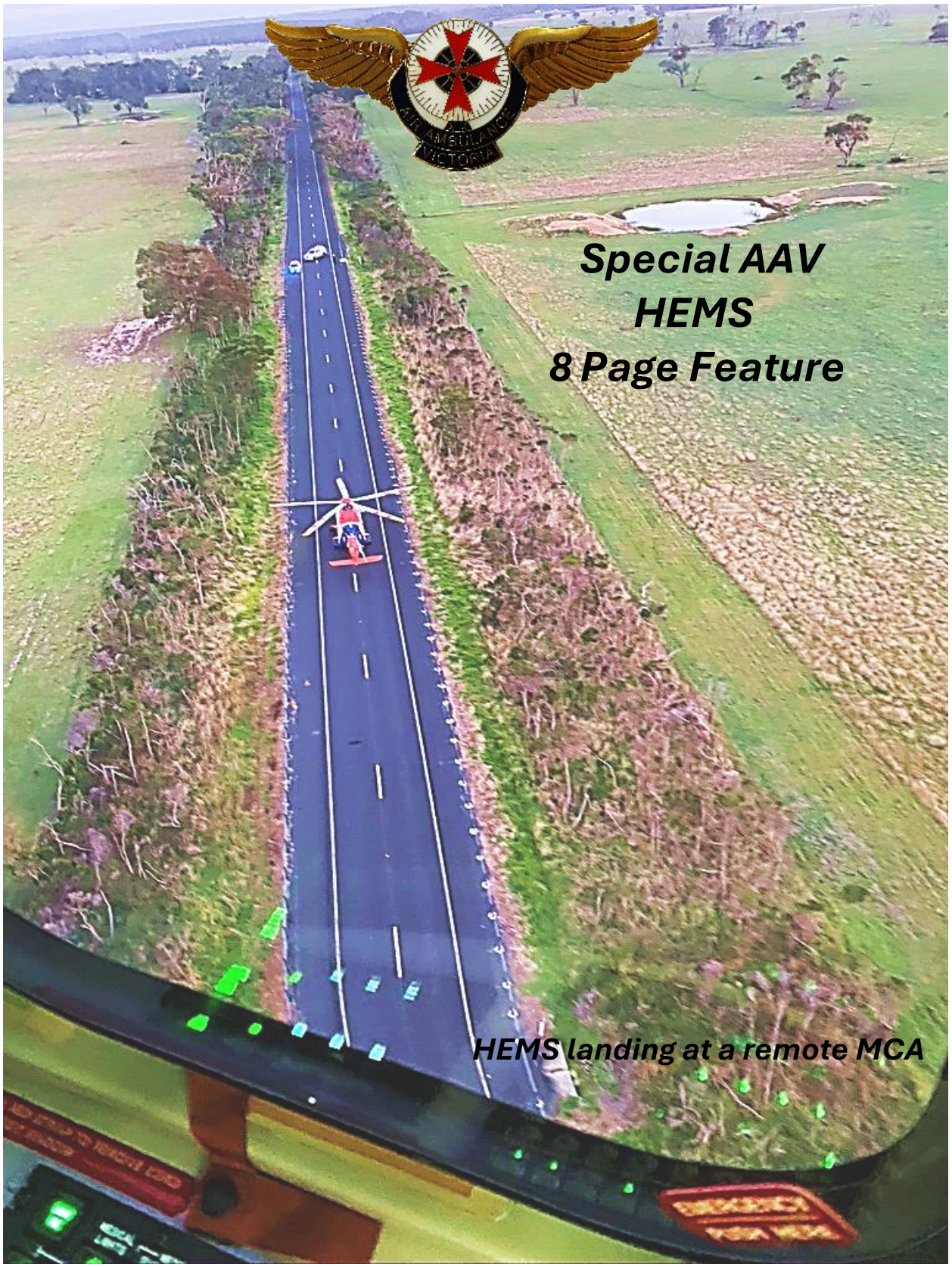
THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

Chas Martin O.A.M. Ambulance Victoria Museum

32nd Edition – Spring 2024 *$6.00*



Our Paramedics of the Sky

The Beacon Contents:

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

AHSV/ Ambulance **Victoria Museum AGM 2024**

Sunday 1st December 2024 @ 1100 hrs. At the **Museum** premises, **Bayswater.**
Election of Office Bearers. All positions will be declared vacant as follows:
Curator, Deputy Curator, Treasurer, Secretary, and Four ordinary Members. -----
All incumbent members of these positions have nominated for re-election 2024/6
Others can nominate in writing for any position, and Members may vote by proxy.
Both forms for these purposes accompany this Spring 2024 edition of The Beacon.
Nomination forms and proxy voting forms ***must*** *be received by the Returning Officer AHSV Secretary* ***David Cawte:*** ***No later*** *than* ***November 16, 2024***
Email: secretaryahsv@gmail.com Postal: **28 Witham Drive, Coldstream, Vic. 3770**

