



# THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

*Chas Martin O.A.M. Ambulance Victoria Museum*



*29<sup>th</sup> Edition – Summer 2024*

*\$4.00*



*Ordinary country people giving an extraordinary commitment.*

*Protecting our remote communities.*



*A.C.O.  
Ambulance  
Community  
Officer*



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***OPEN DAY – 14<sup>th</sup> April 2024 1000hrs- 1400hrs- ALL WELCOME!  
1/55 Barry St, Bayswater. Follow us on Facebook or “Signal 8”***

***\*\*\*\* Front cover image - Berringa CERT launch 17 November, 2005 \*\*\*\****

***Back Row: Tony Walker, David Neilson, Sandra McMillan, Katie Brown, Chris Chatham, Danny Hirt,  
Neil Galloway***

***Middle Row: ?, Jenny Wallace, Lesley Smith, Monica Perrett, Debra Coker-Godsen, Geoff Harvey,  
Murray Black.***

***Front Row: Lyn Whitehead, Vanessa Morris, Carol Kiffen, Jacki Eckert, Pat Garatt.***



## *The Curator's Desk.*

Welcome everyone to the 2024 New Year! Hopefully, all our members, readers and friends had a happy and safe Christmas period. However, there are some within our museum ranks who unfortunately did not due to accident and illness. One particular case is Anne Reeves, sister of Maria, who are our intrepid chefs. Anne slipped and acquired a serious spinal injury. We wish these members a speedy recovery and a more fortunate outcome for the remainder of 2024. Please know that all of us within the museum family are thinking of you in your individual adversity.

Our museum closed for a two-week period over the festive season, which gave our hard working volunteers a well-deserved break, and more time to spend with family over Christmas and the New Year. Even though the “doors were closed”, background activity still continued, including filming, The Beacon production, membership renewals, receipt of donated items, sales, emails and phone calls.

With the re-opening of the museum on the 15<sup>th</sup> of January, the entire building was subject to a thorough clean throughout on the 22<sup>nd</sup> of January, this is to ensure a paramount health and visual standard. As this cleaning included the garage floor and carpets, complete moving of cars and equipment was required.

Already, several tour and presentation bookings are in place for the coming year, with more bookings indicated. These ambulance history presentations are where we get to interface with the public, and as a result, visitors learn more about Ambulance history in one hour than they do in a lifetime.

The Studebaker, which has had a month showcased at the Maffra Museum, is about to return to our museum. The possible replacement for Maffra is the MICA Ambulance, to be displayed for a month. This gives people in regional areas exposure to our vintage ambulances and museum information. If reports on this regional trial are positive, an expansion of the initiative may be considered involving more than one historic ambulance. This regional showcasing also gives us the opportunity to rotate our fleet, and display our historic vehicles in-house at the museum, that otherwise would be in storage elsewhere due to lack of garaging space.

The Committee of Management will be working on new ideas which already have been placed on the table for consideration. The merit of these initiatives will be discussed at a pending committee meeting to ratify accordingly. Points for discussion will include: (1) *Our pending museum “Open day.”* (2) *Membership Subscriptions.* (3) *Our Museum Budget.* (4) *Opening our museum on a weekend roster system.* (5) *Access to over the phone credit card “Tap and Go.”* (6) *The retention and disposal of non-preferential vintage ambulances in our fleet.* Our Committee of Management will also look at initiatives to attract more museum members, A.V. staff, and public to visit our impressive collection of Victorian state ambulance history.

In regard to A.V. staff visiting, I have this idea which potentially could be of interest to both current and former personnel. This would be an archive film night, featuring older ambulance films for both a laugh and a trip down memory lane. The evening could also encompass a “Get Together, Drinks, and Finger Food”, and if we could get a larger audience we could even hire a venue for the event. Otherwise it would be a close-knit night at the museum premises. I would love to get your feedback on this idea, with the view of taking the film night further. If it were to proceed, maybe it could be advertised through the AV network.

Since our relocation from Thomastown in 2014 with twelve vintage ambulances and associated equipment, memorabilia, and other history, behest the late Chas Martin, our development has been beyond expectation. We now proudly present twenty-five immaculate vintage ambulances, which includes the superbly restored Leyland 12-bed Disaster Bus, equipment, and displays. However, this progress through the diligent input of our talented, hardworking small team of volunteers has presented a problem within itself. As became the case at Thomastown, we have also outgrown our current location at Bayswater to the point that we can no longer accommodate and display our collective fleet of vintage ambulances, resulting in these vehicles usually being stored at other locations out of view of the public. Unfortunately, this undesirable situation is not expected to be resolved in the near future. The situation is also restrictive in the sense that the progression of our museum and our vital state ambulance history belongs to all the people of Victoria.

Again, I wish you a healthy and happy 2024.

**Ralph Casey. ASM.  
Curator.**



*Chinese Proverb: Confucious say; “Many a good tune played on an old fiddle, but it depends on the bow.”*



## NSW Historic Ambulance Returns Home

**70 years on, the iconic 1953 Willys Overland Vintage Ambulance returns to its home state.**

The only remaining one of an original seven of these iconic ambulances in Australia has been returned home from the *Chas Martin OAM Ambulance Victoria Museum* to the *NSW/ACT Ambulance Museum* at Temora NSW. The handover was a history-making event, drawing regional and metropolitan interest. However, before this event is described, first let's look at the history of this unique vintage ambulance.

### *The History of the 1953 Willys Overland Jeep Ambulance*

This unique vehicle was purchased in 1953 as a Station Sedan model 474-4WD from the Willys distributor, Dominion Motors in Sydney, and taken to W.C. Grice Bodybuilders in Summer Hill, Queensland by the **Bourke Ambulance NSW**. W.C. Grice were contracted to build 6 Ambulance units for use in Malaya (Malaysia) and the Bourke unit was added to the line as the 7<sup>th</sup>. On completion, the 6 units were shipped to Malaya and the 7<sup>th</sup> to Bourke. It is believed that this ambulance was the first 4WD ambulance in Australia and is now the only one of this make and era.

The cost was listed as £ 2,189 pounds (\$4380)

The ambulance joined service at Bourke as Car 2 from 1953 until 1963 when it was replaced with a Toyota 4X4, with the Willys being sold to a local farmer who rarely used it. It was then sold to Brian Nelson (an ex ambulance officer) who intended to restore it, but due to a transfer and other issues he experienced, it was sold to Graeme Tibbett. Graeme carried out the restoration, including overhauling the motor with new rings and valves as everything else was in good condition. This was due to the engine being replaced by a later 1956 model engine that was rebuilt by Charles Whitten in 1960 (during its Bourke Ambulance service role).

Graeme Tibbett helped the Willys to be set up for the 2000 Variety Bash (as the *Mash 4077 unit in the television USA Army series M.A.S.H.*). The engine on the Variety Bash went fine until between Kalgoorlie and Perth when it burnt out two valves.

The unit was sold by Graeme Tibbett to Noel Reynolds in November 2002 with only 53,300 miles recorded on the speedo.

Noel Reynolds sold the unit to the **Ambulance Victoria Museum** on the 19/8/2018. The unit has been fully restored to its original status and added to the Ambulance Victoria Museum's fleet.



*The Willys Overland Ambulance in its purchased state, pre-restoration*



*Curator, Chas Martin beaming with his new acquisition.*

The restoration process involved an extensive work program by Ambulance Victoria Museum volunteers. These works included stripping the vehicle down for re-painting, making and replacing a damaged rear body panel, replacing the brake master cylinder and overhauling the entire brake system, and re-tinting the rear and side windows. **Ralph Casey** and **Gary Dole** rewired a considerable amount of the electrical system which included lights and fitting a radio and siren, sourcing and fitting many other parts, and purchasing five new tyres. **Bill Redpath** then played a major role of preparing the vehicle for a RWC. All the other members of the team pulled together and were involved in the restoration process in one way or another.

It should be noted that without the selfless free time given to projects such as this by our tremendous band of volunteers, none of these restorations would come to fruition and these vehicles returned to their original splendour for all to appreciate.



**Specifications:** From records obtained, the original unit was Chassis and body number 453EB2-11246 and original engine number 1T46241, the replacement engine was 1T63033. The original vehicle colour was dark brown.

The unit, when in use in Bourke outback with sandy tracks etc., returned 4 mpg (approx. 6.4 km/4.5 ltrs) if engaged in 4X4 low gear ratio, but returned 20 mpg (approx. 32 km/4.5 ltrs) in normal driving. This is the reason it has an auxiliary fuel tank fitted.

Engine is an F head 134,3 C.U, (2200 CC) 4-cylinder petrol

Transmission is a 3 speed forward and reverse geared unit connected to a transfer case behind the gearbox to engage 4-wheel drive and a high /low ratio lever.



***Returned to former prestige after a major restoration project at Bayswater.***



***Rear view of the restored body work of the Willys Overland Ambulance***

It was always considered by our museum committee and crew that this vehicle belonged to the people of NSW and was out of place in a Victorian Ambulance Museum. A meeting of the AHSV committee decided to make an offer to the NSW/ACT museum at Temora in NSW for a permanent loan of this historic ambulance. Our Curator, Ralph Casey, made contact with the NSW/ACT museum Curator, Bill Spiers, and on receiving a positive response, the ball was rolling. It was decided between the two museums that Victoria would give NSW/ACT the Willys Overland ambulance on a permanent loan basis and in return NSW/ACT would reciprocate under the same arrangement and give Victoria their 1968 Ford Galaxy ambulance. This vintage ambulance was a former Benalla vehicle, branded *North Eastern Victoria District Ambulance Service* (NEDAS) *Benalla*. With this swap/loan agreement, changeover plans were put into place.

