with great joy that the North Ringwood Uniting Church hosted Bob Natuman and Morinda Toara recently as they spent 4 weeks in Melbourne undertaking a broad range of training.

To see them grow in confidence, knowledge and experience was very special and so it was hard to finally say good-bye. Bob and Morinda are now working fulltime running the Dental Care Service as part of the Presbyterian Church of Vanuatu’s (PCV) Health Department – we will hear more of Bob and Morinda as the program unfolds. But as they begin their education role in schools right across Vanuatu, they’d like to share the following slide with you from their ... Healthy Teeth – Healthy Life presentation.

1. Eat well
2. Drink well
3. Clean well
4. Regular check-ups

Bob’s Vision
Our vision for the Vanuatu Dental Care Service is to bring good smiles to our people and show them how important it is to protect their teeth and to reduce the sweets and sugary food more and more are eating. We are more adopting western diet so we must also adopt western approach to caring for teeth.

In Vanuatu there are 83 islands north to south and our aim as dental workers is to educate, to teach prevention methods, even making their own tooth brushes and cleaning everyday and after food. There are only about six dentist in all of Vanuatu and they are only working in our main capital. But we aim to go to the most remote areas were there is no dentist to help educate, especially young mothers to help them to care better for their baby’s teeth.

During our 1 month training in Australia we did much practical work and gained a lot of experience and training. We learned more on education, prevention and treatment in ART.

THE dental care service provides the opportunity for us to deliver the best from what we have learned for the people of Vanuatu.

Bob

Morinda’s Vision
Many People in Vanuatu only visit the dentist when they have a serious problem, therefore with the skills I gained during the Dental Training I would like to reach out to as many people as possible to educate them in keeping their teeth healthy, encourage them to check-up regularly with the dentist to prevent dental problems and provide A.R.T. treatment where cavities are found.

While attending the KorVan Community Health School, I did two weeks training at the Vila Dental Clinic where I built up my interest in Dentistry. So my one month Dental training in Melbourne was something I was looking forward to.

I was so fortunate to have some of the dental experts in Australia going through the training with me and I’ve learned a lot of interesting things. Handling the dental instruments for the first time was hard for me during practical at the Melbourne Dental School, but Professor Martin Tyas and Doctor Barry Stewart were there to help me through.

I enjoyed my stay in Melbourne and would like to thank the lovely people I met for their support during my visit.

Morinda

Morinda & Bob gain personal tuition with Prof. Martin Tyas & Barry Stewart at the Melbourne School of Dentistry
Vicky Visits Vanuatu

Melbourne dental nurse and supporter of the Vanuatu Dental Care Service, Vick Silcock, relates her experience of visiting Port Vila recently to assist with the implementation of Bob and Morinda’s new-found knowledge and experience...

March 2013
My visit to Vanuatu started with my arrival on Sunday afternoon 10th March. I stayed for a week to join Morinda and Bob at their workplace in Port Vila and to support them as they began their role as dental health care workers. The time had come to put all their hard work and training into action.

Monday was a very full day finding, sorting, labelling instruments and equipment and then organising Education and Screening visits for the following days. Director Richard Tatwin, collected more equipment and instruments from Customs, so that we would be ready to follow the maternal health care team from Pt Vila hospital. Our first visit was to a local community area at Maplas (a suburb of Pt Vila).

Tuesday and Wednesday were an amazing beginning for both Bob and Morinda in their new role as dental workers. There were many mothers with babies attending the maternal health clinic and when they were invited to have their teeth checked, the workload for Bob and Morinda just exploded. The people of Maplas were very keen to hear the oral health presentation and have dental check ups. Others then brought their children as well as elderly parents along once the word spread that the dental team was there. We had to take names and promise a return visit for Wednesday.

Another busy day saw many adults and children screened. Education sessions were presented. So, Morinda and Bob had just put into practice everything that was until a few weeks before just training. It was now a reality and it was a great thrill to be there and see them being so enthusiastic and offering the community such a professional service. We were all so tired and hot but incredibly happy when Wednesday drew to a close. It had been a rewarding and fantastic beginning to the Pt Vila section of the program.

Thursday saw a change of pace with Educational visits planned to some local schools. We joined another group known as Fruits of the Pacific who also present educational information about dental Care.

Morinda and Bob stood in front of 80 + rowdy school children and with the New Zealand team gave a fabulous presentation with lots of laughter and fun for the kids. At lunch break, I was able to take a small boat and visit Hideaway Island. I did a little snorkelling, had a quick swim and then headed back to a beautiful French speaking school right next to the beach at a place called Mele. Oh Boy! Sometimes you just have to stop, then look and smell the roses. It was such a beautiful place. What a blessing!

Friday was a day of consolidating the events of the week. There were administration forms to complete, reports to write and last minute purchases of supplies. My Ni Van colleagues were just beginning their careers and I was heading home. Yes! I did shed a tear (alright! I had a good cry). This time saying goodbye was not as easy as it was in Melbourne. I’m not sure when I’ll see them again.

