



THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

Chas Martin O.A.M. Ambulance Victoria Museum



28th Edition – Spring 2023

The Deadly Decades 1960 1970 1980



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### *Chas Martin O.A.M. Ambulance Victoria Museum - Contacts*

|                                                           |                                                                                                  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Curator – Ralph Casey: Ph: 0438 980 006</b>            | <b>E: <a href="mailto:Ralph.Casey@ambulance.vic.gov.au">Ralph.Casey@ambulance.vic.gov.au</a></b> |
| <b>Asst. Curator – Terry Brooks: Ph: 0416 760 310</b>     | <b>E: <a href="mailto:ford.prefect1948@gmail.com">ford.prefect1948@gmail.com</a></b>             |
| <b>Hon Treasurer – Darrell Rintoule: Ph: 0419 559 550</b> | <b>E: <a href="mailto:drintoule@bigpond.com">drintoule@bigpond.com</a></b>                       |
| <b>Hon Secretary – David Cawte: Ph: 0408 592 318</b>      | <b>E: <a href="mailto:dcawte@bigpond.net.au">dcawte@bigpond.net.au</a></b>                       |

**Committee:**

|                                                                                     |                                                                                |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Gary Dole – Ph: 0413 371 783</b>                                                 | <b>Bill Redpath – Ph: 0419 937 927</b>                                         |
| <b>Peter Dent – Ph: 0427 508 888</b>                                                | <b>Graham (Buddy) Holley – Ph: 0408 017 406</b>                                |
| <b>The Beacon Honorary Editor – Peter Dent. Honorary Graphic Design – Barb Dent</b> |                                                                                |
| <b>Phone: 0427 508 888</b>                                                          | <b>Email: <a href="mailto:vintambos@bigpond.com">vintambos@bigpond.com</a></b> |

**The Beacon is edited, printed and posted out entirely in-house at Thurgoona, N.S.W.**

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AHSV

*Ambulance Victoria Museum*

### *Membership*

**Just \$30 buys 3 year's subsidised museum membership plus 12 posted Beacon magazines.**

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## *The Curator's Desk*

Greetings AHSV Museum members and supporters, and welcome to the Final Curator's Report for 2023. I hope this quarterly report finds everyone in good health and you are taking care of yourself.

As Christmas is rapidly approaching, it is timely to reflect upon the passing year and the progress of our museum. Thankfully, this year we have escaped the clutches of Covid, this has allowed us to re-open and once again give public access to visit and enjoy the museum and our state ambulance history. The preservation of our ambulance history is only made possible by our dedicated band of volunteers, members, Ambulance Victoria, and other supporters.

Our membership base is vital to the museum, and we greatly appreciate both your interest and financial support. Please ensure that you renew to help us continue the journey of preserving your ambulance history. Our membership database is slowly expanding, so if you move, or change email or phone numbers, please advise us, this allows us to keep you informed. Our Beacon team, Pete and Barb Dent are continually getting interesting features from both internal and external sources, so if you know of subjects that may be of interest, please send Pete an email via the following email address: [vintambos@bigpond.com](mailto:vintambos@bigpond.com)

We have just conducted our 2022/23 AGM as part of our annual review and financial reporting. The AGM was well attended, and able to be viewed on video conferencing. Recently we received kind financial assistance from AV. This assistance has allowed us to embrace some changes and enhancements with the vehicles, and generally around the museum.

Prior to our AGM, the museum committee recognised the long term efforts of a dedicated group of volunteers and supporters, this has been acknowledged with either a plaque or certificate. Presenting these items of appreciation to the recipients was indeed a pleasure, and this particular show of appreciation will be a continuing initiative within our organisation. Much of the background work was done by Pete and Barb Dent in getting the awards printed and produced at Thurgoona and Albury. Pete and Barb then came to Lilydale for the weekend. This allowed me to meet up with them and collect the goods. The award committee have devised and published a criteria for the awards of which must be met, a copy of this is available on request. By all means check this out, you may be close to qualifying.

Recently the Retired Ambulance Association of Victoria (RAAV) held their AGM at our museum. Many of us are both members of AHSV and RAAV. The RAAV AGM was supported by our catering ladies who provided an excellent luncheon on the day to assist in making the RAAV AGM a successful meeting. Thanks **Anne and Marie.**

To ensure that we get the most appropriate vehicles at the museum, and to open up the collaboration between interstate ambulance museums, we have carried out a loan/ swap with the NSW Ambulance Museum at Temora NSW. Our museum has on long tenure, loaned our NSW Willys Jeep (original Bourke NSW ambulance) to the NSW Ambulance Museum. It was always felt that this historic vehicle belonged to its home state and for the residents to view and appreciate. In return, our museum received on the same loan basis, a former NDADAS 1968 white Ford Galaxy, originating from Benalla. This ambulance was one of the first responding cars to the Southern Aurora Train crash at Violet Town in February 1969. The exchange event of ambulances at Temora was covered by Channel 7 TV, Wagga, and will be a future feature story in the next Beacon. (Summer edition)

The developing collaboration between our museum and the NSW, ACT, will potentially open up avenues in other states as to what is happening in their operation and in ours. This also enables inter-museum support with items and parts we may need of the same or variable nature.

In terms of collaboration, the *Victoria Police Historical Society* is meeting in the near future and they have kindly invited a delegation of us to their AGM. This is a great opportunity to be able to assist other emergency services in the preservation of their history, and I am sure this would be replicated.

Wishing you all a wonderful, safe and healthy Christmas and a happy New Year 2024, with your family and friends.

**Ralph Casey ASM**

**Curator**





*Telegrams*



*Phone*



*and Mail*

**Member Steve Mulligan** emailed me after he had read the Winter edition of The Beacon. Steve pointed out that there was further information available on the history of our ambulance training history. This led to an email to former CEO **Tony Walker**, Tony replied and suggested I contact **Andrew Mc Donnell** for further information. Andrew and I had a discussion on the subject, and Andrew provided an extensive account of Victorian ambulance training documentation reaching back to post AOTC Mayfield. It is intended to feature this most interesting information and history commencing in the **Summer** Beacon 2024, in a 2 or 3 part series. In the meantime, in this **Spring** edition, former paramedic **Caz Sinclair** makes an interesting contribution on this subject.



*"Dinky Di"*

**My dear friend Dinky Di** was telling me about a relative who has a job that requires him to travel all over the world. Recently, he was in London and had to go to Canada. He boarded a British Airlines flight at Heathrow. After take-off, the captain came onto the P.A. *"Good morning passengers, this is captain Flynn. Welcome to flight 394 direct from London to Toronto. We are cruising at ten thousand feet, the weather in Toronto is a mild 24 degrees, we are expecting a smooth flight so sit back, relax, and enjoy the flight, then "OH MY GOD NO!"* and the P.A. went silent. After a minute or so he came back on the P.A. *"I am terribly sorry passengers, I didn't mean to frighten you, but the flight attendant spilt a hot cup of coffee on my lap. You should see the front of my pants!"*

An Aussie in economy class yelled back *"That's OK for you mate! You should see the BACK of MINE!"*

**90 years ago** on September 24, **1933**, member and VCAS pioneer flight nurse **Rona Halliwell** was born at Canterbury. Rona joined VCAS as a flight Sister in 1970, operating from Moorabbin Airport. The aircraft were Beechcraft twin Bonanzas and not pressurised, which could cause patient problems above 5000 feet (bleeding, fitting, etc.) The crew consisted of the flight nurse 'One Up', and the pilot. As a pioneer flight nurse, Rona has contributed priceless accounts of those early days of our Air Ambulance history to The Beacon. Over the past 6 years Rona and I have developed close camaraderie being from around the same tenure at VCAS, and her accounts in the air never cease to fascinate. She continued with Air Ambulance until 1982, a 12 year stint. Many of Rona's accounts of the infant days of our Air Ambulance are *"Hair Raising"* with a sprinkle of humour and should be read by all Ambos. Living now independently at a retirement village at Rowville with her small dog **Lily**, Rona enjoys her glass or two of "vino" with friends daily, loving life despite the challenge of Macular Degeneration restricting her reading. **Cheers! "Happy Birthday Colleague for the 24<sup>th</sup> September, and many more!"**

**Des Jones**, Museum member, group tours coordinator and group presenter, has retired from AV. Des commenced with AV on the 17<sup>th</sup> of January 2000, a significant change from his profession as an electrician and electronics engineer. Over the period of his service he was stationed at Chelsea, Mordialloc, Korumburra and Berwick, completing his time with AV at SRC South. During his career, Des had various roles which included an ALS Paramedic, (Acting) Team Manager, Clinical Instructor, Triage Referral, Manual Handling Facilitator and Driving Standards Facilitator. Stated as the highlight of his career Des claims were the assisting in the birth of nine babies and working with a team of fantastic people over these years. In retirement he will continue as a volunteer at our AV museum and finally get to start work on restoring his 1988 F150 truck and 1967 Bonneville motorcycle. And, as a family retiring gift, Des will be presented with his 5<sup>th</sup> Grandchild in February 2024. **Well done and all the best Des!**

**Museum stalwart. Peter Neylon** and partner **Alison** have not enjoyed the best of health over the past two or three years, yet both have demonstrated inspiring courage and resilience. Pete is a former AV MICA Paramedic of 40 years, Alison a medical General Practitioner. Peter, supported by Alison, has been a long term asset to our museum over the duration. His volunteering role has seen a significant quantity of historic ambulance material recorded on computer upstairs. Of late, Peter has felt he needed to give Alison a break and Pete went into respite. However, it seems Pete liked the idea of giving Alison additional time to herself after working of a day. He decided the 24/7 TLC in respite gave him back some of his own dedication over 40 years and made the decision to remain in respite on a permanent basis. Alison is putting arrangements in place with Ralph to bring Peter to our museum from time to time and do a little work and catch up with the crew. We wish you all the best Peter and Alison, and we are always here to assist at any time.