It was decided to bring to fruition at the time of the change-over, a previous wish of our late former curator Chas Martin OAM, for a group of our museum members to pay a goodwill visit to the NSW/ACT Temora Ambulance Museum. Takers of this offer were: *Ralph Casey, David Cawte, Gary Dole, Terry Brooks, David Hadj, Darrell Rintoule*, and *Des Jones*, with *Pete Dent* to be collected enroute at Thurgoona (Albury). This travel would be in a mini bus ex Bayswater; however, the Willys Overland ambulance would be driven from Bayswater to Temora by Terry Brooks over a 2-day period. Terry set out from Melbourne on the long 535 km trek north to Temora NSW, at a top speed of 75km/h, first intended overnight stop at Thurgoona NSW. After several stops along the way, with the Willys drawing interest and admiration, Terry arrived at Thurgoona at 1600 hrs. The next morning at 0930hrs, Terry began the second and final leg of the journey to Temora. At this same time, the six AHSV members were leaving Melbourne for Temora via Thurgoona for lunch and to pick up myself, however, a problem was presenting with this pick up. The bus boys arrived at around 1330hrs for lunch and a good yarn. The day prior to this, I had a progressive sore throat and was deteriorating. By the time the crew were ready to leave for Temora, I had made the decision, (in the interest of others), not to go. A great disappointment! Terry and the bus boys arrived safely at Temora that afternoon, freshened up, had dinner and generally prepared for the events of the next day.

On the morning following, our AHSV museum group arose to a fine sunny inland NSW day of around 26 degrees. Final preparations were made to the Willys Overland scheduled for the NSW/ACT Museum and acceptance of the exchange 1968 Ford Galaxy vintage ambulance. The Willys and our group made their way to the handover location where they met up with Prime TV Wagga Wagga. At the announced time of 1000hrs, all gathered to witness this historic handover and were joined by local and out of town vintage ambulance enthusiasts. The speeches during the handover bore testimony of the appreciation of this vehicle being returned to the people of NSW. Our Curator, Ralph Casey, and NSW/ACT Curator, Bill Spiers exchanged documentation, and the ceremony was completed. Our museum crew returned to their accommodation at the

Temora Air Field which houses the nationally renowned “Temora Air Museum”. The Crew were kindly shown through this aircraft history icon, courtesy of the Temora Council. After this, they all adjourned to a local hotel for a meal, followed by a good night’s rest and began the journey home next morning. First stop Thurgoona for morning tea, Des Jones and Gary Dole driving the Ford Galaxy. After refreshments at Thurgoona, the bus crew and Ford Galaxy made the journey back to Melbourne.

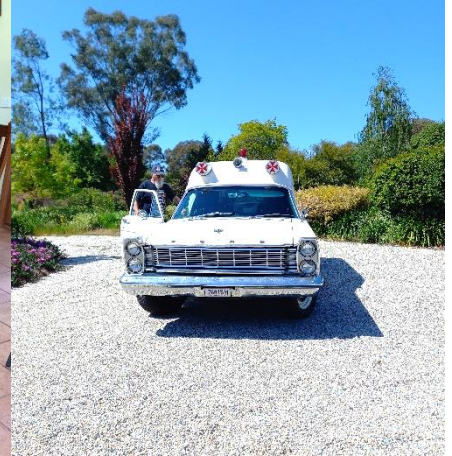
The era of the icon Willys Overland ends for us, however, it has been returned to its home state, and also with this group trip to Temora, another of our late Chas Martin’s wishes has been fulfilled.



*Our boys gather for a final farewell to the Willys prior to handover.*



*Crew have smoko with Pete and Barb on the way home.*



*Change-over Ford Galaxy ex Regional Benalla.*



## **Ambulance Victoria Museum**

1/55 Barry Street, Bayswater, Vic. 3153

### **Open Day – All Welcome**

**Sunday April 14, 2024. 1000 hrs to 1400 hrs**

- *Free admission – a great ambulance history day.*
- *Beautifully restored vintage ambulances dating back to 1913, equipment, old records, medical equipment, radios, photos, uniforms – 1900s.*
- *Enjoy a fabulous presentation video tour show every hour, learn a lifetime of Ambulance Victoria history in that one hour.*
- *Special Open Day prices on books, badges and caps.*
- *Food stalls – Old-fashioned Devonshire Tea/Coffee.*

*Visit Facebook for further information.*

*A day not to be missed*

*Look for our Museum staff with yellow tabards for help and information.*

***“See you here at the Museum, April 14”.***



### **Words of Wisdom**

*Joy is what happens to us when we allow ourselves to recognise how good things really are.*

*Anon.*





*Telegrams*



*Phone and*



*Mail*

**The Spring Beacon** featured an account from *Jenny Moncur* titled “**Head Winds**”. This story outlined the obstacles female paramedics could face in early days of women in our ambulance service both Metro and Rural. I commend Jenny for her courage in bringing her ordeals out into the open. However, her article begs further questions. What is the A.V. benchmark for bullying? Is there a recognised standard? To what extent and severity does this blight on our Emergency Service exist? What is suspected as the main reason for bullying? What do the perpetrators of this untoward behavior achieve from it? It’s simple to deduct that an element of cowardness creeps in here, weak people seeking out the vulnerable. Also, if you note the attitude of some males and females, herein may lie the answer, or part thereof. No person deserves to have life or employment made miserable or ruined by self-serving cowards.

**Facebook site “Signal 8 Ambulance Service Victoria”** continues to bring camaraderie, humour, and banter to retired Ambos and others. Recently I posted a piece relating to my prime ambulance service weakness, this being the residual smell of vomit making me retch. The post lasted well over a week with a host of replies outlining various reasons for the same (many descriptions were not for the yodel prone). However, glaringly missing were any replies whatsoever from our female paramedics. I think this proves a point fellas, ladies have stronger stomachs than us. When you think about it, female nurses are copping this all the time and can’t afford to retch/vomit on each occasion. This strength is no doubt born into women, babies crappy nappies, sick kids and so on. So, when we are beaten boys, we are beaten! Also, when it comes to the funnies on “Signal 8”, our girls leave our blokes at the starting blocks! And by far post the naughtiest!!! Well Done girls! *Accolades to Ted Van Dyken again for this great Ambo initiative.*

**I often wonder** if many other aged, retired Ambos have the sense of humour and imagination the late *Chas Martin*, and a few of us left have? We were always having a laugh together over some weird event. So, the other day I was thinking about the days of the *Ashford Litter* and patients’ experiences in those times, (1880s.)



I could imagine a minor injury, sprained ankle or mild medical episode turning out worse than if left be. Two blokes, without any medical training whatsoever, turn up with a huge wooden “wheelbarrow” and pick up the patient with no consideration of condition or injuries. The patient is placed on the hard wooden surface, unsecure, and free to move. Disorientated by the “untrained” lift and not coordinating, he/she places a hand through the large spokes of the wheel. The crew moves off, wheels turn, patient receives a fractured radius and ulna and

severe pain, the crew decide best to get to hospital ASAP. With haste, the litter hits an incline, the patient falls over the side of the litter to the ground and receives fractured ribs and, in agony, he /she is lifted back onto the litter. The crew begin a dash for the hospital pushing at a jog. The litter then hits a large pothole, and due to the litter’s speed, the patient is thrust forward off the litter headfirst to the ground and sustains a fractured skull with inter-cranial bleeding. Again lifted back onto the litter, however no pain this time as the patient is comatosed. The patient expires just prior to reaching hospital, case entry “*Signal 83 - fatal sprained ankle!*”

**Our long term AHSV Treasurer Darrell Rintoule** received a most pleasant surprise when opening up the AHSV online banking account. Sitting there before him was a donation from the *Ambulance Victoria Triage Service – Social Club* for the very generous amount of **One Thousand Dollars (\$1000)**. What a wonderful and thoughtful gesture! News of this marvelous gift was passed on to all the active team members at our museum. It is most encouraging to know that serving AV members regard our efforts to preserve our precious state ambulance history in esteem and choose to support us in this kind manner. Our sincere appreciation goes out to each and every member of the *AV Referral Service Social Club*. A letter of *acknowledgement and appreciation* has been sent to the secretary of the club together with a framed “*Certificate of Appreciation.*” Curator Ralph Casey has been informed that this certificate will be displayed on the wall of the operation room for all to see. Also, an invitation was extended from Ralph to all Social Club members, their family, and friends to visit our museum as guests to view our vintage fleet and equipment and mix with our great crew over a cuppa. *Thank you all again Social Club Members, you may say a surprise and great Christmas Gift. Ed.*

**In the Spring edition** of The Beacon, we featured two photos of an unnamed “former colleague”. That person was *Roger Vidler*. Roger originally commenced with VCAS as a 4<sup>th</sup> year apprentice motor mechanic at the Latrobe St. HQ workshop. However, in 1966, he transferred within the organisation and joined us on the VCAS front line at Latrobe Street. Roger served two states in ambulances, commencing with us, and obtaining his A/O2. He resigned from VCAS in 1968 and joined the NSW Ambulance Service. Roger’s mainstay was Berrigan, NSW, with stints at Holbrook and Corowa.



