





Frequently Asked Questions about ROMAC

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.

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.

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

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

Q. Once a child in need has been identified, how are they brought to Australia or New Zealand?

A. It is logistically complex to bring a baby or 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 hospitals, costs and surgeons ascertained, internal transport organised, home hosting arranged... it is incredibly time consuming... and all offered pro bono by volunteers.

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 patients and their carer, or be a volunteer driver.

Q. How can I find out more about ROMAC?

A. Visit our website – www.romac.org.au or www.romac.org.nz or check out our Facebook page for regular updates at https://www.facebook.com/ROMACFRIENDS. Subscribe to our E-Newsletter for monthly updates at www.romac.org.au/media.

Q. How can I donate?

A. That's easy. Thank you for asking. Donate securely on-line at www.romac.org.au/donate. Give a little, care a lot.

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Cover image
Ken and his mother Bernadette.
(See page 18 for Ken's story)



Glenys Parton
Chair

BOARD REPORT

Talofa lava , Elo, Bula, Halo, Halo olaketa, Eka mowir omo, Malo e le lei, Kia Ora

It is my pleasure to present the Annual Report for Rotary Oceania Medical Aid for Children (ROMAC) for the year ending 30 June 2025.

It was a year of both challenge and achievement. Together, we have treated 25 children from across Oceania. We also strengthened governance, welcomed new team members, launched new fundraising initiatives and navigated moments of deep sorrow and profound inspiration.

Governance and Leadership

From July through to October last year, the Board focused heavily on reviewing and updating our Constitution - an overdue but essential process. This was the first full review in nearly a decade and it entailed updating ROMAC's governing document in line with current best practice, the needs of Rotary International and our non-executive members, the District Governors of the day.

The revised Constitution was formally adopted at the AGM in Queenstown this time last year, held alongside the Zone 8 Conference.

Queenstown AGM

The meeting approved the Annual Report, Financial Accounts and Budget for the year.

It was my privilege to be elected Chair, succeeding D'Arcy Walsh who served three years in the role. My thanks again to D'Arcy for his service and steady leadership.

Michael Hetherington was elected to the position of Operations Director, Nigel Stewart confirmed as continuing Medical Director and Stephen Noble reappointed Treasurer and Public Officer for his fourth, and final, consecutive year.

The Board went on to appoint Peter Garnett on a casual basis to the position of Deputy Chair, and D'Arcy Walsh to the position of Evaluation Coordinator with effect in the new year.

After the 2024 AGM, the Board moved forward to review, update and ratify the By Laws of the organisation. This process was completed half way through the year. Concurrently, the Board carefully reviewed and updated a number of existing policies and developed new ones as called for by the climate in which we operate.

These documents have been incorporated in our newly established Document Management System as a Manual of Policies and Procedures, or MOPP.

Patient treatment

At the heart of ROMAC are our patients.

Over the past year, ROMAC has supported 25 children from six countries through surgery and recovery. Five patients are continuing to receive treatment and several more are arriving in the coming months.

Our active regions - Eastern, Northern, Central, Southern, ACT and New Zealand - have all hosted patients and played vital roles in their treatment.

Thanks to the patience and tenacity of Phil Cordery in Perth, supported by past Deputy Chair Brian Eddy, and after a long process of inception, ROMAC has recently signed a memorandum of understanding with Perth Children's Hospital to treat ROMAC children.

Our regional teams enable us not only to coordinate logistics and day-to-day support but also provide crucial emotional and cultural support to families throughout their treatment journey.

Among this year's standout stories:

- Nayline, treated for scoliosis.
- Peter, received recovery care for major burns.
- Haggai, received surgical treatment for encephalocele.
- Krisselda, received treatment for caudal duplication syndrome.
- Ken, received emergency surgery to correct a cardiac defect.

Edwin, treated for a nasopharyngeal tumour. This year also brought heartbreak. We lost young Nicholson, whose complex condition we had hoped could be treated. Despite the tireless efforts of our medical teams, he passed away while in our care. His loss - and navigating the support of his mother Emily - has affected us all deeply and remains a poignant reminder of both the essential fragility of life and the magnitude of our work at the human level.

Hospital costs continue to rise, driven by both economic pressures and the increasing complexity of cases referred to us. We are seeing a need for more intensive treatments, and are actively managing this development as part of our planning and budgeting process.

Volunteer Transitions and Acknowledgements

Several long-serving contributors to our organisation have been farewelled this year.

Bob Richards stepped down as Evaluation Coordinator owing to health concerns. Bob's dedication has been nothing short of extraordinary over the years, going back to his service to ROMAC as a Regional chair. He continues to be a strong supporter of our organisation through his Rotary club.

Richard Woodburn, most recently acting Operations Director, also stepped down after decades of exemplary service in a number of ROMAC roles. He has since been taking time for travel and family.

This year marked a significant loss with the passing of Claribel Cooper, wife of our founder Barrie Cooper. Claribel was instrumental in ROMAC's foundation and ongoing vision, and her legacy continues to be felt in everything we do.

We were also saddened by the sudden death of our former Medical Director Larry Roddick–a dedicated physician and valued mentor to Nigel Stewart, his successor in the role.

In late April we learned of the death of Jill Wilson, wife of former ROMAC Operations Director Barry Wilson. Jill's contributions were in their nature often out of the spotlight but they were always significant, especially in the early days of implementing the eHr Patient database, when she played a valuable role in supporting training efforts.

Two events were held in April and May in Australia and New Zealand, respectively, to celebrate the Lifetime Recognition Awards awarded during Darcy's tenure. The



Rob Wilkinson Recognition Award – 24 May 2025

worthy recipients were Rob Wilkinson and Geoff Dainty. Both Rotarians had served ROMAC with distinction, demonstrating exceptional commitment to the aims of the organisation for an extended period, and had a significant impact on the operation of the organisation.

On the appointments front:

- Megan Marshall joined in November as our new Communications Editor and Project Manager.
- Pam Wood began as Australian Operations Manager in January.
- Casey Wilfling, John Shattock and Omesha Senevirathna have added their skills and experience to our IT team.
- Bruce Robinson rejoined the team as Treasurer nominee.
- Minal Samson takes up the HR and Training portfolio as Maggie Alexander hands over some of the many roles she has been performing in readiness to assume the presidency of her Rotary club on the Gold Coast.

We said goodbye to the outgoing District Governor Stephen O'Connell, whose service to ROMAC over the year was invaluable, and welcomed Ken Smith into that position. On 1 July, Shane Burette joined us on the ROMAC Board as the District Governor Elect representative, covering the non-executive members.

Succession planning began for Regional chair roles due to colette their term in November, and strategies were developed to ensure continuity in key leadership positions into 2026.

