

Caduceus – Medical aid to Vanuatu – June and early July 2015 Summary

We have now completed week 5 of a trip around the islands lying approximately 100 nautical miles to the north of the capital of Vanuatu, Port Vila whence we have returned for a week of rest, recuperation and re-stocking. The return has been timed to meet up with friends from last year who have made their way from New Zealand via Tonga and Fiji. Add the World ARC fleet that is transiting through and we are seeing a fair number of Ocean Cruising Club members; eight of us dined ashore last night (Chez Nous, Brizo, and Firefly). Lunar Quest, Eric and Ann Faber who arrived this morning, hit the double target of being members of the OCC and our home yacht club the Royal Harwich.

During our trip around the islands Elizabeth has been able to link up with nurses and aid workers manning the dispensaries and health centres and has provided a mix of support, mentoring and diagnosis of the more serious issues that require referral. Forget blue lights and easy access. A referral can mean a 3 mile trip in an open boat to rendezvous with the interisland ferry, in the case of the island of Uliveo this occurs at 3 o'clock in the morning, followed by a 30 hour trip to Port Vila. The patient then has to report to the hospital clutching their referral letter. In the normal course of events that would be the first notification that the hospital has that the patient is coming. We have been able to help this along considerably by the use of email, getting clearance from the hospital before the patient sets off. This is not a facility available to the regular health workers.

The conditions vary dramatically between islands and a 25 mile sail can make you think you have landed on a different planet. The Island of Epi, where we were in week 4, is fairly affluent with a scattering of 4x4's and most of the houses block built with hard roofs and running water on site. 25 miles away in the Maskelyne Islands the majority of the houses are made of bamboo and thatch, the people cook on open fires in cooking huts, water is carried in buckets from catchment tanks and the only transport is a few bicycles and the odd passing wheel barrow. Lamien Bay on Epi has a well-founded and provisioned health centre, dating from colonial days when it started as a leper hospital. There is a bedded ward for inpatients although they generally have to be accompanied by family who look after their non-medical needs such as feeding. The Maskelyne Islands have a variety of tin sheds with a room round the back for delivering babies all served from a simple central dispensary staffed by one nurse and an aid worker. For night deliveries lighting is in most cases by paraffin hurricane lamps and the patient is responsible for taking sheets and towels away for laundry post birth. The nearest health centre with facilities for inpatients is a four mile local boat ride and a four mile walk away. It is going to take a good deal of managerial talent, resources and time to smooth out these inequalities.

One of the effects of post cyclone aid is that resources have been diverted to the more badly damaged islands, as you would expect. This has resulted in regular supplies to less damaged places not occurring. As a result on one island with a population of about 1000 people the nurse is completely out of paracetamol and ibuprofen and penicillin V and no supply of her regular drugs to treat hypertension and diabetes; no supplies appear to be in the pipeline. We have been able to help out from our resources and hope to help organise supplies from Port Vila. A similar problem has occurred with food aid. The Maskelyne Islands were not classified as badly effected so received no food aid. 90% of their crops were damaged either by wind, torrential rain or salt water inundation. It has taken months to get a supply of edibles growing and in the meantime parents have been going without in order to feed the children.

Up in the islands no man would dream of being seen here without a bush knife, a large machete, in his hand. The counter side to that is of course a great number of knife wounds, especially amongst children who regard lethal looking blades as a plaything with every 8 year old aspiring to one of their own. They even carry blades to school, try that on the British educational establishment. Knife wounds will often be treated in the first instance by Kastom medicine so by the time that the injuries are presented to the nurse, or doctor in this case, you are dealing with a suppurating mess. Fortunately Elizabeth is carrying a reasonable quantity of injectable penicillin, oral antibiotics and dressings which together with the means of cleaning wounds has resulted in some very good successes in clearing up such wounds.

The influence of Kastom, local island, medicine varies from island community to island community. On Epi it is not regarded as a significant factor other than for sensible first-aid. On the less affluent islands Kastom medicine and the Kastom doctors have a much greater influence. We came across one instance where a 40-year-old man had just died from pneumonia having refused Western medicine until it was too late and another suffering from severe diabetic neuropathy whose family and the Kastom doctor required the nurse to give penicillin injections but would not allow the patient to travel to Port Vila hospital for the necessary life saving amputation. Somewhat different from practicing medicine at home but a challenge that Elizabeth is very much enjoying. I do not think Elizabeth ever had a patient being brought down to the surgery in Coggeshall by wheelbarrow but given that that is the only wheeled transport available on the island of Akhamb it made a lot of sense and certainly eased the pain of the young lady suffering with an infected wound on her ankle.