He then returned to ASV Goulburn Valley and District Ambulance Service, GVADAS. The end grand tally, 43 years on the ambulance front line. Roger has a varied collection of memorabilia that he is interested in swapping. Roger would like to hear from anyone interested **Ph: 0477 704 556**

**Injury strikes** two members of our museum, firstly, “extraordinaire” catering duo, sisters Anne and Marie. Apparently volunteer **Anne Reeves** had been helping sister Maria a couple of days before Christmas. On returning home, Anne slipped and fell on her front step, sustaining serious injury to her spine and fracturing a lumbar vertebra. Anne was hospitalised for some time, and now will spend quite a time recovering. **And!** Around the same timeframe as Anne’s demise, retired Latrobe Valley/ East Gippsland MICA paramedic, **Jenny Moncur** slipped on her bathroom floor, falling, and injuring her T12 vertebra. Jenny still went on shift at RDS at Bairnsdale, however, pain and restriction won out, and Jenny was brought home to Rosedale mid shift. For the second time in a few months Jenny now has a significant recovery period ahead, also her little dog “**Betty**” is in recovery mode from a severe illness, so Jenny has good company, and also a message “*make sure you put your non-slip mats back in place*” Anne and Jenny seem to me like a case of “*Back-to-Back Injuries!*”.

**All the best Anne, Jenny, and Betty for a quick recovery**

**Dinky Di:**



*My dear friend “Dinky Di” one morning recently received an early phone call from her close friend Carol. Carol was distraught and in tears. Di managed to settle her down and get to the reason for her deep despair. Having succeeded in doing this, Carol poured out the reason for the state that she was in, a most unusual set of circumstances. Di explained to me the situation that prompted Carol’s despair. It goes something like this:*

Apparently, Carol and husband, John had been invited to a local Charity Masquerade Ball, the novelty theme was unique, exclusive, and total anonymity. This included conversation which would disclose a person’s identity. John and Carol hired their costumes individually and neither knew what the other had. Came the evening of the Ball, John dressed in his outfit, a cover-all Wizards costume. However, Carol had developed a severe migraine and was lying down. In the end she decided not to go and stay in bed. However, Carol insisted John go on his own, so reluctantly off John went to the ball, which really was typically to Carol’s disapproval. After an hour or so Carol became really peeved, her mind had been canvassing the possibilities of John being at the ball alone! With her migraine eased, she decided to go to the ball to see what John had got up to. He didn’t know what Carol’s costume was and, with no talking, John would not recognise her. On arrival, there was the “wizard” dancing, carrying on and flirting with several girls “*I see, that’s why he decided to come alone, I’ll give him the opportunity and just see how far he goes*”. With that, she mixed amongst the other girls and very soon was playing up to John most provocatively.

In a very short time, the situation became extremely heated, and they went outside and began kissing and cuddling. Carol became furious, but determined to see just how far he would go with this “strange woman”. In no time the situation had led to a passionate full encounter. Carol was incensed with jealousy and rage “*That adulterous mongrel! I’m going to divorce him! Betraying me like this, but first I will make him suffer.*” Straight after the “Happening” Carol left and went home enraged. She hid her outfit and got back into bed; John would think she had stayed in bed all evening. Around 0100hrs she heard John come home banging around, then he came in to go to bed. Seething, Carol spat! “**DID WE HAVE A GOOD TIME AT THE BALL DID WE?**” “*Oh, when I left here, I called in to see Bill on the way and have a drink. Sally was away for a week, and he was lonely and bored. I didn’t want to go to the ball without you, so I gave him the outfit. He went to the ball instead, and I went to the Pub!*” Dinky’s comforting words of wisdom to Carol were “*Smile and forget about it because no one will ever know!!!*”

**Do any colleagues** recall transporting an in-mate patient out of Pentridge (When jails were jails). **Wayne Simmonds** and I received a job there circa 1970s, this was to be something else! The case was to transport a cardiac case prisoner from ‘H’ Division to RMH. We were told to enter from the South gate. We pulled up at the huge roller door and Simmo got out and pressed the buzzer. A short time later up went the roller door. I drove in, the door came down behind us and we were left facing two massive, barred gates and two warders both wearing side arms that could sink the Bismark. We were told to alight from the ambulance, one warder frisk-searched us both while the other went through the ambulance front to back. Not finding any machine guns, we were instructed back into our seats and proceeded through the giant gates which were promptly locked behind us. We were then in the main yard. Our chaperone warder directed us to a wing of the jail. We pulled out the stretcher and began to follow him. With silent prisoners watching us, barred door after door was unlocked, opened, and locked again behind our progress. (the same on the way back to our ambulance with our patient). Then we were there, standing before the door of the infamous “Pentridge **H** Division”. We entered, the door slammed behind us, and we were locked in. And **Behold!** It was at this very point of time that both Simmo and I solemnly committed: “**From this moment forward, that goodness shall follow us all of our life, and we will dwell in the house of law and order forever.**”



**John Atkinson**, a dual member of both our Victorian museum and Temora NSW/ACT museum sadly has suffered a CVA in Sydney at home. John has been an active stalwart of both museums, also he donated 500 model ambulances to each museum, a wonderful gesture, let alone the collection time. John is an octogenarian. He was assessed, and the diagnosis at this stage indicates a degree of ongoing restriction. However, he has maintained normal speech, and can walk with assistance, although his memory is confused. Where he is resident there are various stages of care, so he will be moved back to residence at a higher care level. *We wish John a speedy recovery and hope to see him visit again very soon.*

### *A Special Message to Colleagues!*

*It is well noted* that I regularly mention the great legacy of our Victorian “Ambulance Family, and Camaraderie,” in The Beacon.

I am happy to report this great legacy “is **alive and well**” due to the following account: On the morning of Tuesday January 16, 2024, I was presented with a sudden personal and serious medical emergency. At my request, my wife **Barb**, and younger son **Paul**, did not call for an ambulance from Albury, they bundled me into the Cruiser and straight to the waiting Albury Base Hospital Emergency. The attention at ABH was swift and professional, accompanied by scans and thrombolytic clot busters. My immediate transfer to RMH by HEMS was arranged, this is where the “**Ambulance Family and Camaraderie**” comes strongly into context.

A paramedic crew from Wodonga Branch arrived at the Albury Base Emergency, a lovely female Ambo, **Sam** came to my side and greeted me, having been told prior that I was “Ambo Family,” followed soon by her crew mate **Shane Green**. Shane gave a firm warm handshake in friendship. They were to take me to rendezvous with HEMS at Wangaratta Airfield for transfer direct to a waiting RMH Special unit. What evolved from here is the basis to this story. **Sam** drove to Wangaratta while Shane and I chatted in the back of the Mercedes. What I took immediately on board was that, entirely unprompted, Shane spoke openly of the “*camaraderie and family*” legacy and value of this attribute in our profession, regardless of service period calendar.

On arrival at the Wang Airport HEMS were down and waiting. As we pulled up to the helicopter, the four crew came to the back of the ambulance and MICA flight paramedics **Simon Richmond, Andy Mc Kenzie, Don Riddle, and Pilot Andre Van De Beek** opened the doors. Shane told them I was family. They were four terrific blokes and immediately “adopted me as one!” This continued throughout the flight to RMH. Even when we put down on the Helipad on the roof of RMH and unloaded me the group accompanied me down the lift to the waiting unit team. On arrival, Andy said to the team “*He’s one of us, look after him*’ and they certainly did just that, the RMH care was supreme.

I generally keep my personal health extremely private, however, I feel an obligation as a former Ambo to pass on a **vital and critical message!!** to my colleagues and their loved ones in regard to this account: A very expedient response is critical in issues such as my case, as on January 16 morning, this was an opportunity **almost missed!** I had suffered a mild CVA, attributed to unstable A.F. creating clotting in (RH) carotid artery and (RH) brain lobe. However, despite the damning indicators, dysphasia, dropped mouth, and co-ordination loss in my (L) arm *I was in total denial!* even given Barb’s accurate and current observation and pleas for me to let her call an ambulance, instead I was content to lay and remain on the bed. The severe CVA cases I had attended and nursed over the years were flashing in and out of my mind. Regardless of this, I was at terms with the situation, and what was to follow, as what is at hand, is at hand! The family arranged trip to pre-advised ABH Emergency and their superb medical competency, (which included being swooped on with care) and process including liaising with RMH stroke unit neurologists by zoom directly involving me. Dye scans and rapid administration of the amazing thrombolytic clot busters saved the day, as well as the excellent care in the stroke unit at RMH, arrival courtesy of the AV Wodonga crew, and **HEMS**. Essendon. All culminated in a most favorable outcome in terms of personal stroke residual.

To date (fingers crossed) I have emerged from this ordeal virtually unscathed, mobility, speech, co-ordination wise, possibly near to the point of pre-CVA, and I am most grateful to all who contributed to this result -**thank you!** I will now move on and consign this event to history. However, I impress on you, if the need arises don’t dilly dally, like I did, get to Emergency care **immediately**, albeit cardiac or CVA, **minutes** are critical! **Don’t waste one!**

**Two Issues** arise here; **one** the great bond of brother and sisterhood between us all, serving or retired, and **two**, the element of time in these situations, which determines outcomes!

**Take care**

**Pete.**



## ***Our Remote Heroes A.V. Cert / ACO***

Throughout the decades country residents have lacked many services and facilities compared to their city counterparts, albeit Emergency Services, medical and associated access, professions, trades, and entertainment. However, through the resilience and traditional bond of towns people, they tend to resolve these shortfalls under their own volition.

These particular exclusions in their own way define the many differences between being resident in a country location and that of a city environment living. Country people are, and must essentially be, resourceful. This encompasses providing the services they lack. In the past, proudly developed, manned, and maintained locally have been the Emergency Services of Ambulance, CFA, SES, St. John, and others.