*** ONLY FINANCIAL AHSV MEMBERS ARE ENTITLED TO VOTE OR NOMINATE ***

Courage

"Courage is the greatest of all virtues, because if you haven't courage, you may not have the opportunity to use any of the others"

Samuel Johnson

Curator's Report

Hi, all our Beacon readers. Warmer weather is approaching and soon we will probably think it is far too hot, after a cold and wet winter in our state down under.

As 2024 draws to a close, I am confident that as Curator we can look back on a very successful and productive year. This result of course does not come by chance. Good results are only achieved by the diligence and dedicated input from our volunteer base and a forward thinking and stable committee. In saying this, we do not ever forget those who have strived before us with the vision to bring about the result that is now reality. This is the 25 magnificently restored and presented vintage ambulances, supported by vintage ambulance equipment, memorabilia, history, a loyal membership, and constant visitors .

Most readers will be aware that 2024 has been a very difficult year for Ambulance Victoria, coping with situations that are not of their own making in operational areas, and sadly situations that are beyond their control. Despite this, in good faith we have been able to maintain our strong partnership with AV, ensuring not only our stability, our promising future progression as well. This enables the willing hands in our organisation and myself to continue to preserve our rich Victorian ambulance history for the people of Victoria. Our future plans are to expand our capability to present our history, not only within, but also for special visitors, and interest groups externally. This initiative has already been trialled at the Maffra Museum for Vintage Vehicles, creating significant interest and an incentive to continue.

In sad realism, this year we were able to also demonstrate the strong commitment that we hold for our museum family. We farewelled one of our dedicated, long-term volunteers, *Peter Neylon.* Pete had a long history with the development of our AHSV museum and we thought it only fitting that we all said goodbye to him here where he offered us so much. In consultation with Peter's partner, Alison his funeral was held here at the place to which he contributed. Some 250 colleagues and friends gathered to pay final respects to this great MICA Ambulance Victoria operational member. Peter's Ambulance colleagues formed a memorable guard of honour in a final tribute to him.

In the last Beacon *"From The Editor"* in reference to Pete's article on the great work of our museum volunteers, I would like to add to his comment. Despite the many gifted hours given by these willing participants, they still have their family obligations and their lives to go about. So, personal volunteering at our museum is given within this precious time. Sadly, most of us take longer nowadays to complete our home's upkeep and other general tasks. Also, thrown in are the frequent and essential appointments to keep aging bodies functioning at a reasonable level. Then, in addition, a number of these willing hands still devote their valuable family time as members of our progressive AHSV committee. Given these factors, our volunteers move up again another notch in gratitude.

Our former AV CEO *Tony Walker* always holds our museum close to his heart. This is only par for the course considering that Tony gave us the gravity to get off the ground. His assistance enabled us to grow into the organisation we now are when he was in an executive position to do so. Tony's latest support comes in the form of a visit by Emergency Services Victoria who are creating a story on all ESO museums to present to the Victorian public. ESM required a person in our ranks that had been a serving paramedic. Who else fitted that bill better than 1970 VCAS cadet, raising through our ranks to ASV Regional Superintendent *Darrell Rintoule*. Darrell is not only a 43-year ASV veteran, but our esteemed 20 plus year *AHSV/ Museum* treasurer as well. The ESM crew spent a few hours videoing, interviewing, and putting together a great story which soon will be available.

This will be my final Beacon Curator's Report for 2024, and in closing off the year, I would sincerely like to pass on my appreciation. Firstly to our loyal members, then to our priceless museum volunteers, and finally to our dedicated AHSV committee. Thank you all for your tremendous support throughout 2024. I look forward to continuing with our commitment in 2025.

Please take care and have a wonderful Christmas with family, and a safe and happy New Year in 2025.

Ralph and Chris Casey

Curator.

Comment - Yesteryears in Victorian Ambulance.

I regularly get to speak with the fellow ambos of my vintage and service time, and God, I wonder how old these blokes must now be! My former colleagues and I invariably reconstruct today's ambulance operation, and at our conversation's end we have the ambulance service running like a Swiss watch! Also, this monumental achievement is not withstanding our many other incredible national and world accomplishments! Seriously, these colleague yarns are of *"Another time and another place!"* as is much in The Beacon, bringing to light many worthwhile and fond memories and events of that era. This conversation generally includes former workmates both living and others that sadly have left us. Often this recall revolves around the nature of our work then, and service conditions applying at the time, and also mentioned are the colourful characters of our era plus a few *"notable*" others who somehow entered our service. As tempted as I am, unfortunately the publishing criterion of The Beacon restricts clarification and the descriptive antics of the afore mentioned.