In November, we will bid farewell to four of our dedicated Regional chairs: Elizabeth Davis (Central), Peter Garnett (New Zealand), Minh Nguyen (Southern) and Phil Cordery (Western). Some of these leaders stepped into their roles in the wake of the COVID pandemic, at a time when ROMAC was having to re-establish its referral pipeline and partner hospitals were under immense pressure to meet the demands of a post-pandemic population.

During their tenure, they collectively supported the treatment of 20 children from six countries - Solomon Islands, Vanuatu, Fiji, Timor-Leste, Papua New Guinea and Tonga - helping to restore health and hope to young lives and their families.

Elizabeth negotiated a fixed-price memorandum of understanding with the Women's and Children's Hospital in Adelaide and led several highly successful fundraising campaigns. She and her team also built strong connections with relevant cultural community groups, ensuring that families in ROMAC care received support that was both welcoming and culturally appropriate.

Towards the end of his tenure, Phil secured a memorandum of understanding with Perth Children's Hospital, enabling ROMAC to begin considering children for treatment in Perth. Minh strengthened links with Tasmania, a district within his region, and benefitted from the strong Rotary and fundraising support of his entire region.

Peter and the New Zealand team have resumed taking cases after a long break caused by the impacts of the COVID shutdowns. It is a credit to the team that they have maintained their commitment and cohesion during this period of enforced reduced activity.

These active Regional chairs leave behind strong, well-supported Regional committees - a legacy of continuity. We thank them for their commitment and resilience and the invaluable contribution they have made to achieving ROMAC's mission.

Stephen Noble, our Treasurer, ends his tenure with ROMAC at the upcoming AGM. I wish to thank him for his commitment and his stewardship of the transfer of our financial system to the Xero platform. We appreciate all his efforts towards setting us up with a current and well-documented accounting system.

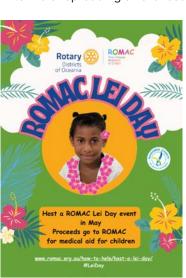
Thank you all for your service.

Fundraising and Community Engagement

We are deeply grateful for the financial support of both the Rotary and wider community this year. We were also fortunate to receive three generous anonymous donations of \$5,000, \$7,000, and \$10,000.

The Rotary Club of Gregory Hills Next-Gen raised a further \$10,000 through a High Tea event and the Rotary Club of North Ryde not only contributed once again but renewed its commitment to ROMAC with an additional \$5,000 pledge. In NZ, the Rotary Club of Remuera continued its support with a donation of \$12,755.

Our Lei Day in May initiative has proved to be a triumph in terms of spreading awareness and fundraising.



Romac Host a Lei Day Event poster This campaign encouraged themed events celebrating Pacific cultures and, as it turned out, everything from potluck dinners to fancy dress events and high teas went better with leis! It's fair to say Lei Day has taken root and will return next year, bigger and better.

Volunteer Engagement and Recruitment

We continue to experience difficulty attracting Rotary support for our volunteer vacancies.

ROMAC continues to rely heavily on its volunteer base, and this year we have seen both incredible contributions and an emerging challenge.

We have made a comprehensive effort to recruit throughout our Rotary family; however, in the absence of interest from that quarter we have been recruiting a number of operational volunteers from outside Rotary.

While we are grateful for this valuable public commitment of support, we still need more Rotarians to step forward and live out our shared values through ROMAC.

I want to use this forum to issue a heartfelt call to action to all Rotarians: there are many ways to serve - from volunteering in communications and engagement or logistics to becoming a ROMAC Club Champion and sharing our work with your club.

If you've been waiting for the right moment to get involved - this is it.

Reflections and Acknowledgements

As we close out the year, I want to acknowledge the incredible spirit of resilience and collaboration that continues to define ROMAC. To our surgeons and medical partners, our Regional and District committees, Rotary host families, ROMAC volunteers and donors. I want to thank each one of you for your contribution to our cause.

I extend my sincere thanks to our Regional chairs and my fellow Board members for their commitment to ROMAC and, in particular, for the support they provide me in my role as Chair.

You are all the reason ROMAC continues to thrive.

As we move forward, we reaffirm our commitment to evolving with the changing health-care and humanitarian landscape.

We will continue to refine our governance, strengthen our partnerships, and - above all - change lives, one child at a time.

To each and every one of you, thank you for being part of the ROMAC journey.

Together, we are making a world of difference.

He aha te mea nui o te ao? He tāngata! Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.



Stephen Noble
Treasurer

TREASURER'S REPORT

I am pleased to submit my report as ROMAC Treasurer for the year ended 30 June 2025. This is my fourth and final year in the role.

The ROMAC Treasurer role and responsibilities incorporate both accounting and financial management compliance and reporting, plus the roles of Company Secretary and Public Officer, which in turn entail regulatory compliance with the Australian Securities and Investments Commission, the Australian Taxation Office and the Australian Charities and Not-for-profits Commission. The role of Company Secretary further calls for due focus on governance issues within the operations.

Financial Results Overview

Donations from Rotary clubs within Australia during the year totalled \$281,223 (2024: \$286,574), with the total number of clubs that donated coming in at 152 (2024: 161).

ROMAC benefitted from other donations and bequests this year in the amount of \$226,104, which is up on the previous year (2024: \$194,443). We enjoyed the support again of several charitable organisations and individuals who are regular donors, as well as that of a number of new contributors.

Income from investments for the current year (dividends and interest) totalled \$149,624 (2024: \$215,448). This included interest income from a large and long-standing perpetual bequest. The drop here was due in part to the impact on the financial markets of newly elected President Trump's announcement of tariffs on imports into the USA.

In relation to expenses, I can report that medical expenses for the current year were \$698,269 (Budget 2024-5: \$730,000; 2023-4 Actual: \$230,422). This figure can be compared to the 2020-year medical expenses total of \$419,215-our last year before COVID. The budget that was adopted at the 2024 AGM was somewhat ambitious; it was highlighted at the time that the number of patients accepted for treatment has continued to increase post-COVID.

However, both Australian and New Zealand hospitals continue to operate under capacity constraints as our health systems recover from the impacts of COVID. In addition, ROMAC is finding that pre-assessment of patients for acceptance by our hospitals has added to both cost and time pressures, with pre-visa screening being necessitated by endemic diseases such as tuberculosis and other medical conditions.

I take pride in the achievement during my term as Treasurer of a broadening of travel insurance cover for all patients and carers, facilitated through our insurance broker Aon. Our patient families can now enjoy significantly improved cover and assurance.

Indirect costs (administrative, promotion and marketing and IT and systems development costs and donations) for the current year were \$259,154 (Budget 2024-5: \$234,120; 2023-4 Actual: \$149,238).

Accounting and IT systems

IT changes that have been implemented in the past two financial years focussed on the integration of the eHR records system with the Xero accounting reporting platform. I have welcomed the engagement of our Regional chairs in the implementation of this new system and I acknowledge the contribution of our Operations Director Michael Hetherington to ensuring its uptake and success.