These services are supported by the wonderful work and funding of the regions' Service clubs and fund-raising organisations like Red Cross, CWA, and other Auxiliaries. **CERT** and **ACO** volunteers, together with their AV paramedic counterparts, form a protective emergency network for rural folk.

Also under the AV umbrella is the **Remote Area Nurses (RAN)** These nurses normally operate from a Bush Nursing Hospital in a remote town. The nurses are endorsed and equipped by Ambulance Victoria, they have the capacity to attend traumatic and critical medical cases. Generally, RANs operate in locations where there is no provision for AV ACOs or CERT, however they are on call to go to the assistance of CERT at an emergency.

Also, Ambulance Victoria offers all AV on-ground responders their acclaimed Air Wing support, **Air Ambulance Victoria, (AAV)** and **Helicopter Emergency Medical Service, (HEMS)**. These MICA Paramedics of the sky are ready 7/24 to respond to any emergency in all conditions and terrain throughout our state. As well at times there is helicopter back up available from Canberra in the event of quicker retrieval in some areas.

**CERT** (Community Emergency Response Team) and **ACOs** (Ambulance Community Officers) are people drawn from all walks of life, male, female, all various ages, and vocations. These selfless and dedicated people perform a critical part of our ambulance operation. They provide emergency response 24/7 in smaller rural communities and remote areas where in times past none existed, placing the lives of rural residents, man, woman, and child, in jeopardy and often with loss. CERT crews and ACOs like their paramedic counterparts, go forward under all circumstances and conditions often putting their own lives on the line in the process of preserving the lives and wellbeing of others. The introduction of CERT and ACOs has been a major step forward in the basis of pre-hospital care in distant regional areas of the state.

**CERT** members are 100% volunteer, apart from A.V. provided uniform, equipment, and vehicle, all other expenses are borne personally. CERT teams are first response, they attend a case and operate at the scene rendering assistance and treatment within their curriculum, this can be life preserving. CERT vehicles are not equipped to transport patients, making it essential for our emergency ambulance to back up and take control as soon as possible when required.

**ACO** members are also, in the main, totally volunteer, however, ACOs if on shift are paid per case should they be called out, and also for additional training. ACO members, if asked to cover a shift other than their allotted branch, are paid for that alternative shift. Preferably the role of an ACO is to run with a paramedic forming the ambulance crew, although in some more remote towns two ACOs may form an ambulance crew. It is not normally permitted for an ACO to run 'One Up.'

*As a former front liner, I find it difficult to express my underlying admiration and respect for this group of people drawn from all walks of life. Those who come together and so willingly give their time freely for the wellbeing of others. CERT, ACOs and RANs go forward in the same role as serving and past paramedics, experiencing the same demands, stresses, risks, and unpleasantry. I record my appreciation with a simple and sincere THANK YOU!*

**Ed.**

## ***Courage***

***You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face ...***

***You must do the thing you think you cannot do.***

*Eleanor Roosevelt*







**Julie Miller A.S.M.**

## ***The Beacon - CERT Interview***

### **Tell us about yourself:**

My name is **Julie Miller**. I was Born on 20 May 1954 in Tallangatta, raised on the family farm locally, and attended Tallangatta High School. I went to Monash University initially to study engineering. I was then employed by BHP where I recruited all their graduates. I worked for 22 years with BHP in a variety of Human resources roles and locations. My jobs included introducing Affirmative Action and Equal Opportunity and senior management roles which included Occupational Health and safety leadership.

In 2002 I gave up Sydney and Corporate life to move with my husband to Talgarno. We bought a small farm and because neither my husband nor I wanted to work for someone we set up a free-range egg business. We did this for 10 years before we decided that we needed a life. We now run beef cattle.

I am on the committee of Landcare and the local recreation reserve, President of the local bushfire recovery committee, editor of our local community newsletter and secretary of an artist-run gallery in Wodonga. As well as all the other roles that accompany small town country living.

I was honoured to receive the Ambulance Service Medal in 2023.

### **What prompted you to become a CERT Volunteer and when?**

The Berringa CERT team was set up in 2005. I wanted to join because, with my OH&S background, I realized that where we lived and worked was a long way from helping in an emergency. I could not join in the initial intake because I did not live in the designated area. I joined the next intake in July 2006.

I became Team Leader in 2013.

### **What did this CERT process involve including training?**

When I joined the CERT team was part of the Department of Justice and we were managed and recruited by a committee of local community members. Training was provided face-to-face by local Ambulance trainers over two weekends. We meet 2 evenings each month. One week with Ambulance Victoria, the next meeting just the team to practice our skills. CERT became employees of AV in 2013

Current recruits do online modules as well as two weekends face-to-face training. A requirement as we now have considerably more medications and updated equipment since I joined.

### **It is an entirely voluntary role, however, are you ever out of pocket?**

We are out of pocket because we use our own cars to attend training and meet our partners for callouts. We use our electricity to charge equipment (even the car) and use our own phones and computers. Also, I have done quite a bit of printing over the years to support CERT.

### **Can you tell us about your particular CERT Operation?**

We currently have a team of eight active members. Pre Covid, we had 11. Our average age is 65 and until we had two new recruits in 2023, we had an average service of 12 years. Since we commenced, we have had 46 members. We cover an area of approx. 250 sq km on the peninsula formed by the Mitta and Murray River arms of Lake Hume. We are 45 km from Wodonga. The CERT car is housed at the home of the driver.

Our team members have a wide range of backgrounds and experience. Over the years we have had five ex-police officers, a prison guard, nurses, drivers, farmers, and teachers

### **On average how often do you respond to an emergency?**

We average one callout a week. However, we can go for several weeks without a callout and then have two in one day. There is no pattern. We are currently only called to codes 0,1 and 2.

### **Given distance, what are the time variations to receive paramedic backup? (is NSW A/S used as backup as well) ?**

We cover a long narrow area and depending on where the CERT car is, and the case is we can arrive at the same time as the backup vehicle, or we can wait for 45 minutes. NSW provides backup if there are no AV vehicles available.

**Is it expected for you to attend a very traumatic or fatal case** attend all code 0,1 and 2 cases. The additional issue for us is that we often know the patient. It could be and has been our neighbor, team member, friend or family, a legacy of country living.

### **What “On Call” expectations are placed on you?**

We do a weekly roster and members nominate the times they are available. This could be one 8-hour shift or 3 or 4 days. Most weeks we have 24/7 cover and most years we would miss two – three callouts because no-one is available.

To maintain our Authority to Practice we need to do 20 hours per month as well as 21 hours of designated training per year.

### **How many crew the CERT vehicle?**

We respond in pairs. Sometimes if it is a road crash or CPR, we can have 3 or 4 team members respond

### **When attending an emergency (IE) MCA what medical assistance do you render?**

In the case of MCA as first on scene we do scene management, provide sitrep and call for additional services if required. We do patient assessments and make treatment decisions. We are trained in and have pain management, fentanyl and penthrane. We carry a defib and are trained in CPR. We also have training in moving and extricating patients but in most cases would wait for further assistance to arrive.

### **How many active members are in your team?**

Currently eight but has been 20

### **Do you recall any demanding cases?**

Over the years I have attended many traumatic cases but the hardest has been doing unsuccessful CPR for 45 minutes on a friend. It is only after we ceased CPR did, I experience the emotion of the situation. In the initial stages I was so focused on the process that I did not have time to have feelings.

### **Do you recall any humorous cases?**

One of the things we do to reassure the patient is to make sure their household is secure, and their personal needs are looked after when they are transported to a hospital. We will pack their items to take to the hospital, check their pets, partners and children are looked after, lock up their house and chooks, and contact their family or neighbors.

We attended a ninety-year-old farmer who suffered a broken pelvis when he fell as he climbed over the fence to attend to a sick cow. He was more concerned about the cow than his injury. He had dragged himself 50 meters to his ute so he could radio his son for help. He said he had heard that one of our team was a vet and asked whether either of us was that person. If our vet team member had been there, I am sure that the cow would have been treated too.

### **Is your Team Like a Family Organisation?**

Our team is close. We rely on one another for our safety, emotional support and achieving a good outcome for our patient.

### **Other:**

We have a fundraising committee and over the years have bought 10 public access defibs for the community. We provide training on using the defibs as well as run fun sessions at the local schools.

We are the face of AV in our community.

*This is an article written by our former team leader for the local Community newsletter. It is such a good summary of what we do. I keep it updated:*

To date Berringa CERT has responded to 700 triple zero calls for help within our community; the closest being next door to the rostered driver in Bellbridge, the farthest being Bullioh and Thologolong and we have been to all points in between.

We have helped you the community members of our peninsula, in falls, cuts, fractures, cardiac arrests, car crashes, motorbike crashes, pushbike crashes, fights, mental health crises, cut fingers, cut arteries, burns, electrocution, anxiety attacks, asthma attacks, croup, fits, sprains, strains, breaks, imminent birth, imminent death, angina, stroke, blood noses, gastro, overdose, respiratory distress, snakebite, drowning and pain management.

We have climbed into cars, down banks, up hills, through scrub, trees and fences, into sheep yards, hay sheds and paddocks. We have been in your lounge rooms, bedrooms, kitchens, back yards, bathrooms, hallways and



sheds. We have driven into multiple driveways and paddocks and done many km on bush tracks and lonely roads. We have dodged your dogs, horses, sheep, cows, spouses, family members, neighbours and kids.