I offer them all of my love, support and prayers as they continue to do this great and much needed work.

Thank you Vicky and God Bless.

Healthy Teeth & Healthy Life

Q: Whose responsibility is it to clean my teeth daily ... mum, dad, my teacher?

A: ________

Dental & Medical Outreach 2013
In addition to providing dental services in Port Vila and throughout the island of Efate, the Vanuatu Dental Care Service will be extending their reach to the Shefa, Malampa & Torba provinces through office July, August and September. This will occur as part of the annual medical outreach of the PCY with teams also comprising Eyecare Workers from the Vanuatu Prevention of Blindness Project.

Remote village transport and logistical support will be provided by Medical Sailing Ministries, as they did in 2009 and 2010, with teams of volunteer sailors crewing the boat and caring for the needs of the medical teams as they conduct clinics.
MAKE YOUR OWN!!

Fizzy drinks, sweets, cakes, chocolate... as more and more people adopt a western-style, sugar-based diet, the rise in tooth decay and infection, particularly in urban areas, might be predictable but it’s also avoidable. Unfortunately the message about the importance of oral health care and prevention has been slow to take hold.

Daily brushing of teeth is an essential first step, and NOT having a modern, plastic toothbrush is no excuse. Why not make your own out of bamboo and pandanus...

Step 1, Cut a short, thin piece of bamboo about the size of a toothbrush handle.

Step 2, Use pandanus fibre for the bristles.

Step 3, Cut a short groove in one end of the bamboo to slide the folded pandanas into. Bind tight with more pandanas.

Donated Dental Gear to GO...

Think United Church and words like “Bible”, “hymns” and “prayer” might come to mind... but think again. Here are two more words for you... Shipping Container.

Here we see donated dental equipment being loaded for Port Vila, one of the many containers the church send to the Pacific Islands each year; you’d be amazed at the variety of “pre-loved” resources that gain a new life under the tropical sun.

Dental products manufacturer and supplier, GC Australasia have been a generous sponsor of the Vanuatu Dental Care Service, particularly through the donation of the glass ionomer product Fuji IX, hand tool kits and training manuals used in ART cavity filling.

Thank you so much to the Melbourne Dental School for making their facilities available to Bob and Morinda and in particular to Prof. Martin Tyas for his generous support.

For his support over many years now we thank Dr David Goldsmith and his team at the Ballarat Dental Group, plus the wonderful work of the Ballarat Rotary club.

Their training include anatomy of the oral cavity, oral function, oral biology, charting, caries risk assessment, oral pathology (including dental caries), oral health education and prevention, atraumatic restorative treatment (ART – a low cost tooth filling procedure designed for developing countries), infection control, education materials and resources, and practical oral health promotion strategies.

The visit to DHSV focused on discussing with the health promotion team various strategies that could be appropriate in Vanuatu. Bob and Morinda were accompanied by Robert Latimer, a coordinator of the Vanuatu Dental Care Program which is an AusAID funded program with an emphasis on oral health education and prevention.

DHSV is proud to contribute to this project which will benefit people living in rural villages with little or no access to dental and other healthcare services.

We were all overwhelmed by the generosity shown by the friendly team at Dental Health Services Victoria. The following article appeared on their website soon after Bob and Morinda’s visit in February...

February 12, 2013

Dental Health Services Victoria (DHSV) staff welcomed visitors from the Vanuatu Dental Care Program to The Royal Dental Hospital of Melbourne last week.

The visiting healthcare workers, Bob Natuman and Morinda Tocara, are in Melbourne for an intensive four-week training on the key areas of oral health practice and promotion.
Tour Reflections…

Is it really a month or more since we mixed it with the locals in Vanuatu, enjoyed their welcome and hospitality – along with 27 degree seawater temperatures & those lovely Melanesian Hotel breakfasts?

By all accounts everyone returned home safely on Sunday 6 October and have slipped back into “normal” life again, although as so many people have said to me, the experience has shined a spotlight on how material wealth is not always necessary in building happiness and success.

Thank you again to everyone for signing up for the tour – and for contributing to its amazing success. I’m sure everyone would also like me to again thank Ari at Excuse2travel for her hard work, enthusiasm and generosity in organising the tour and supporting the work of MSM.

As a follow-up to the Supporters Tour we have organised a Get Together for Wednesday 20 November (see right). As we approach Christmas, and with so much on generally, it’s always hard to pick a night that suits everyone, but it would be great if you can make it along.

To help with catering, please RSVP Robert on 0428 370 579, or latimerfamily4@gmail.com

Get Together

Wednesday 20 November, 6:30pm

At North Ringwood Uniting Church

Dinner provided of chicken, chips & salad $15/head

Bring your photos on a disc, SD card, or USB stick to share.

PLUS, your stories and ideas for further building our ongoing relationship with the village of Paonangisu. (Don't forget your special village dress & shirt

To help with catering, please RSVP Robert on 0428 370 579, or latimerfamily4@gmail.com
Poanangisu Village Update

I still find the word hard to spell, and I think I have just got the pronunciation down pat, but who could forget the wonderful experience we all shared at the village of Paonangisu – Morida’s village, on Monday 30th September.