Our auditors are now able to access this system as part of their audit testing of the ROMAC accounting systems.

Our IT service providers have also worked on the implementation of a more streamlined website-based donations system. This was necessary as the traditional banking systems, including cheques, are phased out, and in order to meet the need for more efficient accounting system processes.

I would like to thank and acknowledge all the Rotary clubs and individual Rotarians and non-Rotarians who have contributed to ROMAC during the past reporting year. The ongoing support of Rotary clubs and Rotarians is crucial to the ongoing success of ROMAC's mission.

I would also like to acknowledge and thank the ROMAC Chairs I have worked with during my tenure (Harold Sharp, D'Arcy Walsh and Glenys Parton), all of whom have been inspired in their leadership. I also acknowledge with thanks the directors, Regional chairs and all the volunteers who make it possible for ROMAC to continue its vital task.

I am delighted that past Treasurer Bruce Robinson has been appointed my successor. I am confident that ROMAC will be in safe hands.

Stephen Noble | Treasurer

ROMAC. Rotary Oceania Medical Aid for Children Ltd Rotary Oceania Medical Aid for Children Pty Ltd as trustee for ROMAC Gift Fund

ROMAC Children Treated during 2024-25 (Total 25)

Name	DOB	Country	Region	Treatment	Hospital	Host Rotary Club
Daisy	2024	Vanuatu	NZ	Cardiac	Starship Childrens Hospital	Maungakiekie
Laynia	2024	Solomon Islands	ACT	Urology	Canberra Childrens Hospital	Murrumbidgee Canberra
Slavenia	2013	Timor-Leste	Southern	Opthamological	St Vincent's Hospital – Melbourne (Private)	Goolwa
Castro	2010	Solomon Islands	Central	Tumour	Women & Childrens Hospital - Adelaide	Central Committee
Charlie	2012	Vanuatu	Central	Orthopaedic	Women & Childrens Hospital - Adelaide	Gawler Light
Elina	2019	Vanuatu	Southern	Orthopaedic	Victorian Orthopaedic Centre (Private)	Brunswick – Tullarmarine
Damien	2022	Vanuatu	NZ	Cardiac	Starship Childrens Hospital	Remuera
Haggai	2023	Papua New Guinea	Eastern	Encephalocele	Sydney Children's Hospital - Westmead	Parramatta
Taisha	2022	Vanuatu	Eastern	Neural Tube	Sydney Children's Hospital - Westmead	Eastern Committee
Habib	2007	Vanuatu	ACT	Orthopaedic	Calvary Hospital - Canberra	Ginninderra
Nelson	2012	Papua New Guinea	Southern	Maxillofacial	St Vincent's Hospital Melbourne (Pvt)	East Keilor
Stancia	2016	Papua New Guinea	ACT	Anorectalplasty	Canberra Childrens Hospital	Bungendore
Senri	2009	Solomon Islands	Eastern	Burns	John Flynn Private Hospital – Gold Coast	Redlands Bayside
Melenaite	2022	Tonga	Eastern	Teratoma	Sydney Children's Hospital - Randwick	Eastern Committee
Krisselda	2014	Papua New Guinea	ACT	Urology	Canberra Childrens Hospital	Ginninderra
Nayline	2013	Vanuatu	Eastern	Scoliosis	Sydney Children's Hospital - Randwick	Eastern Committee
Joy	2005	Solomon Islands	Northern	Cardiac	Cairns & Hinterland Hospital (Private)	Cairns
Almas	2002	Indonesia	Eastern	Burns	Pertamina Central Hospital – Jakarta	North Ryde
Joel	2020	Timor-Leste	Eastern	Opthamological	Sydney Children's Hospital - Westmead	Castle Hill
Nicholson	2024	Solomon Islands	ACT	Teratoma	Canberra Childrens / Sydney Children's – Randwick	Ginninderra
Lionel	2014	Solomon Islands	Northern	Anorectalplasty	Queensland Children's Hospital	Rockhampton South
Edwin	2013	Solomon Islands	Central	Tumour	Women & Childrens Hospital - Adelaide	Central Committee
Ken	2025	Vanuatu	NZ	Cardiac	Starship Childrens Hospital	Downtown
Janet	2022	Vanuatu	Southern	Orthopaedic	University Geelong Hospital	Geelong West
Peter	2016	Solomon Islands	Northern	Burns	Queensland Children's Hospital	Northern Committee



Nigel Stewart

Medical Director

MEDICAL REPORT

This year has seen a steady flow of patients to our regions, once again mainly from Solomon Islands and Vanuatu. Our numbers remain steady and are likely to be similar in the next reporting year.

We are chartered to offer surgery in Australia and New Zealand only where there is no local or other option. Not all cases are suitable, but where possible we undertake assessment and a Board proposal. These vital processes all take considerable time.

Our patients have included children with cardiac, orthopaedic and craniofacial problems, and one who required long-term burns recovery management, among many others.

Regional Chair Judith McKay and the Northern Territory – Timor-Leste team have forged sound contacts in Timor-Leste. A number of prospective patients are being assessed for surgery.

I continue to look for opportunities for suitable cases for Western Australia.

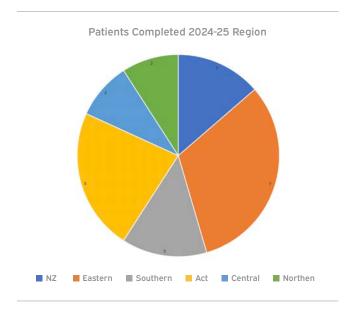
We have been successful in recruiting some new medical consultants to support us and will soon be arranging a teleconference to get their input into forming a medical panel to provide advice to the Medical Director and also support for our Regional Chairs. We welcome Dr Eliot Lyon in Southern, Dr Whybourne in NT and Dr Chandra Ayer in Eastern. Dr Michelle Williams provides support in Tasmania. Plans are also under way for a meeting with key Oceania medical specialists in 2026 to update ROMAC on colleagueship, refining processes and to improve current services to the children of Oceania in a rapidly changing world.

I accompanied Southern Region Chair Minh Nguyen on a tour of Tasmania. We were gratified by the good will with which we were received as ROMAC representatives wherever we went. Our meeting with key staff at Royal Hobart Hospital also holds out promise for collaboration in the future. The sad passing of Nicholson, our Solomon Islands abdominal teratoma patient, post-surgery highlights the essential fragility of children and the gravity of the medical conditions that we try to treat.

We have recently learned of the sad passing of former Medical Director Dr Larry Roddick, to whom it fell to manage all the frustrations of COVID. I personally benefitted greatly from Larry's support and mentorship. Vale Larry.