We have turned out in all hours of the day and night and on all days of the week. We have worked with paramedics, MICA paramedics, Ambulance Community Officers, NSW paramedics, Vic and NSW police, SES, CFA and members of the community.

We have applied cervical collars, splints, bandages, band aids and dressings, given you aspirin, penthrane, Ventolin, anginine, adrenaline, oxygen and glucose. We have rubbed your backs, held your hands, elevated your limbs, cut off bits of clothing, sat you up and laid you down. We have checked your pulse, your breathing, your blood pressure, blood sugar levels, temperature, oxygen saturation and your conscious state. We have picked you up off the ground, extricated you from cars, fences, bed sheets, cattle yards and garden beds.

We have laughed with you, cried with you, made you cups of tea, found your pills, packed bags for hospital, locked up chooks and dogs, opened gates, closed gates, locked houses, left messages, completed your footy tips and turned off the lights.

We have completed a basic training program and attend 21 hours of ongoing training every year. We have discussed and dissected each job to learn from it. We have laughed till it hurt and been brought to silence by tragedy. We share a desire to help our community, a willingness to be involved and a great team spirit. And that pretty much covers it...

***CERT and ACO members are drawn from all walks of life. The crew below magnifies this point.***



***We all met on the bank of beautiful Lake Hume.  
A good mix of CERT and ACOs.***



***L-R Vicki, Julie, myself, and David with the CERT vehicle.***



***L-R: Julie Miller A.S.M. - Executive BHP - 22yrs. Occ. Health.  
Husband and Wife: Vicki Cottee O.A.M. Former Assistant Superintendent Corrections Service, NSW.  
David Cottee O.A.M. Former Detective Chief Inspector, NSW Police Force.***

## ***Face to Face with an A.V. - ACO Member***

### **Tell us about yourself.**

My name is **Cassie Parker**, I was born in Wodonga in Victoria's picturesque Northeast, where I was also educated. When I completed my schooling, my ambition was to enter the medical fraternity, as my father **Grant Parker** was a long-term MICA qualified paramedic at Wodonga and Tallangatta branches of Ambulance Victoria. My training in the nursing field began at Wodonga TAFE, qualifying as an Endorsed Enrolled Nurse, then at Latrobe University where I obtained my Bachelor of Nursing degree. My working life began with **Tristar Medical Group**, and I had a 7-year tenure with that organisation until it went into liquidation.

Currently I am nursing with Albury/Wodonga Health and Family Doctors' Wodonga. For my recreation I play netball for the "Chiltern Swans."

**What Prompted you To Become An ACO?** I became an ACO around 5 years ago to get exposure to the Ambulance field prior to commencing study as a paramedic. This also gave me the opportunity to work beside my father *Grant* at the smaller branch at Tallangatta and also provide ambulance care for the local community.

**What did the ACO process involve including training.?**

There is no pre-requisite to become an ACO. Firstly, I had an interview with the Tallangatta Team Manager for suitability purposes. On acceptance, this was followed by two full weekends of face-to-face training. The training covered CPGs, manual handling scenarios, as well as a weekend or day of driver training for vehicle familiarisation, stable platform driving, driving safely to navigate traffic in a **Code 1** situation. A continuation of monthly training is required to maintain "Authority To Practice"



*Cass Parker*

**Tell us about the Tallangatta A.V. Ambulance Branch?**

The AV Tallangatta Ambulance Station is a 24/7 coverage operation. The depot is based at the Tallangatta Hospital grounds lower-level section. The ambulances are "*Paramedic/ ACO*" crewed. The Branch has three permanent paramedics and two Mercedes Benz Ambulances and was recently renovated.

**How many ACO members form your Team?**

The Tallangatta ACO Team comprises of approximately fifteen active members drawn from the Tallangatta and surrounding areas.

**On average how often does an ACO respond to an emergency in your location?**

As you are aware from your own experience Pete, this is always an unknown, however as Tallangatta and district expands so does our workload. We now are seeing more MCAs and farming accidents; some shifts are all 'Go' others may be totally without a case.

**Can you recall a demanding case?**

I was running with paramedic *Shane Burns*. We received a job in Tallangatta Valley, the case being a female rider who fell off her horse, and the horse landed on top of her. In this mountain terrain, not only was it difficult to access the patient, but there was also no radio coverage for assistance. Adding to this extractation of the victim was a task as was obtaining IV access. Also, with no radio signal we could not provide a sitrep to MICA and HEMS, fortunately on assessment our patient did not sustain serious injuries. By contrast, in a lighthearted situation, my father *Grant* and I attended another case at Kergunyah where a farmer (very stoic) had been rammed by his goat. During the assessment he mentioned "he was fine, and that on a previous occasion he had his leg stomped on by an elephant!"

**In summary, how would you describe being an ACO in a small regional town like Tallangatta?**

Tallangatta AV branch covers a vast area of hill and mountain terrain, subsequently, in some cases the primary response time can be 45 minutes to an hour to reach a patient. This is where having the backup of the A.V. HEMS network is a great comfort.

And finally, the ACO team at Tallangatta is like an extended family. On training nights members all bring a food plate to contribute to dinner. We all get along really well and receive amazing paramedic support from Tallangatta AV Team manager *Frank O'Brian*, *Shane Burns*, *Salv Culican*, as well as ACO Team Manager *Kel Johnson*, ACO Team Leader. And a special acknowledgement to former Team Leader *Joy Campbell*.

## ***CERT and ACOs - A Priceless Attribute to Regional Ambulance***

In the duration of my 25-year career as a regional paramedic, I have had the honour and privilege of working alongside many ACO and CERT members. These colleagues have a special place in my heart. They gave so freely their time and commitment primarily for the care and wellbeing of their communities. At the same time holding down jobs and tending other mandatory responsibilities alongside their roles as First Responders.

During the early 2000's I was the Clinical Educator (rural equivalent of CSO) being responsible for the monthly training sessions for both Mirboo North and Neerim South Branches. Both of these branches were ACO only and relied heavily on back-up from nearby branches for paramedic support (or the local Clin Ed who may have been travelling around the area).



*Jenny Moncur*



I was always fascinated by their thirst for knowledge and enthusiasm shown with a willingness to share their experience of cases and to ask for feedback. Training nights were social occasions, and it was obvious that a desire to care for their community united people from very disparate backgrounds. Someone usually arrived with a plate of home-baked goodies to share, which also helped make the night more convivial. These days it is common for student paramedics to work as ACO's in areas that may be far from their usual place of residence, but back in the time I am referring to, First Responders almost always came from that particular community or town.

Employers of the day also deserve due credit, as they made paid allowance for ACO's to respond to page calls even though they may have been at work busily involved in a specific job. It was a town-wide effort that enabled the ambulance to respond to those in need. When required, friends or neighbours stepped up to do the school pickup if Mum got a page to a job. However, such is the country way of life.

In the early 2000's period I was also the RAV contact person for the development of the Grantville CERT, which has now evolved into the 24-hr full paramedic branch. Within this time frame the job response statistics for cases around Grantville were split between Metro (MAS) and RAV. much depended on who had a crew closest as to who got the job. Lang Lang, being a closer metro crew would get the lion's share of the work, despite Grantville and environs being in RAV-land. Subsequently It was hard for the community to justify getting a paramedic branch as they could not demonstrate a sufficient caseload, as unfairly only RAV case attendance data was calculated.

The community decided to form a CERT and hoped that they would generate their own response data and thus show justification for a paramedic branch, which is eventually what happened. The Grantville CERT was always hopeful that they would be a short-lived team as they were a mere means to an end. It was very sad to see some paramedic opposition to a CERT in the area. By reason some ambos felt that the community should hold out for a paramedic branch. I along with others received my fair share of abuse over this issue, which was both disappointing and unwarranted.

Ultimately, the core group of community members driving this initiative were proven right, and it was amazing to see how quickly the community responded and utilised their new First Responders. Personally I am very proud to have been a small part in seeing this initiative come to fruition. Today the Grantville Ambulance Branch stands as a tribute to those initial members and pioneers of Grantville CERT.

In the period of 2010-12, I was stationed at Maffra Branch as part of an ACO-Paramedic blended call branch. I honestly feel that these days were a highlight of my ambulance career, and I look back on them fondly. I instructed the ACO's imparting skills that helped on all cases, such as drawing up drugs, priming IV's or applying 12 lead ECGs, in return they exchanged knowledge about the local area and navigation skills. I am embarrassed to say that my persona lacks sadly in these skills, and I tend to even get lost in K-Mart.

**Jenny Moncur.** - Retired MICA Paramedic.

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## ***Essendon Fields Emergency Services Super Show (ESSS)***

Sunday the 18<sup>th</sup> of Feb was a busy day showcasing some of our vintage ambulances at the ESSS super show for emergency services which was held next door to the Old Air 495 Hangar at Essendon Airport. Families and kids of all ages came for a look with tours of the Police and Air Ambulance Centres. Present also were the Police Dog Squad, Bomb Squad, SOG and the Police Catering who provided lunch. The entire day was organised by AV Area manager, Col Jones. Thanks to Russ and Rosemary Nelson for helping us out. The couple drove the Fairlane, and I drove the Chrysler. Our vintage vehicles created significant public interest.



***At the Hangar, Essendon Fields.***



***Russ and Rosemary Nelson.***

## *From the Editor – Summer Beacon*

**Welcome to 2024.** We hope everyone had a wonderful Christmas and New Year celebrations. With 2024 ahead of us begs the question from time immemorial “What will this year bring?” Maybe it is just as well that we don’t know.