**The Editor** received a phone call from member **Tim Christie** regarding the article in the **Winter 2023** Beacon on the West Gate Bridge de-briefing at Latrobe Street HQ the day after the disaster. Tim advised that the then **Civil Defence**, now (SES), had an active role at the West Gate Bridge Disaster. Tim put me in contact with **Dennis Brain** who is associated with SES and has access to Victorian Civil Defence history including their attendance that fatal day at West Gate Bridge. On receipt of any information in regard to this organisation's West Gate input it will be included in the history currently in process of being recorded for publishing.

**Remembering** *October 15, 2023*, marks 53 years since the tragic and deadly collapse of a section of the West Gate Bridge. 35 men perished that tragic day. This catastrophe called out the very best in our Melbourne Emergency Services. Police, Ambulance, MFB, St John, The Salvos and many more. The call was answered admirably by those who attended that day giving their all. This tragedy will live on forever in the hearts and minds of the Emergency Service personnel, and all who witnessed the scene hands on. Also never forgotten are those men who never returned home on this day, the legacy burdened on their loved ones forever.

----- *A tragedy never forgotten* ----

**Also**, December 12, 2023, will mark the first anniversary of the cowardly murder of our QLD Police counterparts Constables **Rachael Mc Crow** and **Matthew Arnold** in North Queensland. Our hearts go out to the loved ones of these precious two associates. *Rachael and Matthew* now rest peacefully in God's care, and in our treasured memories.

---- *We unite in grief*---

**AV Team Manager** of Tallangatta Branch, **Frank O'Brien** has donated a complement of by-gone era ambulance magazines to us. Also Frank asked if we wanted a couple of pair of stretcher poles, (no canvas's) these are in pristine condition. I asked Frank without canvasses; then how would you carry a patient? He emailed me back and replied "Levitation"! Good one Frank! We will get a quote locally from a canvas company, and if they are a reasonable price, we will have the canvasses made to fit. (We may then donate them to AV operational)

**This proves team spirit** can achieve many goals! Curator Ralph Casey forwarded me an email received by the museum from **Justin Fourrier**, W.A. seeking historic information for **Trench Rescue Australia**. Justin's email referred to a trench accident that occurred circa late 1970 possibly in the Ringwood area. Justin records case histories of trench collapses for this organisation. Accompanying was the following link (unedited) [https://www.youtube.com/watch?v=EurgrkrW\\_l8](https://www.youtube.com/watch?v=EurgrkrW_l8) I forwarded this email in its entirety to Ted Van Dyken at "**Signal 8 Ambulance Service Victoria**". Ted posted this request, and the response was excellent, with many colleagues identified in the video clip. Kudos to Ted and his **Signal 8** Facebook and staff. This site is a real plus for all of us particularly given the destruction of all our state ambulance history 1915/16 to 1995. This destruction included VCAS/ MAS running sheets that held so many recorded facts of our priceless history. Those colleagues believed identified in this video are: **Glen Campbell \* Bill Patterson \* Fred Kann \* Keith (Strawb) Lloyd \* Col Bailey \* Gren Sylvester \* Bruce Wilson \* Bill Sharp** \* Both MICA Paramedics, Bruce Wilson and Gren Sylvester were apparently injured on site during a further collapse of the trench. The Beacon welcomes any further input with this incident by email to pass on to those requesting our assistance. Or alternatively contact can be directly with Justin. Many thanks to all concerned to date, I am sure it will be appreciated. Email: [vintambos@bigpond.com](mailto:vintambos@bigpond.com)

**A surprise!** I have been communicating with **Rob Garner** the Editor of "**Response**", the quarterly publication of the **Australasian College of Paramedicine**, for a considerable time, solely by email. Recently I requested a photo of Rob for my files. Rob obliged and an emailed personal photo arrived. After all this time and exchanges, a pleasant surprise! Rob is not a "**Man Editor**" Rob is a "**Lady Editor**" (**Robyn**) Very pleased over all that communication time I have been Gentlemanly!!

## *Facts, Tears, and Joy from Yesteryear*

*For those who can look back, a memory jolt! from the past!*

**(Random case history, circa 1960/70)**, We were sitting down to the family evening meal, just having a normal family yarn on each individual's day's events. The black phone rang and Dad got up to answer it. Soon after the telephone conversation began, his face turned to an ashen grey, his voice became strained. He ended the phone call and returned to the dinner table and never spoke. We all sat in trepidation as to what terrible news he was going to break to us, what was it? Dad had pushed his meal aside. Then, after a while and nearly in tears, he said "*We have all been invited to a slide night at the Thompsons!!*"





## *Special Vintage Ambulance Showcase*

**The Studebaker returns temporarily home to Maffra for local appreciation.**

### *1965 Studebaker Classic Vintage Ambulance.*

**359 V8 petrol engine – 3 speed Auto transmission.**

The 1965 Studebaker Ambulance pictured originated from the *East Gippsland Ambulance Service*. These particular ambulances were built locally by **Schuberts Motor Body Works** at Sale circa 1960s

This vehicle was originally car 426 at Bairnsdale with periods of service at Omeo and Orbost, towards the end of its fleet life it was a back-up ambulance at Sale H.Q.

The vehicle found its way to the *Studebaker Museum* in Brisbane. With the passing of the then owner in Brisbane, Chas Martin purchased the vintage ambulance from the deceased estate for our A.V.Museum fleet. Chas and son Brian flew to Brisbane and drove the Studebaker back from QLD to our Bayswater Museum.

**Now on display at Maffra Ambulance Station!**



**Call and inspect this great vintage ambulance from its home territory!**



*Wishing all a Wonderful Christmas and a Safe and Happy New Year ahead filled with Health and Happiness.*

#### *Words of Wisdom*

*“Count your age by your friends, not years. Count your life by your smiles, not tears!”*

*John Lennon*





## *From the Editor – Spring Beacon*

**Producing The Beacon** is an interesting and pleasant pastime for Barb and I. the only part that becomes a little frustrating is publishing the content readers expect and enjoy. Over the years this has become somewhat easier with established contacts and contributions. Prior to the new AV management structure, the then Chief of Staff, **Kerryn Douglas** was my liaison. Kerryn supported The Beacon full heartedly, backed by CEO **Tony Walker**. Requests for information from various AV departments were swiftly forthcoming, subsequently compiling the production flowed smoothly with interesting information. Hopefully this correlation between The Beacon and AV departments can be re-established over time. Having said this, understandably, The Beacon is but a very tiny cog in the huge AV wheel priority wise.



Setting this aside, we must be aware of the advancing years and the inevitable! facing our ambulance service veterans of the 1960/70/ 80s. There are so many untold accounts through these decades of priceless history which, if not revealed, will be gone forever, and sadly this process is occurring now with colleagues passing on or struck with ill health. The consequence of this is that often I have to dig deep into my own personal case experiences to create (hopefully) interesting article/s for The Beacon. This subsequently places the focus on myself which is certainly not preferred or intended. With the assistance from some members over the years, The Beacon has recaptured and uncovered a significant content of our state ambulance history. This includes a degree of our state ambulance history destroyed in 1993/95. This is history that would have been lost forever and has now been recorded and is in safe keeping within our museum archives. Please have a think about this!

**In the Winter Editorial** I mentioned providing posted hard copies of The Beacon to **AV**, **ACO** and **CERT** operations as a show of our AHSV appreciation. This is taking longer to put into reality than first anticipated due to a combination of factors. If the necessary arrangements are not completed for this publication, we expect to have them in place for the Summer Beacon. Also, in progress is connecting our museum operation and preservation of our ambulance history with other ambulance counterparts, both nationally and internationally. This is not a collaboration that is easily achieved and expected to take time to develop. The end result however will be worthwhile with potential exchange of ideas, history and exposure of our organisation to the wider community. **Also being negotiated** with AV media is an initiative to include within The Beacon quarterly, an update on what is happening with AV around the state. This will be an interesting segment reporting on developments, general news, and other matters of interest for retired colleagues. It is envisaged this piece will be some 2 to 3 pages depending on the content available. Plans are to present this new initiative in the Summer Beacon.

**As I progress writing** up sections of history of our Victorian Ambulance Service, my mind and imagination stretches in many directions, at times with fascination. For example; what percentage of our state population would know that our great Ambulance Service began 137 years ago with 6 Ashford Litters (large wooden, human wheel barrows) the attendants having no first aid or medical training? Visit your Museum. It's all here to see and take in our great and proud state ambulance history.

**Two separate personal** accounts appearing in this edition of The Beacon prove that we don't have to go back 50 or 60 years to uncover ambulance history and record it. Former Paramedics **Jenny Moncur** and **Caz Cole-Sinclair** both have contributed stories of interest. As I have always stated "*Today's events are tomorrow's history*" Also, these more current pieces are commensurate with our younger members. Colleagues of all age groups have a story to tell, albeit tragic, humorous, or otherwise, our readers will enjoy your contribution. Adding to this, we will assist with a story publication, which you fully control during process, and approve of the content prior to print. And! contributors certainly do not have to have been some great ambulance notoriety to present an account of by-gone events.

**Finally**, being our last quarterly Beacon for 2023, Barb and I would like to thank all of our members, readers, and contributors over this last year, it has been a pleasure. We extend a special thanks to **Ralph Casey**, **Terry Brooks**, the committee, and the great volunteer crew at the museum, again it is a privilege working with you all.