We have so far been able to conserve a significant part of the money that has been donated to us from various sources by liberating a fair amount of supplies, medical and other, from various aid agencies. We have therefore been looking at areas where we cannot otherwise obtain (beg, borrow or scrounge) things. Purchases whilst in Pott Vila have so far included a large quantity of stationery and other teaching aids and supplies for use in island kindergartens. These are a regular feature in villages and depend on gifts and donations for supplies, if they can obtain them. We have identified six kindergartens that we will be helping and are making up bags containing the teaching aids, tennis and footballs, toys and other items that will make delivery without damage by assault beach dinghy landing easier on our next trip.

We are working with a number of other yachts, including OCC member Brian Wallace on Darramy, to provide water capture equipment, guttering and tanks for a small community of 20 whose water tank is damaged and who currently bring water from the mainland by canoe. A quantity of rain guttering and fixings destined for this task have been purchased and are secured to our guard rails and we are working out how we can safely carry either 250 or 500 litre water tanks on the deck. This is an interesting little community. Their 10 and 12 year olds set off at 7 o'clock in the morning on their own to canoe a mile across open water followed by 1 mile walk to go to school. What price the school run? The guttering and downpipes that are currently sitting on our deck have excited a certain amount of comment; I am not sure anyone believes that I am going to fit them to our hard top – last week was wet enough to make it worthwhile. As we have explained to family back at home it isn't called tropical rainforest for nothing.

Further purchases before we depart for the islands in a few days' time may well be in the areas of solar lighting for dispensaries, training resources for nursing staff, medical equipment and tools and hardware for repairing and extending communal property. We are being guided in all of this by the Lynn and David Colbert who run the Butterfly Trust (www.butterflytrust.org) and are well known and respected for the sterling work that they have been doing over the last 8 years. They have been doing an amazing job in supporting us by liaising between ourselves on the ground and the central medical facilities and administration. It is a rare event for them to have an accredited doctor actually on the ground and able to report back and we hope that we will be able to gain benefit for the communities that we have visited with a bit of gentle lobbying.

Training resources to help teachers and parents of 2 children with Down's Syndrome and a deaf boy whose parents wish to teach him signing have been received courtesy of friends and new OCC members Jonathan and Donna Robinson, Chez Nous, returning to their boat from the United States. We have a shopping list for the family of Daisy, a 6-year-old girl who as a baby was rendered severely brain-damaged by malaria. We first met the family who are doing an amazing job caring in difficult conditions, last year. Our initial delivery to them this year included clothes, bedding, cuddly toys and dried milk. What is now required is a supply of nappies and waterproof pants that are only obtainable here in Port Vila.

In a few days' time we will set off on another five-week trip around the same areas as before which will allow follow-ups of cases and situations. We already have a request from the medical authorities to man a clinic at Lamap on Malakula for two weeks whilst the nurse attends hospital with her husband who requires an operation. This may work well as Lamap is the administrative centre for the islands and villages in South East

Malakula and where people from the islands and surrounding communities come for banking and some medical care. Lamap also has a good, protected and secure anchorage in Port Sandwich; quite a rare feature in many places that we are visiting.

On the sailing front the last 5 weeks have been decidedly wet and windy with most days forecasting 20 to 25 knots of south east'ish trade winds which together with large seas have given decidedly robust sailing conditions. Anchoring has also been a problem as anchorages with good all round protection from wind or swell are few and far between. Early in this trip the drive belt on our genoa furler broke and I inadvertently damaged the spare. Not having the easy use of a genoa and relying on our small staysail has not been a problem as deep reefing has been the order of most days. We have now obtained a number of spares from Italy via the USA courtesy of Chez Nous.

Our current intention, all plans being subject to change of course, is to complete our next round trip and leave Vanuatu in early September to make our way to Port Moresby in Papua New Guinea where we are able to obtain visas prior to entering Indonesia. We intended to do this much earlier in the season in Australia but decided to come to Vanuatu instead. The PNG route will we hope allow us to catch up with the original schedule and end up in Thailand at the end of the year.