The year 2023 saw the first full year under the leadership of Curator **Ralph Casey**. In terms of this, Ralph excelled in presiding over a very successful year, with our museum moving forward and delivering to the Victorian public. We have indeed been fortunate that in anticipation of his retirement at some future point, Curator **Chas Martin** had earmarked Ralph to take over from him. Sadly, this handover was to eventuate earlier than expected in 2022. From this point Ralph took the batten continuing on with Chas’s great legacy.



Most members are aware that Barb and I are remote from across the Murray river at Thurgoona, NSW. Due to the distance factor to our museum, I am unable to participate regularly in the “Hands On” tasks that occur in the day to day operation. On the occasions that I have, it is worth mentioning the voluntary effort and dedication that goes into this requirement. The work delivered from the vehicle workshop by Bill Redpath and Gary Dole with assistance is incredible. These men, over 70 years of age, crawling under vintage vehicles to effect repairs as there is no hoist. Manufacturing by hand, parts and components that can no longer be obtained for our aged fleet and much more. Our voluntary filming crews may spend hours in all weather conditions, day and night on a set. Group visits to our museum consume both time and effort in presentation, this is also without mentioning Ralph’s management demands. Terry (Doc) Brooks assumes responsibility for the vintage fleet preparation for ready mobilisation to regional events, and other off-site vehicle requests. And not least, those with the responsibility of management committee roles. All of this input is courtesy of the small, dedicated museum volunteer group, never forgetting Marie, who is virtually ‘one up’ with our catering at present due to sister Anne’s accident. To you all a huge “Thank You!”

When typing this editorial, as is the case in the content of The Beacon, it is always my intention to pass on relevant information, happenings, items of interest together with my comments. To achieve this I have to reach out in many directions which at times is not an easy task. With the last two additions we have intended to bring new segments of interest. One particular segment was to be the events and developments around the state with AV, however this information has never been forthcoming. It seems, the current AV management have little interest in The Beacon or our state ambulance history that the publication preserves. Sadly, there is much knowledge contained within our past years of operation. Setting this aside, over the years in the process of editing The Beacon, collaboration with other Emergency Services and supporting organisations locally and nationally has developed. This has led to an exchange of publications and content sharing. So if you have provided The Beacon with a story, there is a real chance it will also be read by many more other serving and retired Emergency Service personnel Australia wide..

This is probably an “age thing”, however it is a valuable comparison of The Old versus The New, or (1965 V 2024). I often look back on the past decades, grateful that I have been granted time and able to see the changes take place. In looking back, given all the misgivings (as there still is today) they were still great days, great colleagues, and great medical associated people around us, none less than the fortitude of the very young nurses. Also the service characters that touched our lives, the light hearted pranks, moments of intense stress, and at times laughter and tears. I often think, and also have this discussion with colleagues, as to what value is placed on camaraderie today. I believe with the older Ambo generation this remains as strong as it always has been, and it is a gift of brother and sisterhood to behold. With this statement comes my sincere hope that the newer generation of Ambos are able to embrace and enjoy the same legacy in the years to come.

I have previously mentioned The Beacon’s intention to recognise the selfless contribution of rural ambulance cover by the voluntary arms of AV by means of **CERT, ACOs and RANs**. Well, finally this has come to pass in this issue of The Beacon. However, there is far more to this gratuity than just the context and photos that acknowledge and accompany the article. Meeting, talking and mixing with these wonderful people is in itself a most rewarding experience. And, as always I would like to thank my wife Barb for the terrific job she does in The Beacon with her graphic design, often working for hours on a draft I have developed accompanying an article.

**Keep smiling,**

**Pete**





## *United We Stand and Deliver; Divided We Fail and Fall*



**Kerryn Douglas.**

Looking back through our Beacon archives brings subjects and facts back to mind that often have been tucked away. One of these is the overall operation of our great Emergency organisation, the departments and our people who operate them. In general consensus, mention the title “Ambulance” and immediately the mind registers and visualises paramedics and patients! a normal public response!

When one looks at the overall picture of AV, what a huge intricate organisation we have become. This includes being an international leader of our field. Reflecting with the advantage of my service background (And age!) and when Victoria was divided up between 16 individual Ambulance Services, each with only their own resources to rely on.

Take the massive West Gate Bridge Disaster 1970, handled Ambulance wise solely under the control of VCAS. I recall communications being a major problem on the day, as well as an absence of many other essential resources, compared to today’s operation. However, we learned many valuable lessons from this tragedy

and the initiatives that evolved from these lessons were priceless. Not least, at West Gate was the interaction of all the attending Emergency Services, what one lacked the other provided, willingly and promptly, all working as one! This enabled the entire rescue operation to proceed to a most successful outcome that all can be proud of.

The message in this passage of script is, an engine cannot run without all intricate components moving together with precision, such applies to any operation. Without the integrated network within our service, nor could we, or our front line paramedics. Just to mention a few, communications, workshop repairs and maintenance, administration, wellbeing, stores, equipment, and medical supplies. I reflected on this issue reading the contribution from the then A.V. Chief of Staff **Kerryn Douglas** in the Beacon 2008/9 **Black Saturday Bushfire feature**. In regard to a most credible AV response to this tragic disaster, following is what Kerryn wrote on that occasion: I feel very sure that in my time as a paramedic this thought never came to me that travelling to an emergency on a Code 1 (Signal 8) and in many cases from that destination involving excess speed we were really in the hands of this varied background network. Again, every case requires a team effort - at the scene police, fire, rescue, at the other end - doctors, nurses, hospital radiology, and so on.

Extract from **The Beacon “Special Feature” The 2008/9 Black Saturday Bushfires, “The Day Hell Came To Victoria”** Kerryn wrote on that occasion:

*‘Behind the Health Commanders, Area Managers, Team Managers, frontline paramedics, ACOs and CERT responders sits extensive infrastructure supporting and enabling this emergency response work to be done. These people are often a voice on the radio or phone, a name on an email, but without them we would not be able to serve the Victorian community in times of greatest need. Our Emergency Management Unit, Operational Communications including Duty Managers, Communication Support Paramedics, Clinical Support Officers and Triage Services Practitioners, Fleet & Equipment, Property team, Rosters, Wellbeing & Support Services, Health and Safety team, Patient Safety and Experience team and an extensive number of Corporate staff- including Communications and Engagement (media), Workforce Planning and the Executive Team- all parts come together to make a whole and provide Best Care. There is no doubt we are ‘better together’. – Through this we form an unbreakable bond of loyalty and trust throughout our service.*



**The Marysville devastation 2008/9.  
Various Emergency Services members.**



**Nature's forces roar on at will beyond  
man's resources to abate its destruction.**

## *A Code One Call To Violence*

*Carolyn (Caz) Cole-Sinclair (Nee Hunt) was a Rural Ambulance Paramedic with Ambulance Victoria 1999- 2015. Her time in the service was spent in the Latrobe Valley, and South Gippsland Region. Like her colleagues, past and present, Caz encountered many various case experiences during her Ambulance tenure. From one end of the spectrum of having a koala bushfire victim as a patient, 2006, and transporting him as an ambulance case for treatment and care, to the following - a case colleagues would not envy or wish to attend. Here is Caz's account of this particular case.*



**Caz Cole-Sinclair**

**“It was January 7, 2007;** my partner and I were working from Cowes branch. Coincidentally, both of us were due to commence leave that day at the end of our shift at 1800 hours.

We had just cleared at Wonthaggi, and returning to our branch, it was about 1730 hours from memory. The job before had been a difficult case which involved the transfer of a patient to Wonthaggi hospital. Being the middle of summer, it had been a very hot and busy day as well with the temperature reaching up into the high 30 degrees C with coastal humidity. We heard a call come over the radio from the Grantville CERTs who were requesting backup to a carbon monoxide poisoning in Pioneer Bay, the patient was stated as being unconscious. Comms advised the CERT team that they had no available cars but would do their best to find assistance for them.

My partner and I looked at each other, then our watches, sighed, and I advised Comms we could respond to the emergency and assist the CERT team.

Proceeding on a signal 1 to Pioneer Bay about 25km away we figured we would load and transport the patient to Dandenong Hospital about 70km away, and with a round trip of some 110 km. return to Cowes. If all went to plan, we should be on leave by 2100 hours at the latest.

Arriving at the scene, we saw the patient in the driver's seat of a car in the garage, both CERTs were outside, one holding her arm and the other comforting her. They advised us the patient was violent and had physically assaulted her. *(It was later revealed the patient was of former military background, the country of origin was not established.)*

With this knowledge we approached the patient cautiously, although due to the spur of the moment events, this detail has faded somewhat. However, he came at us and I can remember my partner also being assaulted by the patient. In the process of this, I tried to take the keys from the ignition, at this point he struck me also. *(In the rapid unfolding of events it is assumed that the CERT team had left the scene to obtain medical attention for the injured member, but I cannot recall this detail)*

With this frenzied attack we both ran for the ambulance which was reversed into the driveway. This violent patient lunged at the rear of the vehicle, smashing lights, and trying to smash the back window. He then clung to the back of the ambulance as we drove away, thankfully falling off as we reached the street. My partner was driving, as I was frantically calling comms for police backup.

We parked some way down the street in a neighbour's driveway, so we had clear vision of the patient. The Police arrived and the situation received a very quick handover, with the police instructing us to remain where we were positioned. At first the Police tried negotiating with the patient without success. The patient emerged and moved to the middle of the road, pouring petrol all over himself, and threatened to set himself alight.