**Amidst all of this**, never lose your sense of humour, it is a gift irreplaceable, and a tonic for many ills.

Have a wonderful Christmas and a healthy and happy New Year in 2024, and to those colleagues or partners who are alone at this time of year, you are always in our thoughts.

**Pete and Barb**





## *Spirited Barracking!*



Our late Museum Curator and friend, **Chas Martin** loved his family; Chas and **Marg**, with their 2 children **Brian**, and **Jenny** (Dec), 3 Grandchildren, 6 Great Grandchildren, he had plenty to love. Despite putting in countless hours developing our Museum, Chas never missed the youngsters' weekly sporting events. One favourite was **Grandson Ryder's** under 12 yrs. junior basketball team. (Ryder is 2<sup>nd</sup> from the left in the photo) After Chas passed last year, Marg continued this traditional following of Ryder's basketball. On the 25<sup>th</sup> of August gone, son Brian and wife **Michelle** took Marg to the Kilsyth Basketball Centre. Ryder's team, the Kilsyth "**Fosters**", were playing for a place in the finals, however, his team numbers seven (7) were reduced to just 5 players, one on crutches, another sick. This left five players against seven opponents.

Regardless, the depleted side took the game right up to team "**Magic**" goal for goal! then alas! A Fosters player was sent off for fouls, then there were only four, then, seemingly not long after, another young "Fosters" player was sent off! The team reduced to three only!—against a rotating seven "Magics" the valiant three played their hearts out again goal for goal, and level pegging. The two teams "played off" again, and then again. Unfortunately, after this courageous effort, the end result was a loss by six goals to "Magic."

After this wonderful fight back game Marg reckons **Chas** was there with her and the other Grandies, barracking like crazy and saying "**Go Fosters**" *you did a great job*" - And I reckon you're right on the money Marg!

## *Retired Ambulance Association of Victoria Inc.- Annual General Meeting 2022/ 2023*

The AGM of the above association **RAAV** was held at the Chas Martin OAM Ambulance Victoria Museum premises on October 6, 2023. Despite the tyranny of member distance, the meeting was well supported. The AGM saw a changing of some of the guard and new blood coming on board. **Greg Wood** was elected President, with **Steve Mulligan** his deputy. **Jim Ballard** was elected Secretary, with **David Hadj** his assistant. There are still 3 vacant ordinary positions unfilled and available.

The Committee and members of our **AHSV Museum** extend to the revised administration of RAAV their very best wishes for the duration ahead. The direction no doubt will be forward with enthusiasm and fresh initiatives and benefits for members. Please support our AV counterpart organisation that **Chas Martin** and others worked so hard to build. Ed

## *Is the Black Dog snarling at you?*

*If you are prepared to talk about your Black Dog, be sure you talk to a professional, or someone who understands the far reaching consequences of it.*

*PTSD is not a stigma! It is a result of a dedicated person putting themselves forward in a situation time and time again where others may fear to tread. People do not sit in judgment; rather give admiration and respect for the grateful commitment you have given!*

*Talk to your GP or another trusted medical professional.  
Discuss it with a trusted friend. It does help.*

*Phone Lifeline 13 11 14 or Beyond Blue 1300 22 4636.  
Someone is waiting to help and share your problem.  
PTSD can be treated if you take the first step.*





## Head Winds.

*This is a personal account of a female Paramedic/MICA Paramedic who commenced her career in the earlier days of women in our Ambulance Service. It is an account that may resonate with some and be contentious to others. It should also be noted that my time as a Paramedic was in the male bastion era, so no bias exists. Jenny's story is honest, frank and to the point. Ed.*

Jenny Moncur, (nee Mears), was born in Melbourne just before the Melbourne Olympics in 1956. She grew up in Strathmore, the eldest of a large happy family. Her mother, Betty, was a registered nurse who worked at a local doctors' surgery. It was an obvious choice for Jenny to follow in her mum's footsteps.

Jenny undertook her General Nursing training at St Vincent's Hospital, Melbourne, and upon graduating in Feb 1978 moved to Gippsland with her new husband **Royce** who was a primary school teacher. A six-month stint at Mirboo North Bush Nursing Hospital highlighted the differences between a large teaching hospital in the city and the smaller rural facilities. She decided to split the difference and chose to take up a position at Latrobe Regional Hospital in Moe.

The Critical Care Unit at the Latrobe Valley Regional Hospital was a natural fit for Jenny and she worked in that area for 10 years, and then spent another 10 years in the Emergency Department. It was during those Critical Care years that a great working relationship between the nursing and medical staff formed with the Moe Ambulance boys.

Twenty years on from their city counterparts, MICA was just being introduced to rural areas and some of the Moe paramedics were undertaking their training. The trainees spent considerable time in the CCU, learning many skills that were not readily available in the "on-road" environment. Critical patient transfers to Melbourne also involved a nurse accompanying the single officers, and Jenny contemplated that this would be an amazing career.

The Paramedic/nurse/doctor collaboration continued in the Emergency Department. HEMS 2, always known affectionately by her original name – Helimed 1 – landed just outside the Moe Emergency Department to either deliver or retrieve critical patients. Before the advent of MICA Flight Paramedics in rural areas, as with road transfers, a nurse or doctor often accompanied patients to Melbourne. Jenny did her fair share of these transports; it was then Jenny made the decision that becoming a Paramedic was a natural career choice.

However, the Ambulance Service in East Victoria had different ideas. There were very few women in the ambulance service at this time, and a large pool of recently un-employed National Safety Council applicants were preferred as student paramedics. Applying on many occasions, she was told she was "too highly qualified" to be a paramedic, as by that stage of her nursing career she was a Critical Care Nurse Educator. Also on other occasions her applications "disappeared" or were "not received". It took 8 years of persistence, and a more objective selection process, to finally be successful as a Graduate Entry Paramedic. This required undertaking the 12-month bridging course for Critical Care and trained nurses to ambulance graduates. Jenny commenced her ambulance career at AOTC on May 4<sup>th</sup>, 1998. Had her applications prior to this been tabled, then this may have been 8 years earlier.

Her early career was spent at Morwell branch in the Latrobe Valley. The job was everything she had hoped it would be. An opportunity came up to apply for an upcoming MICA intake and to Jenny's surprise, and nearly everyone else's dismay, she was selected as one of three Gippsland candidates. There were many expressions of dissatisfaction at the choice and it was a challenging time for Jenny. However, she persisted and graduated Dux of Class for the 2001 MICA class across both Metropolitan and Rural paramedics. This, of course under the circumstances, did not assist her with male peer popularity.

On graduating, Jenny became the first female MICA Paramedic east of the Melbourne metropolitan area. She worked out of the Latrobe MICA unit near the current Latrobe Regional Hospital and found the enhanced clinical skills challenging and satisfying. Jenny was grateful for her 20 plus years of Critical Care and Emergency nursing experience and felt it enhanced her practice as a MICA Paramedic. Jenny expanded her skill set to become a MICA Clinical Instructor and found great satisfaction in mentoring new trainees.

After a couple of years, she was offered the role of Clinical Educator, the then-rural equivalent of CSO. (The highest MICA qualification) This was another challenging role, covering the entire Latrobe Valley, South and West Gippsland and Bass Coast area. It was a time of introducing ALS skills to paramedics and much of the time was spent visiting smaller branches to support staff in their skills and learning. In addition, the role provided ACO training for two branches, plus on-road support to crews. It was also a challenging time for Jenny as she was exposed to some significant bullying and intimidation from a small section of colleagues. On one occasion she was subjected to a serious physical threat by a colleague but this was not taken seriously by

her senior managers and acted upon. These occurrences all took a serious toll on her ability to perform the role to the standard required, and she elected to return to an on-road position at Traralgon Branch. The Team Manager, **Terry Houge**, was a MICA Paramedic who ran a great branch and was really supportive of Jenny. Terry remains a good friend of Jenny's to this day.

In the late 2000's, a 12-month stint in the communications centre in Morwell as a dispatcher expanded Jenny's skill set, but the challenges she had previously faced with some sections of the workforce persisted, including threatening phone calls into the operations room challenging her dispatch decisions. Eventually she needed some time off to recover from the mental health problems that resulted.

In 2010, Jenny applied for a position at Maffra Branch, a call branch with a combined paramedic and ACO roster. It was the best place she had ever worked in any part of Ambulance Victoria, and she has many happy memories of those times. Team Manager **Jim Ballard** was supportive and welcoming, and the ACOs were all a great bunch of locals who took pride in the role they performed for their community. Jim and his wife are still great friends.

The next phase of Jenny's career came with the introduction of rural MICA SRU (Single Responder Units.) Jenny was successful in gaining a position on the Sale SRU and worked there for many years. The work initially was very rewarding and offered great opportunities to also support on-road and ACO crews with new skills that were constantly being introduced over that period.

At my request, Jenny provided some case histories of working as an SRU in a regional, and at times remote, area. Jenny obliged with the following personally provided accounts, and a heartfelt summary;

"A most unique country experience occurred at Maffra, where I worked as part of a Paramedic/ACO response model in 2010. A male cardiac arrested at the rear of a church where the funeral was being held. My ACO colleague and I attended and were able to move the patient to the foyer of the church. We conscripted the back rows (who fortunately were most of the local footy club, so strapping lads) to form a conga line of CPR "volunteers". ROSC was achieved and I then proceeded with post-ROSC care, intubation, paralysis, the lot. All the while the funeral proceeded uninterrupted. As we finished packaging our patient a second crew arrived to assist, by this time the funeral had finished and mourners filed past us, coffin and pallbearers included! Nothing stopped but we had several pats on the back, or "well-done" from mourners as they passed by. It was surreal. The gentleman made a full recovery so maybe there was some divine intervention!"