I want to thank the many wonderful volunteers that make ROMAC happen; also those who donate, those who support our child patients and those who help from behind the scenes.

Lastly, may I thank the doctors, nurses and allied health staff of the many hospitals, clinics and institutions that support our cause for their vital contribution.



Patients Completed 2024-25 by Country of Origin

Vanuatu Solomon Island Timor-Leste

PNG Tonga Indonesia



Michael Hetherington
Operations Director

OPERATIONS REPORT

The role of ROMAC's Operations Director entails managing and overseeing the operational processes relating to patients, such as referrals, presentation of cases for Board approval, the logistics of bringing patients to Australia or New Zealand and hosting arrangements. These activities involve a wide network of ROMAC volunteers throughout Australia and New Zealand whose individual and collective efforts have contributed to a successful year of charitable service.

A total of 21 new patients were treated during the year, including 15 whose treatment was successfully completed. Tragically, one patient succumbed to his serious condition despite the extraordinary care provided by the staff of both the Canberra Hospital and the Sydney Children's Hospital. One patient from PNG was brought to Melbourne with a serious maxillofacial deformity but, after extensive testing, medical intervention was ruled out and he was returned to PNG. An additional five patients returned during the year for further treatment and all were able to return to their home countries with successful outcomes. This brings the total number of individual patients treated by ROMAC, since 1988, to 568.

A total of 34 referrals were received during the year. This low rate of referral continues a trend reported in previous years and is attributable to a slow recovery in referral rates after the disruptions of COVID, an increase in the numbers of visiting medical teams to Oceanian countries and in the activities of other providers who are operating in the same charitable space as ROMAC. The availability of different options for treatment is seen by ROMAC as a positive phenomenon since more deserving children are receiving the treatment they need.

ROMAC's network of regions saw greater overall involvement than in recent years with patients being treated throughout Australia and New Zealand, with the exception of Western Australia, the Northern Territory and Tasmania. During the year, progress was made towards establishing new cooperative arrangementsin

Perth and Hobart, but finalising these undertakings will take more time. Significant headway was also made in reforging links between ROMAC and the Timor-Leste health system following a hiatus post-COVID. Referrals from Timor-Leste are once again coming in.

ROMAC's charitable purpose cannot be achieved without the involvement of a great many agencies and all the people who work and volunteer in them. Bringing children and their parents or guardians to Australia or New Zealand for life-saving or dignity-restoring surgery is invariably a time-consuming and complex task, and it is this process that the ROMAC Operations team facilitates.

The successes we have achieved during the year would not have been possible without the assistance of Rotary clubs in Oceania, notably the Rotary Club of Honiara, the many volunteers throughout Oceania who help with the logistics related to passports and visas and, of course, the airlines, especially Solomon Airlines, who transport our patients and their parents or guardians. The outstanding level of cooperation ROMAC received from both the Australian Department of Home Affairs and Immigration New Zealand was another noteworthy boon during the year.

The task of providing hosting, pastoral care and hospital liaison once patients arrive falls to our Regional chairs and their committees. Ensuring that patient parties are able to feel safe and secure in what for them is an alien environment is a critical component of ROMAC's task.

This extends to ensuring that they have access to other members of their own communities who can communicate with them and provide another bridge between them and the modern medical system they need to engage with. Special mention must be made of the Solomon Islands Community in Brisbane and Adelaide, which ably assisted four patients during the year.

Our thanks also go to the families who graciously hosted many of our families in their own homes. Without such generosity our task would be that much more difficult. Finally, the assistance of the Ronald McDonald House franchises in Adelaide, Sydney, Brisbane and Auckland was also invaluable.

The medical miracles ROMAC enables are the proud legacy of the many skilled and dedicated surgeons, nurses and allied health professionals who assist ROMAC patients. We are deeply indebted to them and to the hospitals who undertake to treat ROMAC patients.

ROMAC's Operations team celebrates the extraordinary synergy of its many members towards changing the world for this year's child patients.



Sandra Goldstraw
Australian Capital Territory
Region Chair

ACT REPORT

Four child patients have come to Canberra through ROMAC during the year under review, two from Papua New Guinea and two from Solomon Islands.

Stancia

Stancia arrived in Canberra from PNG in February 2024 for major corrective surgery to her anorectal fistula. Stancia's primary surgery was performed in April at the Canberra Hospital. After seven minor surgical follow-up procedures, her abdominal stoma was finally closed in June. She was cleared to return home to Goroka with her mother Hilda at the end of July 2024.

We extend our sincere thanks to Colin and Anne Elder and the Rotary Club of Bungendore for their care of our ROMAC family.

I understand from Hilda that young Stancia is healthy and very happy to be home with her sister.



Happy Stacia post operation



Relaxed Krisseida ready to go home

Krisselda

Krisselda (known to us as Krissy) came to Canberra from Port Moresby in March 2024 for help with caudal duplication syndrome, a rare congenital disorder where structures derived from the embryonic cloaca and notochord are duplicated to various extents.

Krissy's successful surgery was performed at the Canberra Hospital towards the end of July and, after follow-up treatment, her abdominal stoma was finally closed in mid-October. Krissy and her mother Sonia returned home to PNG in November 2024.

We deeply appreciate the care shown to Krissy and Sonia by Gordana Morphett of the Rotary Club of Gungahlin and by Sandra and Brian Goldstraw of the Rotary Club of Ginninderra.

Sonia recently let us know that Krissy is doing very well and enjoying school.

Laynia

Five-month-old Laynia came to Canberra for treatment for bladder exstrophy, a rare congenital abnormality where the bladder inverts outside the abdomen. Laynia's successful surgical repair was performed early in March 2025 at the Canberra Hospital under the expert care of Dr Rajay Rampersad.

ROMAC greatly appreciates the care and support shown to Laynia and her mother Vicky by Debbie and Greg Whitfield and other members of the Rotary Club of Murrumbidgee during their stay in Canberra.

Laynia and Vicky returned home to Solomon Islands on 20 April 2025.



A smiling baby Laynia

Nicholson

Baby Nicholson required surgery to remove a complex benign abdominal teratoma.

Following complex surgery at Canberra Hospital and two weeks post-surgery in neonatal intensive care, it became clear that he would require further surgery. Since the Canberra Hospital does not have a paediatric intensive care ward, Nicholson was transferred to Sydney Children's Hospital in Randwick where he underwent surgery to remove half of his small intestine, which had been compressed by the 1.75kg tumour that had been removed.

In the hope that Nicholson would gradually become able to take food orally, he was transferred back to Canberra Hospital on total parenteral nutrition (bypassing the digestive tract). However, he did not transition to tolerating food orally and he again required surgery to check his bowel, for which he was returned to Sydney Children's Hospital.