Today's service, in contrast to our time, highlights these discussions, and it is with a basic knowledge of today's operation that our comparisons arise. Some surviving colleagues still whinge about our service in general of these decades, however, many of us, including myself, do not subscribe to this opinion. Setting aside our wages, our conditions were commensurate with the general employment trend of the day, and also in parallel with our Emergency Service counterparts working on the same 24/7 basis. However, the salary issue is a noted fact for ambulance front liners, together with our associated nursing profession. This wage anomaly for both professions has existed for a century or more. So, apart from our wages issue, and with my service commencing in 1965 with VCAS, I have no complaint. I believe those officers who went about their duty with commitment and competency in the main created a two way street with ambulance management, and it is also fair to say without exception all management in this calendar had progressed through VCAS ambulance ranks.

Adding to *"another place, another time"* the recruiting process in this era for front line ambulance personnel was drawn from all walks of life, and normally from prior occupations. An applicant's previous employment encompassed professional, trade, clerical, military service, and other backgrounds. Subsequently, these recruits possessed "life experience" and this was considered a preferred attribute for an ambulance position. In view of this, it is also fair to say, in the era from 1920 to late 1990 a different breed of ambulance front liners existed compared to today's younger paramedics. Prior to the current training regime, ambulance recruits immediately entered front line service with a senior officer and mentor. This was the same criteria *"trained on the job"* as that of our associated nursing profession. Also, for that matter, on the job training criterion similarly applied with Police and MFB recruiting. The following context is not intended as statement, rather, it is more questions seeking answers. I, together with other former front liners, ponder how these very young paramedics today cope with the introduction to horrific trauma injury and death. This potential event will occur without expectation, and in some circumstances and cases it may create a psychological impact to these young minds.

Most ambulance veterans of gone by days will still recall their own first experience of trauma and death in ambulance, and the occasional one after! However, in most cases officers were semi matured adults possessing a degree of life experience, although a number of mature-aged recruits entering a front line ambulance role within this time were also unable to come to terms with death or severe injury. In this case, it was not unusual when training a new ambulance recruit and attending *"a nasty one*", that on the completion of the shift or even beforehand, this recruit was never to be seen again! And some of these people unable to adapt on occasions even just posted their uniform back to H.Q or had it returned by other means. As an example, I recall being told that on arriving at a fatal accident case, one new recruit didn't even stay around to clear the scene and shot through there and then! Moving on from this and setting aside life experience issues looking to present ambulance. Today's paramedic possesses advanced pre-hospital care expertise, advanced technology, and the latest equipment, and by far have superior lifesaving pre-hospital skills. Also these A.V. paramedics are part of a world leading and acclaimed ambulance service. However, those who have gone before created the very foundation that this success story has been built on, just as there are many angles that form a circle. Subsequently, it is disheartening for all to see our service suffering as is the present case, the majority of the problem inherited from an overloaded and underfunded hospital system.

Frequently raised in conversation are other issues that accompany our past years of ambulance, none less than the social standard of today's society reflecting on employment values and attitudes. This is particularly so in our Emergency Services. When a person enters this field they do so with accompanying community respect and admiration, and this may remain well after retirement. However, I believe this public gratitude must be earned and maintained at all times with due diligence and a commitment to duty. It is a noted fact; "*If one does something to perfection, 3% of people learn of this"* alternatively, " *If one does something badly, then 97% of people learn of it".*

I concede a 12 hour shift is demanding for all Emergency Service colleagues and can often be a shift involving adrenaline spikes and stressful cases, or by contrast very drawn out and boring! However, as Ambos we enter

this vocation being (hopefully) informed that it is our duty and our obligation to serve our communities in emergencies as they occur. Occasionally this obligation may be called upon over and beyond normal duty shifts, and this likely eventuation should be an agreed pre-condition of our ambulance profession tenure. Although, at all times be within reasonable and acceptable bounds to both. Also, with this said, no one should be required only to *"Live to work*" rather they should only "*Work to live"* This former quote is the case from around the 1940s to late 1990s decades in most Victorian Regional services. Also, this situation was not borne of a manpower shortage, rather of funding by government.