"Another much more serious job in 2000 involved a busload of children and teachers from an African community in Melbourne who were on their way to a camp at Allambee. Their mothers were travelling on a separate bus. The children's bus slipped off the steep, windy road and plunged nearly 100 metres down a very steep gully. It came to rest on a couple of trees. Getting down to the bus was very difficult as we scrambled down the slope with the aid of SES personnel and rope ladders. It was bedlam, with trapped, injured and at least one deceased child.

As the only MICA response crew, my partner and I cared for a trapped child within the wreckage during the long process to release him. We could feel the bus slipping at times, made worse by the circling media helicopters whose downdraft buffeted the bus and the trees around it. It was a very scary experience. Extrication was challenging but eventually achieved. A huge job, I was thankful it was over after nearly a full shift on site."

"The outstanding factor I noted that differed between rural and metro work was the time taken to reach and then transport patients. The absolute reliance on our Community Officers, volunteers, and other community members to assist, and the need to be resourceful in the face of very limited medical assets. At times there was nothing I could do due to lack of assistance; at other times I was blown away by what could be achieved by relying on those at hand and your own knowledge and experience. The overwhelming feeling I take away from my time as a country Paramedic was how much communities supported their own, and those who moved in amidst them. I felt a great sense of belonging in the small communities I was privileged to serve. Accompanying this is a deep sense of gratitude to those within emergency response organisations. These are the selfless people who volunteer their time as an ACO, CERT, CFA, SES, Red Cross, member, or any of the other volunteer roles that support and protect those communities."



*Photo of Jenny and Husband, Royce at Maffra*



The state-wide change in the dispatch grid to only dispatch SRU's to either Code 1 or Priority 0 patients saw a decline in workload numbers, but every patient became either "dead or dying". The opportunity to mentor and support on-road crews were reduced and the stress and anxiety of this situation caused a renewal of her past mental health symptoms. This was compounded by the sad death of her beloved husband and soul mate Royce, who succumbed to a very aggressive cancer at only 60 years of age.

A formal request to move into an on-road role rather than MICA role was met with less than the desired response. She was told that maybe she should relinquish her MICA qualification and work as a PTO ( Patient Transport Officer) in the non-emergency section. Jenny felt that the workplace was becoming less and less supportive of staff who faced the often-inevitable mental health injuries that seems so prevalent in this type of work. Eventually the stress, trauma exposure and entrenched bullying behaviour took its toll on her.

It is very sad that Jenny's last few career years with Ambulance Victoria were spent on Workcover and spent seeking help for mental health trauma. Jenny does not regret her choice of career for one moment but hopes that the culture that has led to so many paramedics ending their careers prematurely is changing for the better.

These days she is in a really good place, enjoying her garden, dogs, grandchildren and riding her bike along the many rail-trails Victoria offers, and also looking forward to satisfying her yearning to travel overseas and explore other remote areas and diverse wilderness.

*Thank you, Jenny, for sharing with us this personal account of firstly your hospital, then more importantly, your Ambulance career. As stated, your account has been straight forward, honest, and frank, and will relate to many others. It also brings forward the trial and tribulation that can occur at times, not only within our service, but also with other Emergency Service counterparts, and even in general employment. And sadly, this curse can begin at recruiting level and lead right through to the top of the tree.*

*Setting aside the general personality clashes that will inevitably present between male and male, female and female, male and female, peers, one would reasonably expect that given the role of a paramedic and the day to day pressures encountered, there would be greater cohesion and camaraderie; Not division and additional stress.*

Ed.

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Ambulance Service Victoria - Colleagues' Ambulance Tribute



In bereavement, a special uniformed Ambulance Service Victoria Tribute/Eulogy is available to all personnel and their partners who have served in any capacity of our Service throughout Victoria.



This is a formal ambulance-dedicated presentation under the *Badge and Uniform* of which we proudly served. The tribute is offered to leave lasting, distinguished, and proud Service memories for loved ones. Colleagues and partners obituaries are also available in The Beacon publication, with submitted details.

----- The Tribute is by request only -----

Recognise this former ASV/NSW- AS Ambulance Colleague ?





The Deadly Decades

(Part One)

Road Fatalities

Graphic descriptions, reader beware: Many readers will not be familiar with the term of “*The Deadly Decades*”. These were the decades of 1960s, 1970s, with some overlap into the early 1980s. In this time period road deaths and trauma, combined with cardiac deaths, reached crisis point. If an ambulance was not attending a road accident, there was every chance that car would be at a cardiac case. Only surviving officers of this era will recall knowledge of this horrific death period, and these unprecedented years will remain indelible in those persons’ minds for their duration of life.

These decades also took a significant psychological toll on the men that went forward day to day attending these cases, often under-manned and under-resourced. It was not until both of these agents of death peaked that action began to be initiated. This is a period of our ambulance history which must be preserved, as the ranks in this era are now diminishing as age takes its inevitable toll. It is my personal hope that the selfless effort of those who participated will always be acknowledged, and that we will never again experience such unbridled tragedy on a national scale.

This prolonged and catastrophic period creating thousands of deaths, trauma, and grief, forms a significant part of our Victorian ambulance history. It most certainly sits with the history of *The Southern Aurora Train Crash*, *West Gate Bridge Collapse*, *both our Air Ambulance Crashes 1970 and 1986*, *2008/9 Black Saturday Bushfires*, and *Covid 19*. The frequency of attending these fatal accidents, horrific injuries of all ages, together with the outpouring grief of loved ones, took a toll on our personnel. Subsequently, without disclosure of reason, (due to management and peer backlash) some of the strongest in time sought respite from the front line carnage. This was temporarily or permanently moving to Comms or other positions rather than front line duties, or, even resigning. However, in the process of duty there was always an occasion that some totally unexpected hilarious situation would present bringing very welcome smiles or broad laughter. And then the off duty, “one or two” at the end of shift with colleagues. Here-in lay our counselling in part, the balance at home with our loyal partners.

An Overview of the Road Tragedy.

The **1960/70s** was an era in which Victoria, together with the rest of Australia, endured a horrific road toll. Early 1960s Victoria road-toll statistics are not obtainable or were not recorded.

There were many contributing factors leading to this appalling number of deaths. Prior to 1966, hotels in Victoria closed at 1815 hours, the 15 minutes’ grace from 1800 hours (6.00pm) that allowed patrons to finish (or scull) their “lined up beers”. This was known as “**the 6 0’clock swill**”. Also in this period, there were very limited drink-driving laws and enforcement. Often inebriated drivers would take to the road for the homeward journey from this “Afterwork Detour.”

Ambulance crews would wait in expectation of road accident callouts from 1830 hours (6.30pm). These would consistently begin and continue for at least a two-hour period from Monday, scaling upwards to Saturday. (there was no Sunday Hotel trading) Wet road conditions would exacerbate the situation. Other main contributing factors were poor road conditions and the absence of seat belts in vehicles. Also, there was a lack of many other vehicle safety inclusions, such as padded dashboards and door sills, head rests, to name a few. The injuries sustained by MCA victims due to these omissions were horrendous. It can be imagined, unrestrained bodies and heads flung with force onto steel dashboards, into a windscreen, tumbled with force inside a roll-over, or catapulted completely out of the vehicle. As opposed to today’s mandatory safety features in vehicles, in this era even in a moderate collision most passengers could sustain severe or fatal injuries.

However, with urgency in 1970, Victoria passed legislation for compulsory seat belts in passenger vehicles, Victoria leading the way throughout Australia, and other states soon followed. Airbags were not even in consideration and were decades into the future. Early days of this legislation was not without problems, seat belt installation was haphazard, and at first unregulated. The era of these vehicles naturally had no provision for seat belt floor anchorage points. As a result, the anchor point in most cases was into the normal low gauge steel floor section of the vehicle. In the case of a collision this unsuitable and weak anchor point would give way and render the seat belt ineffective, subsequently not protecting forward thrust and injury.

As a case history: One evening I attended a collision at the intersection of White Horse and Middleborough Roads. A Volkswagen beetle was involved with another vehicle. Seat belts were fitted to the VW. A front passenger in the VW was a large woman, and on impact the floor anchorage immediately gave way and she

was catapulted through the windscreen and killed. After a period of these deadly malfunctions, legislation was amended to specify the satisfactory installation of seat belts to existing vehicles requiring inspection and approval. Newly manufactured vehicles had factory-fitted seat belts, however, early days some seat belts were only lap belts. These lap only belts were only partially effective and were replaced with mandatory lap/sash seat belts. This design required manual adjustment and were untidy laying on seats. Eventually, in 1975, inertia seat belts came into being, a notable advancement.

For the year of **1969**, Victoria recorded an overwhelming road toll of **1034** fatalities. The Melbourne Sun-Herald published in December 1969 – ‘**1034 how many more?**’ However, this shocking number was surpassed in **1970** with **1067** killed on Victorian roads, and notwithstanding the 1000’s of cases of critical and other scaled injuries, often bringing normal life activities to an end for both victim and family.

These horrific figures equate to **20** fatalities a week in Victoria alone. Nationally, in the same year (1970) there were **3798** road deaths. Also, considering the population and the comparison ratio of vehicles at the time, the road deaths of the 1960s and 1970s were even more horrendous in number.