Despite the exceptional care of the paediatric surgeons and intensive care staff at both Canberra Hospital and Sydney Children's Hospital, Randwick, Nicholson's small intestine had continued to deteriorate and no further treatment was possible. Sadly, Nicholson passed away on 3 June.

ROMAC's Sydney and Canberra teams, and the Solomon Islands community, did all they could to support Emily through this very sad time. Nicholson was repatriated with Emily and I escorted Emily to her family home in Solomon Islands.

In accepting Nicholson's medical care, ROMAC gave his family the hope of a medical cure and acknowledged his precious humanity. Emily had 10 wonderful months with her son, much of which she would not have had if he hadn't come to Australia.

Nicholson will be remembered with love.



Elizabeth Davis
Central Region Chair

CENTRAL REPORT

The Central Region committee, located in South Australia, has enjoyed a busy and rewarding year.

We have supported a number of patients and their families who have passed through the hub of Adelaide, often for treatment by the highly skilled medical and nursing staff at the Women's and Children's Hospital.

Castro

Fourteen-year-old Castro from Solomon Islands needed treatment for a juvenile nasopharyngeal angiofibroma, a rare tumour within the nasal cavity found almost exclusively in adolescent males. He was scheduled for surgery in Australia in early September 2024 but his condition worsened just before his departure late in August. Dr Ella Malatugu stepped in to travel from Honiara with Castro and his father Alfred to ensure Castro's safe admission to the Women's and Children's Hospital for treatment.

Castro recovered well post-operatively and was able to return home after three months.



Castro going home & enjoying his first Ronald McDonald meal

Charlie

Thirteen-year-old Charlie came to us in September 2024. As a result of a mild case of cerebral palsy at birth, Charlie was left with unilateral talipes (clubfoot). His limb asymmetry and inverted left foot would require intensive staged treatment.

Charlie's foot improved significantly in alignment after his first surgery. Next came weekly physiotherapy sessions and then a further operation, after which he could not put weight on his foot for six weeks.

Charlie and his mother Rachel enjoyed the hospitality of Ronald McDonald House for five months, giving Charlie a safe and comfortable home base from which to attend interim schooling. He finally returned home to Vanuatu wearing his first pair of shoes!



Charlie returning home with his first pair of shoes

Edwin

Edwin, aged 10, came to Australia from Solomon Islands needing help with a right juvenile nasopharyngeal angiofibroma. Edwin was extremely unwell when he arrived in Adelaide. The multidisciplinary team led by Dr Lauren Cooper treated Edwin initially, removing most of the fibroma. Owing to the location of the tumour, further treatment was required in the form of a nineweek course of radiotherapy. After a nine-month stay in Adelaide with Ronald McDonald House as their home from home, we said goodbye to Edwin and his mother Rachel in March 2025.

Throughout their time with us, our patient families and members of our Central Region committee were very ably supported by members of the Solomon Islands Wantok Association (South Australia). Their support was invaluable, ensuring each family received attuned pastoral care that enabled them to move from homesickness to connection, through the medium of their own language and culture. We extend our most sincere thanks to all members of this community.



Edwin with W&CH school group with football greats

Fundraising activity

The Central Region committee undertook various fundraising activities during the year, including speaking engagements at Rotary and Probus clubs and other service clubs such as Zonta. The committee also organised a fundraising luncheon. With more than a hundred guests in attendance, the function helped to build greater awareness of ROMAC's mission, its patients and the range of its activities undertaken entirely by volunteers.

We also used the occasion to showcase the dedicated and professional help we receive from the staff of Ronald McDonald House and the Women's and Children's Hospital.

Thanks

I would like to take this opportunity to acknowledge the dedicated work of our committee members, including Brendan Kenny, Bronwyn Kenny, Paul Duke, Wendy O'Connor, Nigel Stewart, Ian (D'Arcy) Walsh, Sarah Huang, Sue Morisset, Alfredo Cababo, Sue Walker and Rosemary Edgeley. Our work could not go forward without them.

After six years, this is my final year as Chair of the Central Region. I would like to pay tribute to the valuable work ROMAC does. It has given me great pleasure to work with the Central Region committee providing outstanding medical outcomes for the children of Oceania.



Anita Robinson

Eastern Region Chair

EASTERN REPORT

As I reflect on the past 12 months, I am filled with a mix of emotions – predominantly joy and pride, but also sadness and reflection. While many of our children have made remarkable recoveries, some journeys have been harder than we hoped. Through it all, I remain deeply grateful for the unwavering support we have received from Rotarians, Rotary clubs and our wider community, which continues to make life-changing medical care possible for children across the Pacific.

In our Region – covering Rotary Districts 9660, 9675 and 9685 – we have worked tirelessly to share the ROMAC story. Through presentations to Rotary clubs, community groups and other charitable organisations, we have been able to raise awareness, inspire compassion and generate much-needed financial support. These efforts remind us that storytelling is not just about sharing what we do – it's about building the collective will to make it possible.

This year, the Eastern Region has supported five children on their journeys to better health and brighter futures. Each story is a testament to the power of Rotary in action and proof that when we work together across borders, we truly can make a difference.

Almas

Almas first entered ROMAC's care in 2004 after suffering severe burns to much of her torso. Her journey to recovery has been nothing short of extraordinary, marked by incredible resilience, determination and strength.



Almas Firosmona Yuniar

Over the years, ROMAC has supported multiple surgeries to release her burn contractures, enabling her to regain her mobility and confidence. Now, as a beautiful young woman, Almas has completed a degree in psychology and is preparing to embark on the next chapter of her life: helping those in need and giving back to her community with the same compassion that was shown to her.

Taisha

Two-year-old Taisha was born with encephalocele, a congenital condition in which the neural tube fails to close, causing a sac-like bulge of brain tissue and spinal fluid to protrude through the skull.

In September 2024, Taisha underwent life-changing surgery at Westmead Children's Hospital performed by neurosurgeon Dr Gemma Olsson and plastic surgeon Dr Damian Marucci.



Dr Damian Marucci, Mum Lily, Taisha & Anita Robinson – Post Surgery

Taisha's mother Lily will always be grateful for the kindness and care the pair received from the hospital staff and from the Rotarians who visited each day during Taisha's hospital stay. Special thanks go to Grahame Cook and Malcolm Brown of the Rotary Club of Parramatta, who welcomed Lily and Taisha into their homes.

In October 2024, Taisha was able to return to Vanuatu not only with her health restored, but with the promise of a brighter future.

Melenaite

Brave little Melenaite first underwent surgery as a ROMAC patient in 2022 for a vascular teratoma. She returned to Australia in early December 2024 for MRI scans and multidisciplinary specialist appointments. Her doctors were delighted with her progress, giving her the go-ahead to return home to Tonga in mid-December.



A happy Melenaite

Melenaite is growing well and embracing the joys of a normal childhood. She will return towards the end of 2025 for further surgery and follow-up care.