However, in the E.S. professions, manpower availability can be subject to unexpected variation at any given time. With the case of a major incident occurring, access to personnel is critical to successfully respond. On a personal note, I can add that there were often times that arose on completing a drawn out busy shift late and often weary. If there was a request to assist comms with another emergency case, or even return on duty the same day to cover a night shift, most obliged. It is then a two way street develops, and this is generally repaid in kind should the occasion arise. And, for Barb and me, this occasion did arise, post-natal with one of our children, and for this assistance in return we were most grateful.

In summary, it would be naive to imply that co-operation between personnel and ambulance management that can exist, was part and parcel of all sixteen services. A few officers were not, or would not, be party to this co-operation. Conversely, some persons attaining an executive position or promotion excelled in command and set the example, whereas others were incapable and unfit to act in this capacity. The latter subsequently abused this new gained authority in general. This was particularly so by failing to treat subordinates in a respectful, fair, and appropriate manner. The result of this autocratic, standover behaviour (today's terminology is Bullying), was that many diligent and competent ambulance personnel were lost to a service and to the wellbeing of the community. Unfortunately also, this untoward management behaviour continued unabated until such time as that service's Board became aware of the situation. However, normally at this point, untold damage had already occurred within, and valuable personnel were lost. The unpalatable part of all this though is that in many cases of this occurrence the perpetrator escaped true justice.

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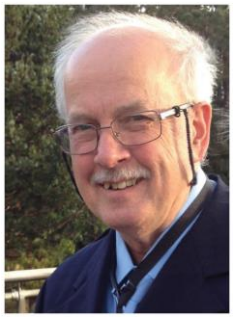
Farewell To A Colleague, Friend, And A Good Man

PETER MICHAEL NEYLON

5 OCTOBER 1952 - 18 AUGUST 2024



Peter Neylon came on board at our museum a number of years ago when he retired from MAS, at completion of an impressive and respected career that saw Peter a member of the MICA 5 Team. After his retirement, Peter took up a vital and essential role at our Bayswater Museum. This was computer cataloguing history and memorabilia, originally with Curator *Chas Martin.* The role was a formidable task, with the accumulation of material over many years, and Peter managed the role admirably.

In later years Peter began to experience failing health which placed a serious restriction on his physical ability. However, this impairment of his health did not deter him from continuing with his valuable contribution to our museum. Determined, and under duress, Peter persevered in his role even to the point which required him to have a carer. His carer would accompany him and assist Peter to negotiate the stairs leading up to the mezzanine where the computer room is located. Despite his serious challenges, Peter would join the museum crew for the Monday meal prepared by *Ann* and *Marie* and illustrate his unique sense of humour. He also enjoyed the camaraderie and friendship that exists among our museum team. Sadly, as time progressed, Peter's condition advanced, and his health further deteriorated. Eventually he was unable to continue with his dedicated museum role. Peter passed away suddenly, in care, on August 18, 2024. We extend our sincere sympathy to *Alison,* Peter's soul mate of 30 years.

Peter Neylon will be missed by our museum family, however fond memories of him will always remain.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Telegrams  *Phone*  *and*  *Mail*

**** ***Dinky Di*** *is away for this edition! Husband* ***Gary*** *and* ***Di*** *are on a well-earned holiday. They are taking in Cairns, Singapore, and Thailand to celebrate their* ***30th Wedding Anniversary!*** *Congratulations Di and Gary, and best wishes from Barb and me, as well as the AV Museum crew and The Beacon readers!* ****

A recent email from our AHSV Museum astute Treasurer *Darrell Rintoule* was to pleasantly inform me that members ***Mal*** and wife *Lesley Hunting* from Edenhope Vic. had deposited **$50.00** into our AHSV Bank A/C as a donation for the dual *"Recognition of Service"* certificates requested, and which they had both received. This is a most generous and thoughtful gesture. Thank you Mal and Lesley. It is sincerely appreciated by our museum and members. ***Ed***.

This Guard of Honour is a fitting mark of respect and a worthy tribute to Peter Neylon from his colleagues held at the AHSV Ambulance Victoria Museum on the conclusion of his funeral service. Conducting Peter's funeral service and wake at our museum was the sole initiative of Curator Ralph Casey. Peter's service was arranged with his partner Alison, Terry Brooks and A.V. Sen. Padre Gary Grant. Preparation for his farewell was assisted by our museum crew members: Terry Brooks, Bill Briggs, David Cawte, John Clancy, Buddy Holley, and Ross Junor. Ann and Marie prepared hot food for the wake guests. Thank you to all concerned, on this sad occasion.

Members Who Are Unwell

Lesley Hunting, wife of *Mal Hunting* Retired AV Team Manager, Edenhope, The Wimmera, is presently facing difficult challenges.

