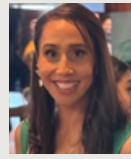




Operation Rainbow AUSTRALIA

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Message from the President

2026 Operation Rainbow Mission — Cebu

And just like that, the 2026 Operation Rainbow mission in Cebu is done.

This was our second year at Adventist Hospital Cebu and once again, the hospital team were amazing. From the orderlies and housekeepers to the cooks and nurses, everyone made our team and more importantly, our patients and families feel so welcome. The kindness and hospitality we received throughout the week was remarkable.

A new addition to the team

This year marked another exciting first for Operation Rainbow Australia as we welcomed a speech pathologist to our mission team.

We've always understood that surgery is just one part of a child's journey with a cleft condition. The care and support they receive after surgery is equally important, particularly when it comes to speech, communication and their confidence to interact with the world around them.

Having Cara join our team was an important step in expanding the support we can offer our patients and their families, both during the mission and beyond.

Make sure you read our interview with Cara Cragge later in the newsletter to hear about her experience on her very first Operation Rainbow mission and the impact she saw firsthand.

Listening to our families

For the first time this year, we invited patients and families at our Cebu screening clinic to share their experiences through a questionnaire. We wanted to understand not only their experience with Operation Rainbow, but the wider challenges of living with a cleft condition - including access to care, feeding and speech, ongoing support and the emotional and social impact on children and families. Their feedback has highlighted important areas where we can do more, particularly around speech and communication, family education and access to ongoing care.

Most importantly, their voices will help shape the future of Operation Rainbow, ensuring our missions provide more than surgery - supporting children and families throughout their cleft journey.

Keep reading to discover what our families told us.

A very busy week

This was one of our biggest missions yet, with the team working 12+ hour days to keep up with the number of patients waiting for surgery.

From Sunday 9 August to Friday 14 August, we had five and a half days of operating and treated- 93 patients, 102 procedures

Including:

35 cleft lip procedures
13 bilateral cleft lip procedures
43 cleft palate procedures
11 other procedures



Those numbers are impressive, but behind every number is a child and a family who have waited for this opportunity. The care our team provided throughout the week was exceptional. We couldn't do it without our partners. A huge thank you to our local partners, Kiwanis Club of Cebu and Abounding in Love. They are such an important part of making these missions happen. From helping with patients and families to all the things that happen behind the scenes, their support makes a huge difference.

And after a very long week we finished the mission with a pirate-themed celebration. It was a great way to finish the week and celebrate everything the team had achieved.

And now... 2027

The 2026 mission may only just be finished, but planning for Operation Rainbow 2027 is already underway.

There is always more we can do and the feedback from this year's families, along with what we learnt during the mission will help us make next year's mission even better.

For now though, we're taking a moment to look back on a very successful mission and say a huge thank you to everyone who helped make it happen.

With Gratitude,
Jaime Bowler

President,
Operation Rainbow



2026 Operation Rainbow Team

Medical volunteers

Dr Tim Hewitt - Plastic Surgeon
Dr Lewis Blennerhassett- Plastic Surgeon
Dr Chris Gibson- Anaesthetist
Dr Rohan Mahendran- Anaesthetist
Pearce Buckbee- Selleck - Anaesthetic Technician
Angela Butterworth - Theatre Nurse
Jelvie Paclibar - Theatre Nurse
Meegan Mirco- Theatre Nurse
Tamara Harrington- Assistant Coordinator/ Nurse
Dr Emma Argiro- Paediatrician
Cara Cragge- Speech Pathologist
Jaime Bowler - PACU Nurse/Coordinator
Sureka Rajendran - PACU Nurse

Non-medical Volunteers

Karla Downey - Social Organiser/Coordinator

Filipino Nurses

Junas Arnel E.Tburan - PACU Nurse
Yza De Gracia - PACU Nurse





What Our Families Told Us: First-Ever Patient & Family Questionnaire

This year, for the first time, we asked our screening clinic families to fill out a questionnaire - 92 patients came through screening and 81 families took the time to answer. Here's what stood out:

67% of families identified speech and communication as their biggest concern — even more than appearance. For many children, being able to communicate clearly means confidence, friendships, education and feeling included.

“It means a lot because finally my child's speech will improve and they won't be bullied anymore.”
- Parent of a patient, Cebu Screening Clinic 2026

This feedback reinforced the importance of having Cara Cage, Speech Pathologist, join our mission team for the first time this year.

The journey doesn't end with surgery

56% of families said their child had experienced teasing, bullying or discrimination because of their cleft condition, while 15% reported having limited support.

Getting to care can also be a challenge. One in four families travelled six hours or more, 58% needed overnight accommodation and 62% had a family member miss work to attend the clinic.

Families told us they wanted more information about why cleft conditions occur and their impact on speech and communication. Their feedback will help us strengthen the education and support we provide on future missions.