Nayline

Eleven-year-old Nayline from Vanuatu was born with congenital scoliosis – a severe curvature of the spine. As she grew, the condition worsened, causing ongoing pain and affecting her growth.

In November 2024, Nayline and her father Henry attended Sydney Children's Hospital, Randwick, for MRI scans and specialist consultations with orthopaedic surgeon Dr Angus Gray. It was decided that Nayline would need two major procedures – spinal traction followed by corrective surgery – requiring a stay of about two months.



Nayline on surgery day

Stage 1 took place on 7 February 2025, when Nayline underwent surgery to place her in halo traction to gently stretch her spine. She remained in hospital for four weeks, attending the hospital school where she excelled. Stage 2 followed on 7 March. Titanium rods and screws–generously supplied free of charge by Jack Lancaster, CEO of Evolution–were inserted to straighten her spine.

Throughout her treatment Nayline showed remarkable courage: she cooperated fully and never complained, understanding that this surgery was the key to a new life for her. She and Henry were warmly supported by the compassionate staff at Ronald McDonald House, Randwick, visited daily by Eastern committee Rotarians and enjoyed the friendship of other families. At the end of March 2025, Nayline returned home with renewed hope for the future.

Joel

Four-year-old Joel from Timor-Leste lost the sight in his left eye after he was found to have a tumour behind it. Following initial treatment in Dili, doctors realised specialist care was necessary and reached out to oncologist Dr Luciano Dalla-Pozza at the Children's Hospital, Westmead, who involved ophthalmology surgeon Dr Michael Jones.



Joel enjoying playing

Joel and his father Cireneu arrived in Sydney late in April. Under the skilled care of the eye team at the Children's Hospital, Westmead, Joel underwent surgery on 7 May to remove the tumour. Unfortunately, the procedure required the removal of his left eye, and Joel was fitted with a temporary eye prosthesis.

Despite this life-changing event, Joel's joyful spirit rebounded along with his health and he embraced the experience with the energy of any four-year-old. During their stay, I opened my home to Joel and Cireneu, doing my best to expose them to Aussie hospitality and plenty of laughter. The language barrier did hamper natural communication a little, but Google Translate and support from local high-school teachers who speak Indonesian helped bridge the gap.

Joel and Cireneu returned home on 15 May. Joel's care will continue under the doctors in Dili.

Nicholson

Baby Nicholson came to Sydney Children's Hospital, Randwick, in February following complications from surgery to remove an abdominal teratoma. During the eight-month-old's time under our care, he underwent multiple procedures and expert treatment. Sadly, despite the exceptional medical care he received, Nicholson was unable to prevail against his complex condition and he passed away.

The Eastern Committee provided ongoing support to Nicholson and his mother Emily throughout their stay. Special thanks go to D9675 ROMAC Chair Jennifer Pedley for her assistance during this difficult time.

Thanks

I extend my deepest gratitude to the exceptional medical teams at Westmead Children's Hospital and Sydney Children's Hospital, Randwick, whose skill, compassion and dedication continue to transform the lives of our ROMAC children. Special thanks go to Dr Michael Plaister, Dr Hasantha Gunasekera and Padhmani Moopanar for going above and beyond in their support of our cause during the past year.

My sincere appreciation also goes to Ronald McDonald House at Randwick and Westmead for providing a safe, welcoming haven for our families. Your warmth and care are as vital as the medical treatment itself, ensuring comfort and stability during our patients' life-changing journeys.

Sustained financial support remains ever vital for ROMAC's work. As more children come to us in need of urgent medical care, it is the generosity of our donors that enables us in the first instance to deliver the life-saving and life-changing treatment they need and deserve. Every donation – large or small – helps open the door to a healthier future for a child in need.

I sincerely thank the Rotary clubs and Rotarians across Districts 9660, 9675 and 9685 for their continued commitment as well as the many individuals and charitable organisations whose contributions have helped us achieve our mission over the past year. In particular, I would like to acknowledge the generous support of the Hunt Family Community Foundation. Your support truly changes lives.

After 26 years as a Rotarian, I can say without hesitation that ROMAC is the most rewarding project I have ever been part of. The transformation we bring to children's lives is profound; it is a privilege to play a role in their journeys.

Looking ahead, I am re-energised by the opportunity to continue working closely with my dedicated Eastern committee. Together, we will strengthen our support systems, extend our reach and continue delivering hope, healing, and a brighter future for the children who rely on us.



Judith McKay Northern Territory – Timor-Leste Region Chair

NTTL REPORT

The year under review has been a transformative one for NTTL volunteers, focused as they have been on renewing awareness of ROMAC's presence in Timor-Leste and strengthening connections with those who can take our work further. By collaborating closely with medical professionals and key organisations, we have identified children in need of medical aid and taken meaningful steps towards ensuring they receive the treatment they deserve.

Our journey has been marked by engagement with doctors, surgeons and health administrators, along with active participation with Rotary and Rotaract members who share our passion for helping children. These partnerships have set us up to navigate the challenges of Timor-Leste's health-care system and the obstacles often posed by its limited resources.

A particularly rewarding aspect of our work has been reconnecting with past ROMAC patients and witnessing first hand the profound impact of medical aid on their lives. Many of these young people, now teenagers and adults, we find are actively contributing to their Timor-Leste community, having resolved to be agents themselves of the kind of lasting difference ROMAC made in their lives.

We extend our sincere thanks to the Consul-General of Timor-Leste in Darwin, Mr Jose Antonio Amorin Dias, who has generously assisted patient parties with overnight accommodation on transit stops through Darwin International Airport (photo page 14). Early in November 2024, we collaborated with our national colleagues to assist 10-year-old Slavenia

national colleagues to assist 10-year-old Slavenia to go to the Southern Region for restorative eye surgery in Melbourne (photo page 14). And mid-April this year, four-year-old Joel went to Sydney in the Eastern Region through our agency for critical eye surgery (photo page 12). We are proud to have been able through ROMAC to make sure both these children received the surgery they desperately needed.



Minh Nguyen
Southern Region Chair

SOUTHERN REPORT

The Southern Region was proud to facilitate the treatment of three patients during the year under review.

Slavenia

Slavenia came to ROMAC's attention facing the frightening prospect of losing her sight at 11 years of age. She was assessed and treated for open-angle glaucoma in both eyes at St Vincent's Private Hospital in Fitzroy by Dr Michael Coote.

She recovered well after her surgery and returned home with her mother Isabel with her prospects for the future restored.



Slavenia's first Doctors appointment



Judith, Slavenia, Mother Isabel and Consul-General Jose Antonio Amorin Dias

Elina

Five-year-old Elina from Vanuatu spent three months in Melbourne being treated for clubfoot. After assessment by Dr Leo Donnan at VicOrtho, Elina's left foot, which was twisted through 180 degrees, was initially casted for three weeks. This was followed by an operation to release her tendon and a further period of casting.



