

FANDUE CLINIC VANUATU

Rebuilt 2009/2010



Before



After



Fandue Clinic, Vanuatu

Photo courtesy of Barry Oliver.

Adopt-A-Clinic, South Pacific Division

MILTON HOOK

Milton Hook, Ed.D. (Andrews University, Berrien Springs, Michigan, the United States). Hook retired in 1997 as a minister in the Greater Sydney Conference, Australia. An Australian by birth Hook has served the Church as a teacher at the elementary, academy and college levels, a missionary in Papua New Guinea, and as a local church pastor. In retirement he is a conjoint senior lecturer at Avondale College of Higher Education. He has authored *Flames Over Battle Creek*, *Avondale: Experiment on the Dora*, *Desmond Ford: Reformist Theologian*, *Gospel Revivalist* the *Seventh-day Adventist Heritage Series*, and many magazine articles. He is married to Noeleen and has two sons and three grandchildren.

Prior to the establishment of the Adopt-A-Clinic project, John Morris, a Seventh-day Adventist layman, initiated a program to give basic medical kits to Fijian clinics. The enterprise functioned from 1992 through 1996, and he

made arrangements to restart the service in 2002, a concept germane to the later Adopt-A-Clinic program.¹

Furthermore, a missionary teacher named Shane Baker had noticed the dilapidated condition of many Seventh-day Adventist clinics in Papua New Guinea. On his return to Australia in 2006, he encouraged Dr. Chester Kuma, then associate director of Adventist Health Ministries of the South Pacific Division (SPD), to develop some targeted support for the clinics. Aware that the Hillview Seventh-day Adventist Church in Morisset, New South Wales, had recently returned from a Fly-n-Build at Kukudu mission station in the Solomon Islands, they visited the church to ask if the members would be willing to adopt the Kukudu clinic permanently as their special project and make ongoing improvements to the facility. Hillview members happily agreed to accept the proposal. It became the prototype of a broad program to have homeland entities embrace a Pacific Island clinic.²

Jonathan Duffy of the SPD Health Ministries department circulated a 2007 letter and brochure to all Australasian churches portraying the clinics in disrepair.³ The photographic evidence galvanized church members, especially an army of ex-missionaries, to sign agreements of support for clinics of their choice. Ron Taylor, an ex-SPD administrator, believed the Adopt-A-Clinic program would restore the derelict clinics that had been left to decay because of a lack of local mission funds or, in some cases, "little comprehension of what a successful clinic involves."⁴

Hillview church members have continued to provide financial and practical assistance to keep Kukudu clinic functioning in good condition.⁵ Their initiative has inspired the SPD Health Ministries department to expand the Adopt-A-Clinic program since 2007.⁶ It is designed as a comprehensive scheme to benefit all the Pacific Island clinics under their administration.⁷ At the time three mobile clinics and 32 regular clinics were functioning in Papua New Guinea, a further 17 in the Solomon Islands, four in Vanuatu, and one in Kiribati.⁸

The project devoted 60 percent of camp meeting mission offerings, a figure amounting to \$A120,000, to meet some initial costs, and soon 61 churches actively supported the clinics. Some organized teams from their churches for Fly-n-Build projects.⁹ Kuma published an official thank you in the division's church periodical.¹⁰

Two years later the project published a report of the progress that had occurred among the clinics. All were slated to be rebuilt. Clinics at Aore in Vanuatu and Kukudu, Kwailebesi, Sulopo and Sango in the Solomon Islands were already completed. New clinics at Kapi in Papua New Guinea and Biluro in the Solomon Islands had been established. The Dovele clinic in the Solomon Islands and a new one at Port Resolution in Vanuatu were under construction. All clinics in Vanuatu and the Solomon Islands had received new medical instruments, linen, mattresses, beds, wheelchairs, and walking frames. Sydney Adventist Hospital and other hospitals around Australia donated much of the equipment. Government officials in the Western Pacific expressed their appreciation for the generous assistance.¹¹