In the following 5-year period 1971 to 1975, there was an average of **910** road deaths per year in Victoria alone. This era of road deaths and injury in our State is unsurpassed. The number of road accidents occurring 24/7 placed very heavy demands on our ambulance operations, making it a regular procedure for two-man crews to split up and run “one up” to cover the demand for ambulance attendances. In the case of a single officer attending, a Police officer or responsible member of the public would be asked to drive the ambulance to hospital whilst the officer tended the injured en-route to hospital. This, at times, could be a harrowing experience in itself!

Single paramedic manned ambulances were a standard operational procedure at Regional Ambulance Services, often with no back-up. For Melbourne and metropolitan personnel, it was not considered unusual if rostered on night shift, come off a day shift or even off duty, to be called earlier in the evening to come on duty. This was to assist with a heavy accident workload and run ‘one out,’ often creating a 12-to-14-hour shift. Officers on call and “One up” in Regional Services could be out most of the night then, with little or no sleep, have to complete their following rostered day shift. The day shift often involved a medical transfer case to Melbourne on the old single-lane highways, and generally poor road infrastructure of that time, then make the trip back, potentially overall involving several hundred kilometres.

Road accidents, injuries, fatalities and cardiac cases in this duration overwhelmed our overall ambulance operation and resources. Yet, in reflection, all delivered commendable outcomes considering the manning, facilities, medical resources and equipment of this era, and no helicopter back-up. Other emergency service counterparts played a critical and supporting role at accident scenes. Fire brigades, MFB and CFA were essential in cases of fuel spillage and rescue and other potentials for ignition and explosion, putting at risk all at the scene. Most of the rescue process of releasing victim entrapment was also undertaken by the Fire Brigades, albeit no “Jaws” then. Police were vital for safe traffic movement, onlooker behaviour, and general assistance. This inter-service co-operation is the very catalyst that forms the close bond between emergency services personnel to this day. Also, in earlier days Tow Truck drivers often assisted with the extraction of trapped victims at the accident scene. Later came Fire Brigade Rescue, with equipment including the “Jaws.”

During these decades of unprecedented motor vehicle death or injury, within the Greater Melbourne and metropolitan area it was not unusual for ambulances to be attending multiple victim road accidents, often calling for backup. The road trauma victims were then transported to the nearest public hospital, this occurrence at times would create an overflow situation in the hospital casualty (Emergency Department), subsequently creating an outcome where a hospital could not cope, leaving no alternative other than place themselves on “By -Pass.” As a consequence, the ambulance would have to take patient/s, at times in a critical condition, to an accepting hospital. There is no exaggeration in this account, it is absolute and fact. For ambulance crew/s on many occasions there was never any time to debrief on a case regardless of its status, it was a situation of “complete this case, and on with the next.” Often Comms would be desperately calling for any car clear, or near clear, to attend a waiting Signal 8 case, or a number of them!

It should be noted that, with any statement made, I am not suggesting that this account takes anything away from ambulance operations prior to this period, nor the front-liners of today’s current operation. I imagine today, with the drug scene and subsequent physical and verbal abuse, that our colleagues have their own “Decades” to contend with. The basis of the *Deadly Decades* account is focused on the longevity, severity, and frequency of ongoing trauma within that main 1969/70s period and performing with limited human and other medical resources of the time.

Melbourne and the Greater Metropolitan area, stretching to then country areas such as Warburton, Healesville, The Dandenongs, Sunbury and other outer districts, were serviced by VCAS, working to city and suburban

hospitals. In the 1970s there were just ten branches of VCAS and H.Q. to cover this greater Melbourne region 24/7, although these were designated 2-man branches at; *Ringwood – Ferntree Gully – Camberwell - Prahran – Moorabbin – Fairfield - Preston – Broadmeadows, - Footscray - and Head Quarters*. However, often crew would have to split and run “One Up” to cover demand. Today there are Ambulance branches in virtually every Metropolitan suburb, of course there is a far greater population to protect.

In the case of fatalities, the deceased were taken to the nearest public hospital for ‘certification of death’ by a hospital doctor. If a situation arose that more than one ambulance had transported deceased person/s from accidents to the one particular hospital, then an ambulance would be allotted to transport the multiple bodies to the City Mortuary (4-birth capable and back floor area). The logistics of this practice avoided isolating three or four ambulances from service by having each car and crew perform this mortuary role individually. The Coroner’s Court/City Mortuary was located in Flinders Street Extension, Melbourne. Within this complex the Coroner’s Court was located for coronial hearings throughout the state. The mortuary served the Greater Melbourne and metropolitan areas, providing accommodation of suddenly deceased persons pre or post autopsy. It consisted of a receiving room, and a large, refrigerated room, approximately 12m (40ft) x 7.5m (25ft), complemented at one end with a deep freeze section for unidentified bodies, a post-mortem procedure area, and viewing room for deceased identification. In the general refrigerated area deceased were individually placed on ‘Gurney trollies’ (stainless steel, flat top, four-wheel trollies). Such was the combined situation in this era of road fatalities, carnage, and sudden cardiac death, the holding capacity of the mortuary could be overwhelmed on occasions. In the event of this, to accommodate bodies the deceased were placed on the floor of the refrigerated room around the walls, and if necessary, one on top of the other. Regional fatal MCA cases were handled by that region’s Base hospital. The autopsy would be performed in-house, and the finding determined by the local court coroner, unless there were legal implications. In this case the matter would proceed to the Coroner’s Court in Melbourne.

Regional ambulance services rarely had the backup resources of their metropolitan counterparts in the case of multiple injuries and/or road fatalities. The shocking outcome of this, in stark reality, being that ambulance paramedics were at times faced with the terrible decision of who would be given the opportunity to survive. Decisions that will linger a lifetime!



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## *Ambulance Victoria published Books for Christmas Special Christmas Offer.*

All books are quality gloss pages with colour plates.



### **Lights, Sirens & Challenges**

Quality A5 vinyl cover. 100pp. Highlights ambulance challenges in the 1960s/1970s. Factual accounts with a sprinkle of ambulance humour.

**Posted - \$18.95**

### **30 Years of Women in Ambulance**

Hard Cover. App. A4, The history of women entering the ambulance service in Victoria, and the first 30 years.

**Posted - \$17.95**

### **MICA – The First 50 Years**

Hard Cover. App. A4, Presents the inception and history of the first 50 years of MICA in Victoria. Personal interviews. A history keepsake

**Posted - \$24.95**

**OR all 3 books posted only -- \$49.00 !**

**Simple on-line purchase**

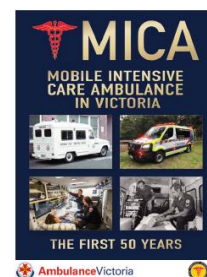
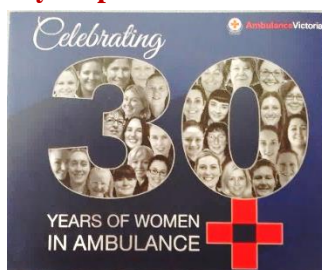
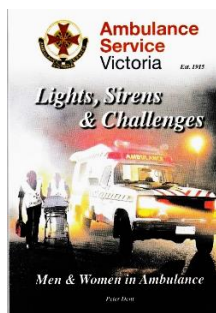
Email purchase and postage details to:- [vintambos@bigpond.com](mailto:vintambos@bigpond.com)

Deposit amount to:- Ambulance Historical Society Vic. Inc.

BSB: 704-230 Acc No. 100167781

In bank reference field insert – **Surname** (Essential) and **Book**  
Or

**Purchase by Eftpos or Cash at the museum.**







# Ambulance Historical Society Victoria Inc. Annual General Meeting 2022/2023

## Presentation of Volunteer Awards.

The A.G.M. was held at our museum on Sunday 24 September 2023. Given the tyranny of distance for many members, the meeting was well supported. The highlight of the meeting was the presentation of our AHSV Museum volunteer appreciation awards. These awards were in two categories;

**Overview:** The introduction of these awards is to acknowledge the selfless contribution given by dedicated volunteers to our *AHSV - Chas Martin OAM, Ambulance Victoria Museum*, and other benefactors. The persons named have assisted in the development and continuation of the wonderful legacy that *Chas Martin* and wife *Marg* established and gifted to the people of Victoria and beyond. Without this generous volunteer commitment the preservation of our proud Victorian Ambulance history could not be achieved. Also, gratefully acknowledged is the critical support of Ambulance Victoria. And, of equal importance overall, is our loyal Museum membership base. Membership is the *life blood* of our museum. Without you as members we cannot continue this great history preservation challenge, so please remain with us on this vital and proud journey that you are making with us.

The below awards are available to all members who contribute and meet a simple volunteering criterion, whether this be on a "Hands On" role, or on a remote, or gratuity basis.

### The Award Status:

- (1) The prestigious personally engraved glass emblem awarded for "*Exceptional*" and/or continuous long term contribution to our Museum.
- (2) An attractive framed "*Certificate of Appreciation*" awarded for over two (2) years' continuous team volunteering/ or a special contribution to our Museum.

Curator *Ralph Casey* and Deputy Curator *Terry Brooks* officiated the presentation process.