He then retreated back inside the house and re-emerged with a compound hunting bow, walking toward us. Although I can't remember exactly what distance he was, he was close enough for us to see the bow very clearly, which he had aimed at us and we were well within his range.

We couldn't leave as the police themselves were using our ambulance as a shield from the deranged patient armed with the bow.

I quickly dropped and positioned myself over my partner's lap for cover below the ambulance windscreen and he did the same whilst I frantically called for backup. From the background I could vividly hear police yelling at the armed patient and ordering him to drop his weapon to the ground.

In the chain of events following, the Police had safely relocated themselves and screamed at us to **“Go! – Go! - Go”!**

My partner, with obscured vision, couldn't really see where he was driving, however, he did an incredible job to relocate us safely around a side street. Moments later we heard several gunshots followed by the Police yelling at us to come back.



We drove straight back to the scene, the patient was on the ground with police restraining him, they informed us they had shot him multiple times. It was revealed later on that bullets had also gone through a neighbour's window, thankfully not injuring anyone. It is important to note that the patient was a largely built, very strong, muscular man.

The patient was handcuffed and loaded onto our stretcher. It was at this point he started to become very aggressive again. He had bullet wounds to the stomach and another to his leg. We administered 10mg Midaz and prepared him for transport. Police now had his legs tied together; we had also secured him with stretcher seat belts. Even given this, he was still moving and being very aggressive. We took radio advice from the clinician and administered a further 10mg of Midaz.

We were without MICA backup; in fact, we still didn't have any other ambulance backup as none were available. The patient was positioned on his back, handcuffed, legs tied together, stretcher seat belts on, and a police member was sitting behind his head with his police issue firearm covering him. Overall and pre-hospital wise, none of this patient positioning and restraint was ideal. However, we had all seen him feigning unconsciousness, and had been on the receiving end of his extreme violence.

Subsequently, this is how we transported our charge to Lang Lang, and at where comms advised we could rendezvous with a MICA unit.

The journey to the Lang Lang rendezvous with MICA was without further incident, the patient was breathing normally and I had managed to get IV access en-route, generally this part was a quiet and uneventful trip.

Upon our arrival at Lang Lang, the MICA officer was quite unforgiving toward our methods of restricted movement of the patient in transport, and demanded the patient be untied immediately. We strongly impressed on this demand that this would not be in the best interests of anyone's wellbeing which was reinforced by the attending police confirming that they did not want this to occur either.

However, the stretcher was pulled out of the ambulance, and as the releasing of the patient restraints commenced, immediately the patient reared up as before, my IV was ripped out, and things got messy all over again.

In total despair, I walked away and collapsed in tears into the arms of the CSO who had just arrived, he had responded when he heard the frantic calls over the air. Due to this, I am not able to reiterate what happened regarding patient's treatment from here on in.

The patient survived, he had surgery to remove the 3 bullets, following this he was discharged from hospital a couple of weeks later. Unfortunately another crew were involved in a case and similar situation with the same patient, although on this occasion it wasn't to the same extreme.

I remember going to court for his case, and I vividly recall seeing him sitting in the court room and smiling at me, observing this I also remember a personal desire of wanting him to hurt as he had done to us. But from this point of events onwards my mind has locked this out, and I cannot remember what he pleaded, or the punishment he received.

The end result of this case was, at approximately 2230 hours that day, five hours after my so desired, welcome and anticipated leave was to commence, unfortunately turned out to be Workcover, accompanied by visits to the PTSD clinic at the old Repatriation Hospital in Heidelberg. For some time afterwards, many things triggered me, the most common being the bursting of balloons which sounded so much like gunshots.

*In 2009, (see below article) Caz's patient bashed a man to death and was sentenced to 11 years imprisonment with 8 years minimum. So the job they kindly offered to assist with may well have turned out worse than it did. Caz's story again highlights the risks our paramedics and Emergency Service counterparts face every shift, and the draw on our personal psychological resources.*

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## **Murder trial told of team of killers - Herald Sun, March 20, 2012**

THREE mates who allegedly bashed a machete-wielding man to death were guilty of an "unlawful vigilante response", a jury has been told. It is alleged *Stephen McEwan*, 39, *Normunds Dambitis*, 42, and *James Robb*, 53, chased *Scott Shaw* in the Melbourne suburb of Cranbourne North on the night of September 12, 2009, and fatally bashed him "as a team". "Mr Shaw, seeing these three men chasing after him, turned from being an aggressor to being the hunted," prosecutor Andrew Tinney, SC, told the Victorian Supreme Court yesterday. The three accused men are standing trial for murder, all have pleaded not guilty. Mr Shaw, 24, had been fishing and drinking with a friend on the day and, during a violent drive home from Phillip Island, punched an innocent victim and chased other people with the machete. Mr Tinney said the three men saw Mr Shaw while driving

home from a 50th birthday party. They chased Mr Shaw down after he slashed and damaged Mr McEwan's Chrysler 300C sedan which had distinctive "WRECKM" personalised number plates. Mr Tinney said Mr Shaw ran on to the South Gippsland Highway in a bid to avoid the men and stopped a bus. It was next to the bus that the three men "inflicted a savage beating" upon Mr Shaw.

Normunds Dambitis used lumps of wood and his fists to kill his victim, Scott Shaw. The victim had been disarmed when Dambitis assaulted him. Dambitis had only been out of jail for two days and had prior convictions for assault. In 2007 and 2009 Mr Dambitis made successive attempts to commit suicide, and this had left psychological scars and trauma that might alter his perception of the world.

Dambitis pleaded "not guilty" and was sentenced to 11 years imprisonment with 8 years minimum.

***Editor's Note: The Beacon is always seeking accounts such as Caz has provided. It is vital history and portrays the risks of our job that should be recorded both past and present.***

***There is far more to our job than attending accidents and caring for sick and injured people. Frontline members are/were subjected to extreme risk at various cases. These mandatory risks, however, fall into the calling of our profession.***

## ***Out and About with the Crew.***



**Doc Brooks**

***As a filming crew***, Gary and I did a commercial filming at Hanging Rock with the Mercedes Benz ambulance on January 24<sup>th</sup>, 2024. Photos were strictly not permitted, subsequently we were virtually sworn in on a stack of bibles held by rather large foreboding gentlemen who explained the many ways to inflict pain without leaving marks! However, all went well due to our fear of otherwise painful consequences!

On another filming job, on Friday 2 January 24, with the Mercedes, I alone completed film work in Blenders lane off Franklin street for 5 hours, at the end it took 2 1/2 hours of a weary drive home! Age does take its toll by stealth.

On Friday the 9th of Feb we were required to take part in late filming in Port Melbourne with the GMC ambulance wrapped (Re-decaled) to look like a Queensland ambulance unit.

Sunday the 11th of February, six vintage ambulances attended and were showcased for the Museum at Hanging Rock. Ralph drove the Territory accompanied by our two lovely catering ladies **Anne** and **Marie** for the day out. Anne and Marie are not only helpers at the Museum but as well spoil the entire crew with wonderful cuisine for our lunch every regular Monday scheduled maintenance work day, and also on other museum occasions as required.

Gary Dole (Bikey) rode the BMW paramedic bike, while Cousin Bill drove the F350 ambulance. We also had Col Evans and his lovely nurse wife Wendy in the Commodore skateboard, accompanying was Frank Abela who drove the Studebaker. Doc and his good lady Rose came in the GMC ambulance. The crew had an enjoyable time and actually in the course of the day aided a few people who came to us with minor first aid problems, these casualties were dealt with by Ralph and Col Evans (ex-MICA paramedic)



***Hanging Rock Display***

## ***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 -----







## *The 2023 AHSV Museum Christmas Party*

**Sunday, December 4, 2023**, was set for our Christmas get together held in appreciation of all the selfless input of our great band of dedicated volunteers. Our two caterers extraordinaire, Anne and Marie catered for 50 people and put on a fabulous buffet style roast lunch complete with all the trimmings, a great effort. There was a very good take-up of the museum volunteer feast with a couple of late extras as well. Also, I was told by a confidant that Marg Martin made, and bought along, her acclaimed pavlova, only to see one Gary Dole capture it and consume the lot, while others watched on!

Prior to partaking in the buffet feast, special presentations were made to deserving members. **Marg Martin** and **Peter Leek** were made **Life Members** of our AHSV Ambulance Museum. Also, long term ambo volunteer **Graham (Buddy) Holley** was honoured with the presentation of the 'Esteem' glass emblem award. All three of these recipients were truly worthy of their awards. Prior to his passing, **Marg Martin** worked alongside husband **Chas** at the Bayswater location solely catering for the early days of group tours instigated by Chas. Marg would arise at 0500hrs of a morning and bake her renowned scones, jam, and cream for the touring groups and would 'Run one Up' feeding the ever-waiting group.



**Curator Ralph, and Terry Brooks present Marg Martin with Life Membership.**



**Ralph and Terry presenting Peter Leek with Life Membership.**



**Terry presents Buddy Holley with his Glass Emblem.**

**Peter Leek:** Pete served in ambulance at Surrey in the UK for 5 years prior to migrating to Australia in 1970. It was in this year he joined VCAS and would go on to spend 38 years with VCAS/MAS. Peter became involved in our ambulance museum at the onset, assisting Chas Martin at the original Thomastown location. With the move to Bayswater at the start in 2006, he followed, and has been a dedicated volunteer through to this day, and is also our experienced museum Leyland Disaster Bus driver. It is no wonder this cheery octogenarian has inherited the very fond Monica of our AV museum of "Grand Pater and Gentleman."