Why was it such a special thing? I think it was partly because it went beyond the usual “tourist activity”. Despite our obvious differences, there was a genuine connection with the local people and a sharing of the simple things that go to building community. The emphasis was on relationships, not material objects.

And importantly, it wasn’t all one-sided. As Elder Roger said … “you are the first bus in 17 years ever to have turned off the main road and into our village”.

In talking with Roger later and also with others, it was revealed that the village of Paonangisu has experienced much division and conflict over the years, with the arrival of the Supporters Tour on Monday 30 September acting to bring everyone together – the children, young people and grownups – everyone.

As Elder Roger expressed with a very emotional voice … “your group … was a gift from God and we showed that we could work together as a village to organise the day. Last Monday, when your group came to Paonangisu, it was a new beginning for us”.

Of course, a key aspect of organising the Village Experience and the Day-Sail was to raise funds to assist the village of Paonangisu in some way. In the end, as you know, the Paonangisu church council felt a projector, guitar, teaching bibles and solar power system would benefit the community the most.

The generosity of the Supporters Tour group raised the following funds:

<table>
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<th>Total</th>
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<tr>
<td>Supporters Tour Fees (Village Experience &amp; Day Sail)</td>
<td>$2,800.00</td>
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<tr>
<td>Special Donations (from meeting)</td>
<td>$1,501.00</td>
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<tr>
<td>Special Donations (Cash – Airport)</td>
<td>$565.00</td>
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<tr>
<td>Special Donations (Promised)</td>
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<td><strong>Total</strong></td>
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The funds were eventually disbursed as follows:

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<thead>
<tr>
<th>Expenditure</th>
<th>Total</th>
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<tr>
<td>Poananguisu Overdue School Fees paid (53,000VT)</td>
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<td>Poananguisu Scholarship Fund (30,000VT)</td>
<td>$330.00</td>
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<tr>
<td>Solar Panels ($3,500 + 21,100VT)</td>
<td>$3,725.00</td>
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<tr>
<td>Solar System Hardware (4,385VT)</td>
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<td>Guitar (donated)</td>
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</tr>
<tr>
<td>Bibles (donated)</td>
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<tr>
<td>Projector and Movie Kit</td>
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<tr>
<td>Movies x 6</td>
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<td><strong>Total</strong></td>
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<table>
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<td>Flyers and Tour Programs (5,500VT)</td>
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<tr>
<td>Village Tour Bus</td>
<td>$390.00</td>
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<tr>
<td>Village Tour Food and Fabric</td>
<td>$50.00</td>
</tr>
<tr>
<td>Day Sail Expenses (Food / Supplies)</td>
<td>$269.00</td>
</tr>
<tr>
<td>Day Sail Bus Hire (Non Sail)</td>
<td>$65.00</td>
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<tr>
<td>Melanesian Room Hire (17,000VT)</td>
<td>$189.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$1,022.00</strong></td>
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</table>

The installation of the solar panels and lights at the Paonangisu church was an amazing thing and through the contact details found on the Manua School solar panels and a few follow-up phone calls, occurred within days of the Supporters Tour members going home.

Here’s a photo of the 4 panels being assembled on the grass before being bolted to the roof.

And here’s a photo of the church, taken from the outside showing the glow of lights at the windows and the nightlight shining outside…
The illuminated insides of the church can be seen below ...

... and with the backroom now fully lit, it is available for young people to do school homework when the sun goes down...

... plus with solar electricity the church can now raise funds for community works by levying a small fee on the charging of mobile phones and other electronic equipment.

An issue raised during the Supporters Tour was that several children were not in school because their overdue fees had not been paid. It transpired that there were a total of 12 students across grade 7 & 8 with total fees outstanding of 53,000 Vt, or about $600. You'll see from the expenditure table on the previous page that enough funds were raised to cover this expense, with a further amount paid into the church Scholarship Fund which was established by the Paonangisu church last year. Mike Clarke and I did this via a direct credit into the respective bank accounts at the National Bank of Vanuatu, whilst we were in Pt Vila.

An amusing story emerged when I was talking with Batik, the man who owns Van Global Industries and the company that installed the solar system. Mike and I went to pay him the day after installation and he explained that he’d gone back to the village the previous night – well after the system had been installed.
“Everyone from the church was there and wanted to see the lights working. So we turned the lights on and they were so happy. So happy they leave them turned on all night so everyone can see ... you have made those people very happy”

**Tank Yu Tumas**

So again, many thanks for your involvement in the Supporters Tour and for your support of the work of Medical Sailing Ministries.

I have included a brief summary of the work of MSM below and always welcome any questions or comments you may have.

Smooth seas, fair breeze and tank yu tumas

Rob Latimer

[www.msm.org.au](http://www.msm.org.au)

**Below, Images from the Supporters Tour, at the Presbyterian Church in Pt Vila and the village of Paonangisu**

**Right, Robert types the last Ships Log for the 2013 mission.**