### Glass Emblem Awards (1)

Peter Leek (& Max)  
Terry Brooks:  
Gary Dole:  
Darrell Rintoule  
Dennis Meek  
Pete & Barb Dent  
Ralph Casey  
Peter Neylon  
Bill Redpath.  
Graham (Buddy) Holley  
David Cawte  
John Clancy  
Tony Walker  
Kerryn Douglas

Endeared "*Patriarch*" of AHSV/ Museum, and early volunteer (*pictured*)  
Historic Ambulance Vehicle Coordinator, Filming and Regional Events.  
Volunteer Workshop mechanic, Filming, and Regional Events  
ASHV/ Museum Treasurer for Twenty (20) year Duration.  
Past AHSV/Museum Secretary for Ten (10) year Duration  
Creators, and publication of The Beacon, and Membership Coordinator.  
Museum Curator/Management, Tours Presentation, Regional Events.  
Long term Member and Computer Archiving of AHSV History  
Volunteer Workshop Mechanic, and Regional Events.  
Group Presentation, Regional Events, Filming, and general  
Current Secretary of AHSV/Museum. Long term volunteer  
General Volunteer, Regional events, Vintage Ambulance Tributes.  
Former C.E.O Ambulance Victoria, Administrative support  
Former Chief of Staff Ambulance Victoria, Administrative support

### Certificates of Appreciation (2)

*Frank Abela*

*Neil Hall*

*Col Evans*

*Nick Thresher ASM*

*Des Jones*

*Bill Briggs*

*David Hadj*

*Barry Hayes*

*Anne Reeves & Marie De Lima* - Volunteer Caterers Extraordinaire, at their personal expense. (*pictured*)



*Peter Leek and Ralph Casey*



*The A.G.M. Attendees*



*Anne, Ralph & Marie*



## Yarram Ambulance Branch Celebrates 100 Years

Marking **100 years** of service, the Yarram branch holds significant VCAS Gippsland Ambulance history.

Yarram was one of three only depots to be opened regionally away from the Melbourne operation in 1923, accompanied by *Yarra Junction*, and *Rushworth*. Other regional operational branches followed much later. VCAS provided subsidised ambulance vehicles to some regional locations which were operated by volunteer ambulance personnel, and most of the services were solely community funded and maintained.

The first patients in the area to receive care out of Yarram's branch were treated on July 14, 1923, when the depot officially opened for operation. The current branch located on Commercial Road opened in 1966, with an extension and upgrade in 1990. Change is on the horizon once more, with the State Government earlier this year announcing a parcel of land at the rear of Grant Street which has been identified as the preferred site for the new, multi-million-dollar Yarram branch. Construction is expected to start in the coming months.

Ambulance Victoria Yarram Team Manager **Gus Taylor** has been based at Yarram for 12 years. "When I first arrived in Yarram, there was one paramedic rostered to the ambulance at any one time, so we were heavily reliant on being partnered up with other ambulances or needing to wait on scene for another crew to arrive and help with transport". Support for the single paramedics came about a decade ago, with the introduction of Ambulance Community Officers (ACOs) who respond alongside paramedics. ACOs are first responders employed on a casual basis to provide advanced first aid in remote communities where the caseload is low. A significant change took place at Yarram in 2022 when dual crews came into operation.

The 100-year Yarram anniversary on September 10, was highlighted with our 1957 Ford Mainline vintage ambulance and equipment provided by our *AHSV Museum*, the Mainline manned by **Frank Abela** and **Neil Hall**. Also the privately owned 1924 Dodge ambulance of **Ian Mc Corkelle** from Bendigo was featured, the vehicle commensurate with the early day operation of Yarram.

Attendees were treated to a great day, with emergency response demonstrations, activities for the kids, and a delicious BBQ provided by the Yarram Lions Club.

Yarram history holds significant sadness for Frank Abela. In this area 46 years ago his brother was tragically killed in a car accident on the Yarram – Gormandale Rd, the accident taking the lives of all five occupants in the vehicle. Frank stopped at the former accident scene, and in tribute to his brother and mates, activated the Mainline beacon and said a prayer. A touching gesture Frank!



### Looking Back on Colleagues

**Roger Vidler** provided the following information to The Beacon. I am sure this name listing will bring back many memories for some, it certainly has for me. I had some warm memories reading these names.

#### **Prahran Depot 1967**

**Bill Gibson S/O - Gary Pink - Roger Vidler - Brian Beckworth - Peter Fell - Dave Stockdale  
Lindsay Ladner.**

#### **Moorabbin Depot 1968**


**Jim Walton S/O - Ernie Bunn - George Waite - Henry Beswick - Laurie Henry - George Abraham - Don Sharpe - Roger Vidler - Max Stubbs - Don Taylor - Dick Cursons - Wal Mc Curdy - Allan Sibley - David Boyle - Ross Kilsby - Bill (Pommie) Hall - Bob Beggs - Brian Phipps  
Ken Holt - Trevor Cooper - Peter Garland - Frank Lace - Brian Cass.**



## Editor's Foreword

This foreword sits with **Andrew Mc Donnell's** account of the "restructure" of the Victorian Ambulance Service throughout the state 1993/95 with the Kennett State Government appointment of Bookmaker, **Jack Firman** as C.E.O. in 1993, his objective being a complete overhaul of the entire ambulance operation. It is believed Mr. Firman had no ambulance operational knowledge. Andrew's account covers the training aspect arising with this re-structure; however, the following is an especially important factor alongside this history. On assuming the role of C.E.O. Jack Firman moved immediately to make redundant all qualifications and rank within the service. Any qualification above Assistant Station Officer through to, but not including, C.E.O. were rescinded.

With these positions now redundant, the personnel were offered to re-apply for a position within the new organisation. This could be either a newly created position, returning to a front line road position, or alternatively take a redundancy package. Under the Firman initial intention, no qualifications or rank were to apply throughout the service, this was considered unworkable. On experienced advice, Mr. Firman re-considered this position and agreed to implement rank identification of : Team Manager, (*Team leader was introduced later*) Group Manager, and District Manager. However, prior to the newly designated appointments, the mandatory qualifications to hold those now redundant parallel ranks were; of the 3 year course "*Assoc. Diploma of Health and Administration*" or, a *Tertiary equivalent in health management*. Mr Firman decreed that this criterion would no longer be a requirement, which meant all rank appointments were again to be made on nothing more than "Captains Call" or nepotism basis without qualification! One can appreciate the personal and family devastation this decision caused after a paramedic's years of study and diligence to attaining these milestones. Also the loss of dedicated careers and medical expertise created in this ultimate disaster. So, in complete reality, what positive outcome did this exercise of futility accomplish?

 16th December, 1993

**COPY**

METROPOLITAN  
AMBULANCE  
SERVICE

Mr Charles Martin  
58 Lomond Avenue  
KILSYTH VIC 3137

Dear Charles

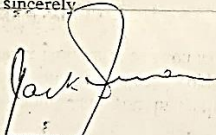
I am writing to offer you once only compensation in relation to your re-classification from the position of Station Officer to Ambulance Officer.

You will continue to be paid at the level of Station Officer until 31/12/93. You will then be paid an ex-gratia payment of \$10,000.00. In addition a payment will be made which recognises the difference between your current classification and that of Ambulance Officer for accrued annual leave and long service leave up to 31.12.93.

A letter will be forwarded to ESSS advising them of your situation and requesting them to preserve your benefit and contribution level at the level applicable at 31/12/93.

I would appreciate you indicating your acceptance of these arrangements by completing the details on the enclosed copy of this letter and returning it to the Manager, Personnel Services at Doncaster as soon as possible.

Yours sincerely



**JACK FIRMAN**  
Chief Executive Officer

Emp No: 221  
Ref: JF:AR:42428fc.doc

375 MANNINGHAM ROAD  
DONCASTER 3108  
VICTORIA AUSTRALIA

TO: BUA 7005  
DONCASTER 3104

I Mr Charles Martin, agree to accept that my position as Station Officer has ceased to exist and that I now perform the role of Ambulance Officer.

I agree/do not agree to continue to contribute to ESSS at the rate applicable to Station Officer. (*Cross out whichever does not apply*).

Signed: ..... Date: .....

# *Those Who Stood Up To Be Counted*

## **An account of Ambulance training seceding from AOTC to Tertiary--1994-2000**



**About the Author: Andrew Mc Donell ASM.** joined Metropolitan Ambulance Service in 1989 as a student ambulance officer, qualifying as an ambulance officer in 1991. He was a clinical instructor at City Branch prior to obtaining his MICA qualification at AOTC in 1994. Andrew wasted no time gathering the qualifications available to him, in fact his resume is a standalone story that we will publish in a later edition. However, for now we focus on the courageous stand Andrew and his colleagues took in the face of adversity. The commitment of these persons was to change the course of ambulance training and pre-hospital care for the foreseeable future. In 2014, Andrew was awarded the Ambulance Service Medal, (ASM) an award so well deserved.



**Paramedic Andrew McDonell, Paramedic Peter Baily, Sal Salanitri (Technician), Paramedic Ralf Harries at Victoria University 1999**

**Here is part one (1) of Andrew's interesting chronology of this vital ambulance history.**

"Since 1961 various forms of ambulance driver (later to be called ambulance officer, then paramedic) training had been trialled. These have been discussed in previous editions of *The Beacon*.

The peak of the Metropolitan Ambulance Services (MAS) CEO Firman era (1993 – 1995), was an era which the *Financial Review* describes as;

*"It was in the early 1990s when the union was locked in a bitter battle with the MAS. New head of the service and a friend of Mr Kennett, Mr Jack Firman, was given carte blanche to destroy the union and the weapon deployed was privatisation of the ambulance dispatch centre".*

Outside the industrial battles, there was a quiet attack on the Ambulance Officers' Training Centre (AOTC). During 1993 the Department of Health and Community Services released a report into the AOTC. The outcome of the report was that the AOTC was to be closed and ambulance officer education transferred to the "main stream" TAFE sector<sup>2</sup>. The report proposed that ambulance officer (paramedic) training be one to two years at Associate Diploma or Diploma level and Mobile Intensive Care Ambulance (MICA) Paramedic training be a six month to one year course at Advanced Diploma level. Training was to move from the post-employment (paid) model to a pre-employment model (unpaid) in the TAFE Sector<sup>2</sup>.