In 2010 ten shipping containers filled with medical supplies went to the clinics, both church and government ones. The equipment included beds, mattresses, bed linen and blankets, stethoscopes, ward gowns, surgical

drapes, and stretchers.¹²

The Adventist Development and Relief Agency in the Solomon Islands received a windfall of \$2 million from the European Union in 2012 for improving health facilities. Leadership allocated some of the money for the construction of six new clinics and the renovation of 12 existing ones. Plans included homes for clinic staff, toilets, generators for electric lighting, cleaner water supplies, and solar power for refrigerators to store vaccines.¹³

By 2014 Australasian churches had adopted 42 clinics. Volunteer nurses from the Warrnambool and Wantirna churches in Victoria helped to upgrade the Balolava clinic in the Solomon Islands.¹⁴ In western New South Wales a farmer donated the proceeds from the sale of cattle in order to fund air fares for a team of Gunnedah church members to remodel the Madakacho clinic on Guadalcanal, Solomon Islands.¹⁵

When Kevin Price became departmental director of the SPD health ministries in 2009, he and Dr. Kuma worked to strengthen the Adopt-A-Clinic program in cooperation with those at the SPD who organized the volunteer building teams. They published an illustrated newsletter to inform church members of the continuing advances made. News reports spoke of the Vanuatu clinics adopted by the Rosendahl family of the Port Macquarie church, New South Wales. By 2011 clinic renovations in Vanuatu took place at Aore, Port Resolution, Port Quimmi, Middle Bush, Paparama and Fandue. Two churches in collaboration with Lyn (Roefelt) (Taylor) Anderson, who years earlier had been a nurse aboard the vessel, adopted the famous floating clinic *Pathfinder* that plied the Sepik River in Papua New Guinea. After a tsunami destroyed the Dovelleville clinic in the Solomon Islands, the Erina church in New South Wales built another on safer ground.¹⁶ The foundations of the Batuna clinic in the Marovo Lagoon had rotted so volunteers Glynn Lock and Rod Keeler led a team to construct a new building on elevated ground.¹⁷ As reports with photographs about all the clinic improvements circulated, it encouraged those churches and other participants involved.

The remote outpost of Minj Mu in the western highlands of Papua New Guinea received a gift of K150,000 from the government, and a team of 20 Murwillumbah church members built staff quarters in 2012 for the clinic that they had adopted. The facility caters for 8,000 people who have no other medical assistance.¹⁸ In 2012 a team of four volunteers refurbished another remote clinic, situated on Koli Island, Papua New Guinea and adopted by the Gayndah and Biloela churches in Queensland.¹⁹

During 2017 the Adopt-A-Clinic concept had a part in providing a new community health station at Tomba, a remote village in the Western Highlands of Papua New Guinea. The complex included a day ward, an outpatient treatment room, an emergency room, a maternity delivery room, a pharmacy, and three staff homes.²⁰ That same year the Port Macquarie church in New South Wales, already supporting some mission clinics in the Pacific, expanded their help by gathering clean unwanted bed linen from local motels and hospitals and shipping them to many different clinics in the Pacific. They also despatched some linen to an orphanage in Zimbabwe.²¹

Typical of the Adopt-A-Clinic activities is the clinic at Mt. Diamond, Papua New Guinea, partnered by Park Ridge church in Queensland. They were one of the earliest groups to adopt a clinic. Every two years a team of volunteers from their church makes the trip to maintain the facility in good working order.²² The latest report from the Health Ministries department of the SPD lists 56 such clinics, 26 in Papua New Guinea, 23 in the Solomon Islands, and seven in Vanuatu. Three receive government funding. Six, all in Papua New Guinea, are classified as first-aid posts only. Individuals, families, or church groups in Australia and New Zealand under the auspices of the Adopt-A-Clinic program have adopted the remainder.²³ In the beginning many were sceptical that the standard of our church clinics could be raised across the Pacific, but despite the difficulties and logistical challenges, the Adopt-a-Clinic program has been an outstanding success. Decaying and dying clinic facilities and services have dramatically improved and continue to serve the sick in isolated and very needy locations.

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NOTES

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