**Graham (Buddy) Holley** is another 30-plus year retired ambulance service Victoria paramedic, joining our service in 1986 through until 2019. His retirement takes on a busy schedule, involved with our museum for the past 6 years, volunteering both internally and externally. Adding to this task, over the past four years Buddy has been a proud member and drummer with our prestigious **AV Pipes and Drums Band**.

Curator Ralph Casey went on to speak in admiration of our regular working crew throughout the year. Most of this effort extends far beyond the normal parameters of volunteering, and our museum could not operate without this loyal crew.



**All the happy feasters - Courtesy Anne and Marie.**



## ***Those Who Stood Up To Be Counted – Part Two - Final***

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

*Continuing Andrew Mc Donell's account of our state ambulance training history, Andrew's final account completes our training resume from the beginning of the Victorian Ambulance Service to our current status. I am very grateful to Andrew and his associates for providing this history as it forms a critical part of the development of our ambulance service throughout the decades. Also, there is no doubt that the courage and determination of this small group under duress has led our service to worldwide respected pre-hospital care.*

#### **Andrew Continues:**

In December 1994 considerable uncertainty arose when APEL received a letter from *Victoria University of Technology* advising that the degree would not be able to go ahead without the support of at least one ambulance service endorsing the course. APEL had managed to achieve letters of support to the University from the AEA and IOA, including a joint memorandum signed by **Gerry Thomas** of IOA and **John Taplin** of the AEA earlier in the year. A steering committee meeting was held on 31 January 1995; However, if MAS did not send a representative then the paramedic degree conversion was doomed. Fortunately, a letter of apology was received from MAS, which indicated support for the degree. MAS only attended one steering group meeting and the Rural Ambulance Services declined to attend.

Victoria University advertised for a consultant to write the paramedic degree, only two applications were received, **Andrew McDonell** and **Peter Baily** were appointed. Both continued to work with the ambulance service. With minimum educational experience, and against the odds, they wrote a curriculum, this curriculum was approved and on the 17<sup>th</sup> of July 1995 twenty qualified ambulance officers and paramedics commenced Victoria's first tertiary degree conversion program at Victoria University of Technology's Sunbury Campus. **Anthony de Wit** and **Peter Baily** enrolled into the course and Andrew McDonell (with MICA and a Graduate Diploma of Education and Training qualifications) coordinated the course. Eighteen students successfully completed the course and graduated in July 1997, the first Victorian paramedics to receive a degree in paramedicine – Bachelor of Health Science (Paramedics).



***Paramedic Andrew McDonell, Paramedic Peter Baily, Sal Salanitri (Tech), Paramedic Ralf Harries.***

The degree course exploded between the years 1995 to 2000. Over one hundred Victorian qualified ambulance officers and paramedics graduated from Victoria University with the Bachelor of Health Science (Paramedic). During 1996, Victoria University signed an agreement with the Institute of Ambulance Services Hong Kong, Hong Kong Fire Service and Hong Kong University to conduct the Bachelor of Health Science (Paramedic) conversion course in Hong Kong. Victoria University graduated over 200 Hong Kong Ambulance Staff during 1996 and 2001. Peter Baily with the assistance of **Sal Salanitri** (Technical Officer) developed Australia's first online paramedic bachelor's degree. This recruited students from all over the world into the degree conversion.

In 1998, Victoria University of Technology accredited the Certificate II in Health Science (Patient Transport Attendant), the first formal qualification for the Non-Emergency Transport Sector (NEPT). This was overseen by Paramedic **Stephen Nangle**. Sal Salanitri later evolved a range of short courses including first aid, endotracheal intubation, IV therapy and Advanced Life Support. These articulated into the degree conversion and students could achieve credit transfer.

The recruitment of MICA Paramedic **Ralf Harries**, who had completed post graduate education qualifications in early 1997, saw the development of Victoria's, and possibly Australia's, first undergraduate and pre-employment Bachelor of Health Science (Paramedic) course. Led by Ralf Harries the degree commenced in July 1999. The innovative program had entry and exit points at Certificate II (patient transport attendant), at the end of first semester, Diploma (ambulance attendant) at the end of first year, Advanced Diploma (ambulance officer) at the end of second year, and the Bachelor degree at the end of the third year (paramedic with advanced life support). This allowed students to be able to study, gain experience and earn money within the NEPT sector. In mid-2001 the first Victoria University students entered employment with the Metropolitan Ambulance Service and Rural Ambulance Victoria as graduate ambulance paramedics.



It would take a further ten years (2010) for pre-employment paramedic programs to cease in Ambulance Victoria and fully transfer to tertiary education. Ralf Harries and Andrew McDonell both returned to Rural Ambulance Victoria in 2001 and 2003 respectively. Ralf Harries developing the Graduate Ambulance Paramedic program, and together with Andrew McDonell, refining the program ongoing until 2008 when **RAV** and **MAS** merged and become **Ambulance Victoria**. Andrew McDonell was involved in the establishment of paramedic courses at Latrobe University, Australian Catholic University (Nursing-Paramedic degree), University of Ballarat (now Federation University), (Graduate Diploma, health professional conversion to paramedicine) and in later times, Master and Doctor programs in Paramedic Practitioner at Deakin University.

University took paramedicine into the land of the professionals, led to Ahpra registration, professional rates of pays, paramedics conducting research about paramedicine, higher degrees and a broader practice in the health fields such as community paramedicine and paramedic practitioner.

So, if older paramedics or retired ambos ask how ambos ended up at University when on the job training was just fine, the answer is this. If a group of dedicated paramedics didn't take on the battle in the 1990s, "ambulance" or paramedicine (as our profession [not industry] is known today), would have been a technical job of one year training in TAFE. Evolving into low pay, poor working conditions, and no union representation, creating a massive turnover of staff. Jack Firman clearly articulated this position on many occasions. One thing you have to give credit to for, Jack Firman, he never lied, he told us all exactly what his appointment was for and how he was going to achieve it. It was University education that was one of the key factors that saved our profession.

#### **End Note:**

I would like to thank the group of people of whom our 1990s generation can proudly stand on shoulders, and the many that deserved credit and awards, However, unfortunately they were never forthcoming.

- **Dr Rick Bouvier** (dec) founder of the first ambulance training school in Geelong along with the Geelong Hospital School of Nursing, who later achieved ambulance training through the Mayfield Centre in 1961.
- **The Ambulance Officers** involved in the great ambulance strike of 1973 which achieved formal agreement for the formation of an Ambulance Officer's Training Centre.
- **David Shugg** and **Clive Bulter** who were far ahead of their time and attempted to achieve formal qualifications for ambulance officers in association with RMIT.
- **Evan Willis** and **Liam McCathy**, both ambulance officers who had to pursue degrees in sociology as there were no paramedics degrees in 1986, for their groundbreaking work, "From First Aid to Paramedic, Ambulance Officers in the health division of labour". I understand both Evan and Liam achieved PhDs in the late 1980s, the first paramedics to do so.
- I would also like to thank my wife and MICA paramedic **Deborah McDonell** (nee Walker) who stood beside me throughout this whole episode. Without you, I don't know how I would have survived.

Also, there are probably many more whom I am unaware of, and would have acknowledged, to you all, thank you!

*Thank you again Andrew for providing this valuable history of our training. As I previously stated, your contribution completes that section of our records not previously accounted for. Subsequently I am contented that this critical section of our history has now been fulfilled. Ed.*

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**Recently I was** complimented by being referred to as a "Wordsmith" by a professional journalist. Although chuffed with the comment, however in all honesty, I would have to relinquish this recognition and pass the distinction on to our late Curator, colleague, and close friend, **Charlie Martin**. Chas had a forthright vocabulary and seemingly an interest in human anatomy. He often referred to many specific parts of human anatomy, both male and female, in various passages of conversation!!!

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**A FRIENDLY REMINDER! To ensure receiving the next Beacon! Members with due subscription renewals for 2024 – 2027 please forward payment as per Membership Renewal details sent Dec. 2023.**

**ONLY FINANCIAL MEMBERS RECEIVE THE BEACON**



## THE BEACON TRIBUTE TO OUR PASSING PARAMEDICS

*You hastened to your case call, an emergency taking you there,  
the destination your priority, by road or in the air.  
The perils of rapid response you were truly well aware.  
The hour was of no consequence, nor the heat or wind and rain,  
for God watched over you each journey, time and time again.  
You knelt beside your patient with compassion, and kindly care,  
with the person you were tending you saw a loved one before you there.  
Your thoughts moved to their dear ones, in their moment gripped by fear,  
compassion overwhelmed you, and you shed a secret tear.  
The lives you touched were countless, each day, week, and year.  
You retreated, stressed and weary, and hoped to rest a while  
and were greeted by your loved one with a warm and welcoming smile.  
For this person is your shield, strength and inspiration,  
with their loving support you continue to meet your further obligation.  
You wore our ambulance uniform with competence, and pride,  
for this dedicated service to humanity with God you shall abide.  
The Lord saw that you were tiring, called time for your skills to rest,  
as God, with all your colleagues, knew you always gave your best.  
Your name will be etched in history for your service so sincere.  
Safe journey now our colleague to where God will hold you near.  
It is here again we all shall meet; in the bond we hold so dear.*

Peter K. Dent



**Please note: This is a freelance piece, it is not an endorsed tribute by Ambulance Victoria, nor is it intended to present in that manner. It is, however, written by a paramedic in respect for departed paramedic colleagues, by reason of having shared the challenges, experiences, demands, tribulations, joy and tears of the profession. Ed.**