Elina and her Mum Enneth

We can only imagine Elina's family's joy at seeing her left foot as well aligned as her right when she and her mother Enneth returned home.

We are grateful to Dr Donnan and his team at VicOrtho and to St Vincent's Private Hospital in East Melbourne for Elina's outstanding treatment and care.

Janet

After a brief hiatus in patients, we welcomed threeyear-old Janet from Vanuatu in April 2025, also for treatment of a left clubfoot. Janet was treated at the Geelong University Hospital by paediatric and general surgeon Dr Richard Angliss.

Her treatment entailed initial casting of the affected limb, followed by corrective surgery and then a further round of casting. After nearly 11 weeks of treatment, the toddler was cleared by Dr Angliss to return home with her mother Anita and begin her life anew.

We are grateful to Carol Brislane and John Sanders of the Rotary Club of Geelong West who, with relief support from Morag and Suzanne Mann of Geelong Central Rotary Club, supported Anita and Janet throughout their stay.



Janet in stroller

Acknowledging our support

Post-COVID, this year has seen the strongest rebound of support from the Rotary clubs in all five of our districts. Our sincere thanks go to the Rotary clubs who responded to our appeals, ensuring continuity of this vital source of funding.

Rotarians, non-Rotarians and members of the local Melbourne communities with ties to Timor-Leste and Vanuatu have been extremely generous in providing care, transport, interpreting help and home comforts for our child patients and their parents or guardians during their treatment stays.

Some of these forms of support must be in place before we can even consider accepting a child patient to our Region. Others are just as vital though for the sense of ease and confidence they give our families during what is otherwise a most stressful time for them.

Reconnecting with Tasmania

A trip to Tasmania in March 2025 by Nigel Stewart, our Medical Director, and me proved very fruitful. North Hobart Rotarian Jenny Kerrison and our Tasmania District Chair Tammy Palmer together made it possible for us to present on ROMAC at the District Conference in Deloraine and update all those present on ROMAC activities.

The new District Governor informed us that ROMAC would be one of his projects for the year, and this was announced formally in his maiden speech. As we travelled further south, apart from meeting the Rotarians at a joint Rotary meeting at Sandy Bay Rotary Club in Hobart, we also had an opportunity to meet with the Head Paediatrician at the Royal Hobart Hospital, which resulted in an agreement in principle that the hospital might accept up to four ROMAC patients a year.

New Southern Region Medical Consultant

After many years of using his medical skills and his copious connections to help to get patients treated in the Southern Region, Dr Bernard Jenner has handed the Medical Consultant baton to paediatrician Dr Elliot Lyon, who is already active in the role.

We would like to thank Bernie for his many years of committed service, and welcome Elliot to the ROMAC team.

Thanks

Our deepest thanks go out to all the treating surgeons and the hospital staff at VicOrtho clinic, Melbourne Eye Specialists clinic, I-Med Radiology, East Melbourne, St Vincent's Private Hospitals and Geelong Hospital for providing your medical expertise and care at no cost to ROMAC.

We acknowledge and thank our vital host families and respite supporters and interpreters for the important role you play in the care of our families.

I further thank the Jared Dunscombe Foundation, the sponsoring Rotary clubs, all the Rotary clubs in D9780, D9790, D9800, D9815 (previously D9810 and D9820) and D9830 and all our donors and volunteers for their continuing support.

I look forward to another year of working within our wonderful ROMAC program to benefit children in need of medical aid.



Wayne Litherland
Northern Region Chair

NORTHERN REPORT

The Northern Region provided treatment for three young patients during the year.

Joy

Joy, a 19-year-old from Solomon Islands, has undergone three treatments for a heart condition, all facilitated by ROMAC.

Joy's surgery at Cairns Hospital to fit a new pacemaker was performed in June 2024, but her rehabilitation continued into the year under review. She attended her final check-up in Brisbane.

Although ROMAC patient support was a new experience for our Cairns Rotary family, it was one the region embraced. Joy and her father Namona were warmly hosted by local families and welcomed at a number of Rotary clubs.



Jo and Dr Ng

Lionel

Lionel, also from Solomon Islands, spent five months in Brisbane undergoing treatment by Prof. Roy Kimble at the Brisbane Children's Hospital to correct an imperforate anus.

Lionel and his mother Elizabeth were embraced by the local Solomon Islands community, who welcomed them into their homes and hearts. Rose Fisher, their primary host and our valued interpreter, also accompanied the pair on their trip home.



Lionel and Professor Kimble

Peter

Peter came to us from Solomon Islands for treatment for severe burns to much of his body sustained in a house fire. He received exceptional care from the burns unit at Queensland Children's Hospital, which included even preparing Peter for travel and accompanying him on his flight to Brisbane. Once here he underwent extensive surgery followed by lengthy rehabilitation treatment and supportive care.

Peter's condition improved rapidly and once he regained his mobility he was able to return home to continue his rehabilitation locally.



Peter in wheel chair

Thanks

We owe a considerable debt of gratitude to Prof. Roy Kimble and the expert staff at the Brisbane Children's Hospital and the Queensland Children's Hospital for their sympathetic and outstanding care of both Lionel and Peter. We also thank the Solomon Islands Brisbane community for the unstinting support they provided to Lionel and Elizabeth and to Peter and his grandmother Magareth.

Our region, particularly Brisbane, is a primary hub for patients transiting to other ROMAC regions or on their way home. Northern committee members are often on hand to provide assistance through domestic and international terminals. I also want to acknowledge the airline, customs and baggage staff, particularly of Solomon Airlines, for their assistance with what is often a daunting process for those unfamiliar with air travel.

We are ever aware of the vital importance of financial support from our Region's Rotary clubs for ROMAC's work. I wish to extend our sincere thanks to our regular supporters and to our new ones. We welcome any opportunity to visit clubs to present on the wonderful work ROMAC does. I want to recognise particularly the Sunshine Coast clubs of District 9620, which continue to run an annual fundraising trivia night for ROMAC's benefit. We also benefit greatly from support from generous benefactors who prefer to remain anonymous.

The Northern Region is privileged to include within its ambit numerous Pacific island Rotary clubs. Apart from being a source of patient referrals, these clubs are well placed to provide valuable in-kind and financial support. We thank and acknowledge the clubs of Solomon Islands, Papua New Guinea, Timor-Leste and Nauru, and acknowledge particularly the support of the Rotary Club of Honiara.

Looking forward, we are cautiously optimistic about the imminent return of cardiology patients to Brisbane Children's Hospital, with a patient from Vanuatu due to arrive in the coming months.

A heartfelt thank you to everyone who has contributed during the 2024-25 Rotary year. We look forward to building on its success next year.