The outcome enraged a small group of paramedics and the staff of the AOTC. This led to the formation of the *Ambulance Professional Education Lobby* (APEL) which consisted of four key personnel, MICA Paramedics myself, **Andrew McDonell**, – Convenor, **Anthony DeWit**, **Tony Walker**, and Paramedic **Peter Baily**.

APEL pursued the position, from the education of the ambulance service workforce to the consequences of the closure of the AOTC and the resulting loss of control of "ambulance" education by paramedics within the "schools of trades" in TAFE. If the AOTC was to be closed, then paramedics had to be educated alongside other health professionals in the University sector so the "industry" could professionalise, evolve research, strive for state registration and eventually open doors to paramedics working in the general health sector outside of state ambulance services, at the time this was called the "emergency care practitioner").

APEL made approaches to all relevant ambulance organisations, the Ambulance Employees Victoria (AEAV), Institute of Ambulance Officers Australia (Victoria Division) [IAO] – later to become Australasian College of Paramedicine], AOTC, Victorian Ambulance Services Association (VASA – Employers organisation), all rural ambulance services (eight at the time) and Metropolitan Ambulance Service. Unfortunately, "due to the industrial situation" at the time, the AOTC, VASA, the rural ambulance services, and Metropolitan Ambulance Service refused to meet with APEL. VASA advised that ambulance education was not a priority at the time, and in a conversation with CEO Jack Firman, he advised he had no interest in ambulance education, and sadly the AOTC refused to respond to phone calls and letters. Anthony DeWit did eventually get a meeting with the AOTC, but was advised in words to the effect, "We make decisions about ambulance training not ambulance officers".

At the same time, an unexpected meeting in a corridor with Professor **Anne Woodruff**, Head of the School of Nursing at Victoria University of Technology, with Andrew McDonell led to a discussion about the development of an undergraduate bachelor's degree for paramedics. Woodruff suggested in the first instance

a degree conversion for practising ambulance officer and paramedics, and then the introduction of a three to four year pre-employment undergraduate bachelor's degree to become a paramedic, followed by an employer graduate program. This was to ensure the present paramedic workforce had an opportunity to obtain a fast track degree and decrease the resentment of new graduates from the Universities. Professor Woodruff had experienced and witnessed the movement of nursing training from hospital schools to universities and where the established nursing workforce (non-degree) of the time resented new nursing graduates from universities.

Meanwhile, the fight for education continued. Andrew McDonell became the political front man, Tony Walker wrote to TAFE colleges advising of the discontent of paramedics, Anthony De Wit and Peter Baily did a lot of the background work, talking to ambulance officers, paramedics, gathering intelligence and speaking to key stakeholders. APEL members were also under intense pressure and suffered severe personal consequences. All members received threats from management. Andrew McDonell received constant threats including verbal and written warnings for "misconduct". The Health Minister, Mrs **Marie Tehan** in an article published both in *The Age* and *Australian Journal of Emergency Care*, berated Andrew McDonell with a personal attack<sup>5</sup>. Tony Walker withdrew from the group after taking a management position at Geelong on advice of his peers. There was a significant coordinated effort to silence the group and the paramedic workforce.

Andrew McDonell received a contact and was asked to attend an urgent meeting at Victoria University of Technology. Professor Woodruff had decided to retire but had handed over discussions to the new head of School of Nursing, Mrs **Barbara Brice** and Professor **David Lawson**, Head of the Faculty of Human Development. The faculty had decided to sponsor a bachelor's degree conversion for qualified ambulance officers and paramedics, but there was need for industry support. This created a dilemma for APEL with the continued lobbying of government and now the requirement to bring a fragmented industry together to support a bachelor's degree conversion uniquely for ambulance officers and paramedics.

APEL had some success with a letter writing campaign by ambulance officers to Jack Firman, Minister of Health, Department of Health Community Services, AEAV and IOA. APEL took a major risk and sent out a petition to all stations in the Metropolitan Ambulance Service. In a quick turnaround, 81% of the ambulance workforce signed the petition within two weeks<sup>6</sup>. Letters with copies of the petition were sent to Jack Firman, **David Howell** (Group Manager – MAS), Labor Opposition, Minister of Health and associated public servants demanding that if the AOTC was to be closed, then ambulance and paramedic education must be transferred to universities rather than TAFE.

The petition was raised in parliament by Labor. Letters were published in *The Age*, *Herald-Sun*, *Australian Journal of Nursing* (which resulted in a letter of the support from the Royal Australian Nursing Federation) and *Ambulance World*. Andrew McDonell appeared on Channel 7, Channel 10 news and in a Four Corner investigation of MAS. Andrew McDonell and Peter Baily attended events where the Minister of Health appeared and consistently asked questions about the transfer of ambulance education into university. A meeting was then arranged between APEL and the Minister of Health Marie Tehan by the Department of Health and Community Services.

Andrew McDonell and Peter Baily attended the meeting with Minister Tehan and **Robert Doyle** (then Ministerial Secretary of Health). The Minister announced a Ministerial Taskforce into Education and Training, which invited Andrew McDonell onto the Taskforce. The Taskforce would not start until 1996, two years after the meeting under a new health minister. In the author's opinion, the outcome of the Taskforce was predetermined with Monash University being awarded the contract to operate pre-service, then later, post-employment courses over Victoria University (which was offering paramedic courses at the time, when Monash wasn't). However, the outcome secured the future of university based education over TAFE Training. The AOTC had only commenced discussions with Monash in late 1996, nearly a year and a half after Victoria University had commenced the Bachelor of Health Science (Paramedic) In the end it didn't matter and APEL had won!"

**To be continued next edition**

## *Courage.*

***"There is a stubbornness about me that can never bear to be frightened  
at the will of others.***

***My courage always rears up at every attempt to intimidate me."***

***Jane Austin.***







## *Our Vehicle Co-ordinator and In, Out and About.*

**Even on Father's Day** morning, Terry (Doc.) Brooks was out showcasing a vintage ambulance and promoting our museum. The local Western Vehicles Car Club had a coffee meet at Fogarty's Airfield at Melton for Father's day. As it was nearby home, Terry took the Ford F250 ambulance and put it on display. The F250 created terrific interest and questions and the kids loved it. A great selection of vehicles were presented including a sports car with a \$200,000.00 price tag on display. This vehicle also drew interest.

**This is the fifth time** our voluntary museum workshop mechanic **Bill Redpath** has returned to hospital for surgery on his knees, which has been over a period of only 2-3 years. In the past we have jested with Bill about the frequency, however, now this fifth time back for the same issue is wearing a bit thin for Bill and wife **Heather**. Unfortunately, Heather has her own serious health challenges at present of which she is courageously confronting, so this makes things tougher. Both Bill and Heather are very well thought of members of our close museum family and any support required by them is at hand.

**Volunteer Museum** mechanic **Gary Dole** recently made his annual 650 km pilgrimage to Thurgoona NSW to have his hair cut (actually sheared). This came about when Gary and Terry came up to the Dents' to take back the old Ricoh printer to the museum at Bayswater. The Ricoh was recently replaced with a new Canon unit to print The Beacon. It was another of four or so sojourns to pick up items produced for the museum at Albury and Thurgoona. Three of the last occasions of around 12 months apart **Barb Dent** has cut Gary's hair, (uncut in the meantime) so this time Terry and I recorded the "hair raising" event. The procedure was carried out amidst much teasing and jest. All hands had allotted roles, Gary the victim, Barb the shearer, Terry the photographer, and me the roustabout sweeping up, (no classer). After this momentous event the four of us had dinner and settled in by the wood fire for the evening. Next morning the printer was loaded into the Holden Commodore vintage ambulance with other items and the boys headed back to the Big Smoke around 1200hrs.

Below is the sequence of events that took place with Gary's shearing (wide comb, tar boy, but no drenching or dipping off shears Ralph!)



**The Challenge**



**The Beginning**



**The Shearing**



**Off Shears**

Our Museum once again featured prominently at the Euroa Show and Shine, held at Euroa on Sunday 1<sup>st</sup> October. Ralph headed up the team of vintage ambulances and crews with the vehicles and equipment creating keen interest from the public. However, as occurred to Ron Forth in his Humber ambulance a few years back, Terry Brooks in the Chrysler Royal ambulance and a kangaroo collided en route. Terry watched as the Roo composed itself and bounded back into the scrub, then with trepidation he alighted to survey the potential damage to the Chrysler. Lady luck was travelling with Doc. A broken parking light lens the extent of it. Keen museum member **Doug Brockfield** from Milawa came along to take in our display and have a yarn to the crew attending. Euroa Show and Shine also presented a special outing for our Museum volunteer caterers extraordinaire, sisters Anne Reeves and Marie De Lima. These two lovely ladies provide (at their own expense) an ala carte lunch for all volunteers at the museum on every Monday workday. I am told this feast is equal or above Jamie Oliver and Co. and plenty of it. Terry Brooks had the two girls picked up by Col Evans and bought to Euroa. Terry never leaves anyone out. Very thoughtful Doc, **HMmm**, there again, big man, big appetite, ala carte food and ....

Also, to complete the event all vintage ambulance drivers were breath tested leaving Euroa by police. Naturally with the **"Extreme"** AHSV moral standards and abstinence always practiced, every driver tested was OK!