Meet Cara Cage, Operation Rainbows First Speech Pathologist



Cara Cage made Operation Rainbow history in Cebu in August 2026 - the first Speech Pathologist to ever join one of our surgical missions.

Cara works at Perth Children's Hospital and runs her own practice- Cara Cage Speech Pathology. In Cebu, she brought that same expertise to our patients who'd had cleft palate surgery years earlier but had never had a speech pathologist look at how it affected the way they talk. Over the mission, she saw around 70 patients - children and adults - helping them find sounds they'd never been able to make, including one little boy who ran out of his session and said "Hi Aunty" for the very first time.

Welcome to the team, Cara! We're so glad you were part of the journey with us.

What did a typical clinic day look like?

Clinic days were busy and incredibly rewarding. After an early team meeting, I'd head to the ward to confirm outpatients and set up my therapy room. From morning to afternoon, I saw patients individually for speech assessments and therapy - many of whom had cleft palate surgery in previous years but had never had access to speech pathology. Afternoons were spent on the ward meeting families ahead of the next day's surgeries, talking through how a cleft palate affects speech and what to expect long-term.

Was there a moment that showed you how needed this was?

Families travelled four to five hours each way to reach the clinic and most had never had speech pathology support before. On my first day, I worked with a young boy who had never been able to say the "t" sound — we used his aunty's name as our target word. By the end of the session, he ran out of the room and said "Hi Aunty" for the first time. His mother was in tears. Moments like that happened again and again across the mission.

What's one story that's stayed with you?

A 28-year-old woman who'd had cleft palate surgery ten years earlier, but never received speech therapy, has stayed with me. A fluent English speaker, she struggled with "f" and "k" sounds. In two sessions - one the night before her own daughter's cleft surgery - she mastered both, using them in full conversation by the end. She told us the support had changed her life, and she's committed to returning next year with her daughter to continue their therapy together.

What was it like working through interpreters?

Interpreters were essential to making therapy meaningful. Once we'd stimulated a new sound, they'd help us find functional words in the child's own language, turning sessions into a two-way exchange - the children taught me their language and I helped them find new sounds within it. It was a beautiful reminder that connection doesn't depend on a shared language.





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Operation Rainbow Australia Charity Luncheon- Karla Downey



On 28 March, we proudly hosted our third annual charity luncheon in support of Operation Rainbow Australia at the historic Print Hall, bringing together 200 generous guests for an afternoon of friendship and giving.

The luncheon raised vital funds for Operation Rainbow Australia's 2026 Cebu mission, where volunteer medical teams provided free cleft lip and palate surgery to children who would otherwise have limited or no access to this life-changing treatment.



Being part of the Cebu mission personally makes supporting the luncheon particularly meaningful. Seeing the generosity of our guests translate into real outcomes for children and their families is incredibly rewarding.

We are incredibly grateful to everyone who attended, donated, sponsored and supported the event. Together, our community is helping bring hope, confidence and brighter futures to children in need.

We look forward to continuing this wonderful tradition next year.

With heartfelt gratitude,
Karla Downey
Operation Rainbow
Event Organiser
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Operation Rainbows' and Kwianis Outreach program- Dr Emma Argirio

Midway through the mission week, myself, Speech Pathologist Cara and team member Karla spent the afternoon with one of the organisations supported by the Kiwanis Club of Cebu, a Carmelite Youth Mission. We were joined by members of Kiwanis, including the President, Marlene Durano Ferioli and her husband, Stan.

Located in a densely populated area of Cebu, the nuns have a wonderful home and large outdoor space which provides a welcoming and safe environment for the children to play, sing and learn. The Kiwanis members visit every Saturday as part of a feeding program, providing meals for the children. Marlene told us that many of the children will take home extra food every week for their families.

A group of boys aged 8-14 years who had "finished" school early were eagerly awaiting our arrival. We were respectfully greeted by the excited group and shortly afterwards the girls and other neighbourhood children joined us.



We were treated to some beautiful singing and then Cara and I were able to carry out brief medical and developmental checks on all the children. Opportunistic discoveries were made including a boy with chicken feed/pellets embedded in his ear canal, and an adolescent girl who was unwell with a serious respiratory condition. The boy and his mother were able to return to the hospital with the team where we were able to remove the pellets using suction. A discussion with the nuns about the unwell teenage girl resulted in her family being located and a subsequent visit to Sotto Hospital where she was diagnosed with tuberculosis and admitted for treatment. The farewell was stirring, with a stream of laughing and shouting children waving us off down the road.

We are thankful to Kiwanis and to the Carmelite nuns and the local Cebu young people for their hospitality and for a special afternoon together.