Peter Garnett MBE
New Zealand Region Chair

NEW ZEALAND REPORT

The New Zealand Region has had a relatively quiet year, with just three children, all from Vanuatu, receiving our support. Each of them required remedial cardiac treatment.

Damien

We welcomed our first patient, two-year-old Damien, in October 2024. Damien needed treatment for a coronary fistula. His diagnostic CT scan and treatment were initially delayed by his needing to be treated for an infection, but his surgery went ahead successfully early in December.

It was wonderful to witness Damien's health rebound after his surgery. The active and happy toddler was cleared to return home with his mother Ina on 18 January 2025.



Damien, Ina, and Chair Glenys

Daisy

Early in March 2025, our second child, eight-monthold Daisy, arrived in Auckland with her mother Leifitu. Daisy's diagnostic assessment at Starship Hospital revealed her case to be more complex and urgent than originally thought. Daisy had Tetralogy of Fallot, a relatively rare congenital condition where four heart defects occur together, affecting the structure of the heart and, in Daisy's case, slowing the flow of blood into the lungs.



Daisy, Leifitu, Tony and Heather AIAL

Daisy had urgent cardiac surgery on 26 March. The operation was successful and she recovered well. She was cleared to return home on 29 April. It was a great pleasure to be able to join Tony and Heather Raynor at Auckland International Airport early on the morning of 3 May to bid farewell to Daisy and Leifitu.

Ken

Our final patient for the year under review was Ken, a gravely ill infant boy. Ken had been reviewed by visiting Starship cardiologist John Stirling at his clinic in Port Vila in late April. Dr Stirling advised then that Ken needed surgery to repair his cardiac defect within four to five weeks if the outcome was to be successful.

After an unavoidable delay with medical paperwork, our NZ Operations Manager Sue Smith worked hard to get Ken and his mother Bernadette to New Zealand as quickly as possible. This involved arranging a MEDEVAC flight from Luganville, Santo, to Port Vila and then an urgent visa application for a medically assisted flight to New Zealand.

On arrival at Auckland Airport on 5 June, Ken and Bernadette, accompanied by Vanuatu paramedic Michael Benjamin, were transferred by ambulance to the Starship Hospital. After a period of stabilisation and work-up, Ken finally underwent his surgery on 10 June. It was a joy to witness Ken's health rebound so much quicker than expected after his surgery. A very grateful and relieved Bernadette flew home with her son on 15 July.



wonderful ROMAC success story – without this operation baby Ken would have had only a few months to live.

This is another

Happy Ken post operation

NZ Committee Reunion

On 3 May the NZ ROMAC Committee held a wonderful reunion luncheon. Twenty-five current and past members and their partners and D9910 District Governor Jenn Wong attended. ROMAC Chair Glenys Parton presented a ROMAC Lifetime Achievement Award to past NZ Regional Chair, ROMAC Chair and District Governor Geoff Dainty. We were pleased to have all the ROMAC NZ Chairs in attendance, except for the late Trish O'Reilly (2004-07), who brought ROMAC to NZ - PDG Geoff Dainty (2007-10), Eric Horne (2010-13), Angela Bowey (2013-16), Glenys Parton (2016-21) and PDG Peter Garnett (from 2021).



Geoff Dainty Recognition Award – 3 May 2025 Jenny Dainty ROMAC Deputy Chair, PDG Peter Garnett DG Jenn Wong, PDG Geoff Dainty, PDG Elaine Mead

Thanks

My deepest thanks go to our wonderful host clubs and their members who supported Damien (Rotary Remuera), Daisy (Rotary Maungakiekie) and Ken (Rotary Downtown). The caring support they provide is a key and highly valued component of the pastoral care ROMAC provides for our families.

We are greatly indebted for the vital and considerable support we receive from the dedicated paediatric cardiology team at Starship Children's Hospital and the wonderful staff of Ronald McDonald House Auckland. We thank them for the support they provide to help transform the lives of the children ROMAC brings to New Zealand each year.

Finally, I am extremely grateful for the support provided by the dedicated and hardworking volunteers of the New Zealand Region committee. I am confident we all look forward to another year of sharing the wonderful sense of accomplishment that comes from being a part of such an inspiring Rotary project.



Phil Cordery
Western Region Chair

WESTERN REPORT

Western Australia's involvement with ROMAC began back in 2003, when two children from Timor-Leste arrived in Perth for life-saving heart surgery at the Princess Margaret Hospital for Children. The following year, ROMAC's Western Region was officially established and, over the next decade, it facilitated vital medical treatment – mostly cardiac surgery – for 17 children.

Unfortunately, ongoing difficulties with hospital bed availability in subsequent years resulted in a steady decline in patient numbers. By the 2013-14 reporting period, we could only accept a single patient. That child, Bakita, underwent successful cardiac surgery at the Princess Margaret Hospital in February of 2014 and also proved to be our last ROMAC patient in Perth.

At the time, it was hoped the new Perth Children's Hospital would soon open and present fresh opportunities. But, with construction delays pushing the opening out by another three years and shifting hospital priorities once it finally opened in June 2018, ROMAC remained unable to place children there for treatment.

Ever since, we've been working hard behind the scenes to re-establish a partnership with the hospital and with the Western Australian Child and Adolescent Health Service (WACAHS).



Phil Cordery and Carrie Dunbar, Nurse Co-Director Surgical Directorate at Perth Children's Hospital

A New Chapter Begins

After many years of persistence, I am exceedingly proud to report that a memorandum of understanding between ROMAC and Perth Children's Hospital has now been signed. My thanks go to PDG Brian Eddy, past ROMAC Deputy Chair and Treasurer, whose support helped make this possible, and to the WACAHS staff for their confidence in and commitment to this cause.

As I prepare to step down as Western Region Chair, I do so with optimism. This agreement lays the foundation for ROMAC children to once again receive treatment here in Perth. I am confident that as this partnership grows we will also be able to rekindle the invaluable support of Rotary clubs across Western Australia – support that is critical to continuing ROMAC's life-changing work.

THANKS TO OUR MAJOR SPONSORS THIS YEAR:









A SPECIAL THANK YOU!

To all our wonderful MEDICAL SPECIALISTS AND ALLIED HEALTH PROFESSIONALS whose generosity and skills are recognised and appreciated by all ROMAC volunteers, and most of all by our patients and their carers.

Who's Who in ROMAC - 2024-25

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Chair	Glenys Parton	chair@romac.org.au	Tauranga Sunrise
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Operations Director	Mike Hetherington	operations@romac.org.au	Gold Coast
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Southern	Minh Nguyen	southern@romac.org.au	Keilor East
Western	Phil Cordery	western@romac.org.au	Southern Districts
Central	Elizabeth Davis	central@romac.org.au	Adelaide
Australian Capital Territory	Sandra Goldstraw	act@romac.org.au	Ginninderra
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