## *The End of a Western Suburbs Ambulance Icon.*

At midnight Sunday, 17<sup>th</sup> September 2023, Footscray Ambulance Depot ceased operation, closing the chapter of 90 years serving the Footscray District. Footscray depot commenced in 1933, built at a cost of 1400 Pounds (\$2800.00) under the umbrella of the Victorian Civil Ambulance Service (VCAS) Est.1915/16. This branch opened with a small complement of “Ambulance Drivers” and the earlier Dodge ambulances. Dodge ambulance models were prevalent in VCAS service until the early 1960s. They were then superseded by the Chrysler Royal ambulance fleet, initially the ambulances were six cylinder manual vehicles. These models were replaced in a short time period with V8 automatic ambulances. As you can envisage, driving a manual vehicle on an emergency call and having to change gears on the steering column was not the safer option.

Sunday 17<sup>th</sup> September was the last operational day of Footscray depot. Former and current crews gathered for a final farewell to the depot, together with MFB/FRV colleagues who shared this site with ambulance. Strong bonds of camaraderie have been forged between ambulance and fire personnel over this lengthy duration. At the request of AV Acting team Manager **Brendon Dunna**, our museum provided the GMC vintage ambulance to the Footscray celebration for photographing past and present crews from the branch. Both generations of ambulance personnel mixed together, with the older hands trading stories of bygone times with the new breed. Touching speeches were exchanged by leaders of each generation of ambulance members paying tribute to each other. These speeches highlighted in true testament what ambulance work is like on the front line. The Footscray Depot closure was the end of an era, but never the end of memories!

*Personnel from the old Footscray Branch will be accommodated at the Sunshine Branch until the new Footscray Branch is completed and ready for operations.*



***The Final Farewell***



***Footscray Yesteryear***



***The old Footscray Depot location with MFB***

***Chinese Proverb:*** Confucious Say “ Young homeless lady who sleep on steps of Synagogue on very cold night may wake up to heavy dew!



## An Informed Opinion



**Carolyn (Caz) Cole-Sinclair** was born **Carolyn Irene Hunt** in Adelaide 1965, the youngest of three children. Carolyn spent her younger years at Kersbrook at the foot of the Barossa Valley S.A., moving with the family in 1983 to Yarra Junction Victoria. In 1995 she moved to nearby Hoddles Creek onto a 5 acre property with accountant husband **Bernie**. Caz and Bernie have 4 adult children, Katrina 34, Stephen 33, Alyssa 29 Bradley 26, and 7 grandchildren, aged 20 months to 14 years. Caz's story presented during discussions regarding the two main ambulance training codes, "Hands on" versus "Tertiary". Her account and comments are unbiased and most interesting.



**Caz with a rescued koala from the 2006 bushfires.**

### **Here is Caz's story;**

**I chose to pursue becoming** a Paramedic because of my father; Dad and I had always completed our first aid courses together, however, in his later years he was diagnosed with emphysema. Towards the end of his life, we regularly had ambos at our home to attend and transport dad. During these occasions I became very interested in the care they gave. Subsequently I began doing some ambulance recruiting research, prompted by the thought that this may be a career path for me. Although being from a Finance and Administration Assistant's role, I did have some reservation as to whether I would be a suitable and successful Paramedic.

Dad died in October 1998. Not long after his passing, I commenced studying a Certificate III in Non-Emergency Patient Transport at the Ambulance Officers Training Centre (AOTC), under the guiding hand of **Ben Ellis**, **Nick Thresher**, and others.

In May 1999, I commenced work with the non-emergency side of ambulance, working casually with three of the private services. I saw this as a great stepping stone into what I ultimately wanted to do. I knew it wouldn't be an easy road to enter a paramedic career, however, my determination was strong.

The opportunity to attend an aptitude test was advertised in the paper in late 1999, and I, along with about 3000 other applicants, sat the aptitude test at Latrobe University in Bundoora. I passed, and then commenced the various other requirements which included physical, medical, and psychological examinations, panel interviews, and a personal background Police check.

From memory the entire process took over eight months, and finally I was accepted by Rural Ambulance Victoria (RAV). I will always remember the phone call that day, and the great excitement I experienced knowing I had been accepted into the Victorian Ambulance Service. So began my ambulance career, I had just turned 34 years of age and as such I had accumulated a degree of knowledge of life's experiences. This knowledge in my opinion is an essential criterion, although it seemed that the value of this virtue may have been overlooked by Ambulance management at the time. However, I consider it both imperative and a most important factor within this vocation.

My Diploma of Ambulance Paramedic Studies (DAPS) commenced at Monash University Centre of Ambulance Paramedic Studies (MUCAPS) in Frankston on 28 August 2000. We were a mixed group of Metropolitan Ambulance Service (MAS) and Rural Ambulance (RAV) personnel. From memory there were only 4 RAV candidates and some 24 MAS, we were designated DAPS 4/2000.

This course spanned 14 weeks at university covering both theory and practical training. Following this was a consolidation placement on road with a Clinical Instructor (CI). The first words my CI said to me were along the lines of "forget everything you've learned in Uni, now we'll teach you how to be an ambo".

This process I recall was repeated, with six stages, over three years, after the university exams and assessments, there were further assessments by RAV with a final sign off and certificate to practice issued.

My home operation branch was Morwell in the Latrobe Valley, although as a student I worked at nearly every branch in Gippsland. As a result of this diversity, I saw different types of work and different ways of operation and treatment, both of which were beneficial to my learning and knowledge consolidation. I was given three



indelible words of advice during my time as a student, and I still remember these words today; One from a CI was *“you’ve got two eyes, two ears and one mouth for a reason, so look and listen twice as much as you talk”*, Another from a MICA Officer who said, *“the day you stop learning in this job is the day to give the job away”*. And from a colleague *“don’t ever forget where you came from”*.

As a CI and Team Manager (TM) myself in later years, I observed, worked with, and wrote reports for Uni students doing placements, and also newly qualified paramedics doing their graduate year. Many of them were young, with limited life experience, and I often heard the *“I can’t work Saturday night, I’ve got a party to attend”*, and *“yeah I already know that”*. Equally, I saw the concern on some faces when they were confronted with the inevitable death, trauma, violence and other cases, which accompany this profession. Some decided they had made the wrong career choice and ultimately left the service a very short time after they began. Did youth and a lack of life experience contribute to this? Did the “qualify first then apply for a job” way of training play a part? I don’t have that answer, but it’s something I often wondered.

I spent just over 15 years as a Paramedic, remaining in Gippsland for the entirety of my career. This was a time of change, none bigger in my opinion than the merger of MAS, RAV, and Alexandra District Ambulance Service (ADAS). This to become collectively Ambulance Victoria (AV), followed by the consolidation of the state’s rural communication centres to the Emergency Services Telecommunication Authority (ESTA) in Ballarat. There was, and maybe still is, conjecture as to whether these changes were for the best. Change is inevitable, but at the given time, as near always, there was a lot of angst, fear, and anger, especially at the front line.

Throughout my 15 years, I met some amazing (and some not so amazing) people, I worked with some awesome ambos, I benefited from, and enjoyed so many opportunities. I was challenged, I experienced frustration, I farewelled colleagues from this world, I laughed lots and cried some. The decision to leave the service wasn’t an easy one, however I knew the time was right for me. It was time to pursue new ambitions. So, in 2015 I farewelled the uniform, and in the words of Frank Sinatra, *“I did what I had to do, and I did it my way”*.

For the new generation either contemplating, or currently studying Paramedicine as a career, this dinosaur offers the following three words of advice;

*“You’ve got two eyes, two ears, and one mouth, for a reason, so look and listen twice as much as you talk”*,

*“The day you stop learning in this job is the day to give the job away”*

*“And don’t ever forget where you came from”*.

Good luck!

**Carolyn (Caz) Cole-Sinclair.**

**And the Koala!** Ambulance jobs are always a raffle, front liners never know what the next one will be, (fortunately!) however, this one is priceless! Caz gives her moving account:

*“We had been despatched to an injured firefighter during the 2006 fires in the Walhalla/Rawson/ Erica area, on arrival we were not required and cancelled. Returning to base through the fire area we came across a koala sitting in the middle of the road, his feet were burnt, we stopped and I got out. He let me walk straight up to him like he knew we were going to help him. I picked him up and he literally cuddled up on my lap, I think he was dehydrated and exhausted. From here we took him to the rescue shelter at Rawson, where they rehabilitated him and released him back into the bush some weeks later. From memory he also had extensive eye damage as a result of the smoke.”*

*“I wrote a PCR for him! And we even called the job into Comms as “Loaded code 2!!” This was an experience I never thought I would ever have, also it made a great photo of an Ambo treating and transporting a koala in an ambulance.” Caz’s touching story proves true Ambo’s care for all forms of life!*

*After ambulance life with our service, Caz worked for 6 years at Emergency Management Victoria, then had a short stint with Ambulance Tasmania as a Regional Duty Manager, returning home after 6 months. She now has a part time role with the CFA as the “Emergency Medical Response Coordinator”, a job Caz loves, and still gets family time. A “standout case” in Caz’s ambulance career was attending a job where she and her partner were a target of a mentally unbalanced patient with a deadly compound bow. The offender was shot by Police. This story will appear in the next Beacon. Thank you, Caz, for sharing your comments and story with us.*

Ed.

*Ambulance Historical Society Victoria Inc.*



# *Ambulance Victoria Museum*

*“ To reach our destination we must know from where we have come,  
And what we have learned on this journey”*

*P.K. Dent 2008*

**1/55 Barry Street, Bayswater, Victoria 3153**

**Email:**

**Ph. 0419 619 430**

**The Beacon Email: [vintambos@bigpond.com](mailto:vintambos@bigpond.com) Ph. 0427 508 888**