Dr Emma Argiro
General and Developmental Paediatrician



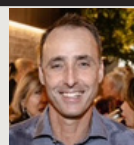


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Over Two Decades, One Mission: Dr Tim Hewitt Reflects

26 missions. 7 host sites. 25 years of service.

Since 2001, Dr Tim Hewitt has been part of the Operation Rainbow family, travelling across the Philippines and Indonesia/Timor to bring his expertise as a Plastic and Craniofacial surgeon to children and families in need. Alongside his work at Perth Children's Hospital, St John of God, Cambridge and Bethesda Hospitals, Tim has generously dedicated countless hours over the years to providing specialist cleft care on Operation Rainbow missions.

1. What was that very first mission like and how does it compare to missions today?

My first Operation Rainbow mission was 25 years ago. It was in Manila. I was a registrar operating with a senior surgeon from Melbourne and an experienced team of anaesthetists from Chicago. The whole trip blew my mind – there were so many cleft kids, the cases were difficult but really rewarding. I was hooked.

2. Over 20+ years, how have you seen cleft care and Operation Rainbow itself - evolve?

Although the operations we perform have changed only a little, the way missions are run is very different. The care of a cleft child is no longer just about operating, it's about providing overall cleft care to the patient and to the family. Follow-up is better with local counterpart doctors and ongoing review by our team. Each member of our team now has local volunteers to help with their role. Most of these volunteers have been involved with multiple missions and are now part of our local support network.



3. How has your own approach to surgery changed since your early missions?

Technically the operations have changed little but we still have lots of challenging cases, particularly those that are revisions. Each mission I see something new and have to modify the techniques in those cases I have a think about how I am going to fix the issue and sometimes phone a friend for advice.

As a team we are much more efficient – not faster per se but efficient at performing a lot of surgery in a really smooth and safe way. It's very satisfying when we have the “flow”, no rush, patients moving through our system with a minimum of fuss and achieving good outcomes.

4. Is there a patient from early in your Operation Rainbow years who you still think about?

I have had the privilege of operating on children who now have sought our team out so we can operate on their children. We have had palate patients travel across the Philippines to sing to us – there is so many happy (and sad) stories.



5. What's the hardest case you've faced on a mission, and what did it teach you?

I have had palate cases that have been a revision after multiple previous revisions, with a subsequent loss of the entire palatal shelves (the tissue of the hard palate). These cases need tissue to be brought in from elsewhere as a flap – we have had one such case on our last mission. In that case, the inner cheek tissue was used to make a new palate. The other difficult cases are very wide bilateral cleft lips with protruding central teeth. In these cases, the closure can be very tight and prone to breakdown unless the bone can be repositioned. We also see bizarre facial clefts – a group of patients with clefts of different orientations to the standard cleft lip and palate. These children have tissue deficiency in very tricky orientations that can be hard to fix. I remember all the atypical facial cleft kids well!

6. How is operating on a mission different from operating at home: resources, conditions, decision-making?

When operating at home, the conditions are optimal – the table height, lighting and the pre-operative preparation of the patient are ideal. The bones are lined up before the repair and so the defects are usually not as big or wide. The same equipment and techniques are used when we are on a mission – the children have the same operation that they would have at the Cleft Unit in Perth.



7. What do you wish more people understood about cleft surgery?

Routine cleft surgery techniques can be taught and shared. The difficult part of providing ongoing cleft care is ensuring resources are available and used efficiently. Even if a facility to perform cleft surgery is available, it needs a team that works efficiently to be able to provide a sustainable service.

8. You've operated alongside a lot of different team members over 20 years - what makes a mission team work well?

A mission team works best with a flat hierarchy. The surgeon or the team leader is not “in charge”. Everyone has different roles but is equal and we all move between our roles to assist each other. The best teams work well with their local support – they integrate local doctors, nurses and support staff into the team and value their expertise.



Board members

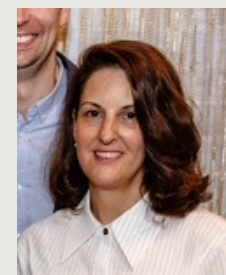
Jaime Bowler- President
Dr Timothy Hewitt - Treasurer and Medical Director
Medical Director
Adriana Prokop - Secretary
Maree Alido
Dr Christopher Gibson
Dr Martyn Lethbridge
Peter Buenaventura



Operation Rainbow Membership

Renewals are now due. Memberships are from 1st of July to 30th of June each year and can be made to the Operation Rainbow account or through the GiveNow Portal on the Operation Rainbow Australia website, OperationRainbow.com.au.

There are two options for memberships:
Ordinary Individual Membership \$10 or Ordinary Family Membership \$25.
Adriana Prokop, Operation Rainbow Secretary





Patient registration by Jake Manger

His other apps



<https://jakemanger.dev>



Adventist International Health System Philippines, Inc.