Lesley has acquired a serious respiratory complaint with her only option to survive requiring a full lung transplant in Sydney. Currently, this is a trying time for Lesley and Mal. We wish Lesley our very best for a successful outcome, and that both colleagues will be in our thoughts. Ed

15 Oct. 2024 marks the **54th Anniversary** of the **WEST GATE BRIDGE DISASTER 1970- 1140 hrs**.

I would like to pay tribute to the 35 men who lost their lives, to those who were permanently injured, or forever impacted, and also to my colleagues, Emergency Service. counterparts, and all others that gave their very best that day despite dreadful circumstances. The hours spent there will live on with us for the duration of our lives. ***Ed.***

From the Editor

Producing The Beacon at times can present niggling problems in quite a few avenues, however there is always a sense of accomplishment with the end result. Creating and typing stories to feature throughout the publication can hide later frustration. During composing and typing each piece, I endeavor to take care for grammatic errors and punctuation. After the entire Beacon is set for print, Barb carefully proof reads through looking for the noted problems. When the first hard proofing copy is run off, this copy also undergoes the same process, and this happens at least twice more. It is only then we proceed to print the entire batch. However, it is not until after each Beacon is printed, address-labeled, enveloped, taken to Albury and bulk posted, that we both finally get to sit down and read in detail the finished product. It is then this frustration occurs! We normally find a few of the errors mentioned. Neither Barb, nor I, have a formal qualification in publishing, although we have many years' experience, also I am only a "Bush Writer." With this being the case, from time to time recipients of The Beacon may need to read the publication with a blind eye and open mind.

Also worth noting is that when content for The Beacon is being considered and subsequently written, it is done so with the following in mind. That is, in the main, the content is to be read by former ambulance service personnel, their partners or associates. Given this perception, it is also assumed that articles, albeit of both a serious and humorous nature, have a reader connection to the text, including Ambo humour. Normally, this is an understanding that is only acquired by general job experience and mind set. For those who have not had this opportunity, then it may be either a fortunate or unfortunate sudden learning curve, which ever applies!

I realise that regularly I bang on about each of us maintaining our sense of humour, and I will continue to do so! This is because I recognise the extreme value that humour offers to people that have performed under duress and dreadful circumstances, such as ambos! Also, unfortunately there are a number of our own kind that carry a deep-seated and prolonged residual of their case experiences. Humour is readily available and a marvelous free prescription for stress situations, if one can muster this! Our late friend and colleague *Charlie Martin* was a master of this art in times of extreme and demanding occasions. Many times, I witnessed Charlie raise a smile or even a laugh from a patient or relative in the cases that we attended together. Barb and I, like most, over the decades have had our share of adversity, When this stuff really hits the fan we find that there is no point in denial or wishing it had not occurred, rather we attempt to see this issue through and together try to manage a smile or two. I concede, some people have a very difficult, rough, and long track to travel, and negotiate under duress. In these sad cases we can all be there for them and assist in any way if at all possible.

Whilst on this subject, sometimes it is the little things we do for each other that can mean so much to another person. Recently, on a short stay in Epworth Cardiac Unit, Barb was as usual at my side passing the hours doing book puzzles. A nurse came into my room and presented Barb with a complimentary book of puzzles; this was a lovely gesture! The nurse said she had walked past and seen Barb, pen in hand, head in book, this was so thoughtful and appreciated! A person worthy of mention in this role is *Maryann Clancy*, often lifting someone's day with a word and a little gift. Finally, never forget your true and loyal partners that are, and have been, at your back throughout your career and your lifetime, in thick and thin, and more often putting you well before themselves.

And finally, remote assistance plays an integral role with *The Beacon.* I have a small network of people that are not necessarily former ambulance personnel. These are a mix of persons that I can contact and pass various subjects by for their opinion, and for fact substantiation, or it may be their personal involvement with an incident that occurred. At times this in itself can create another story for a Beacon publication. I constantly seek to expand this most helpful and important network. Another upside is that if I am contemplating an "*Editor's Opinion"* or sensitive story, this enables me to obtain another's feedback. In some cases, these opinions may influence the writing or otherwise of this potential piece. In most cases a swift turnaround of information or an opinion is of immense assistance, and to my mind and gratitude, this group of certain people are "Gold!" Thank you!

More than enough from me! Please, keep well and keep smiling!

Pete and Barb.

Back Through The Decades!

In a recent telephone yarn with retired, 43 year *RAV* service, MICA Paramedic and local Ambo friend *Grant Parker*, among the many subjects in our regular discussions is the normal swap of past experiences, both tragic and humorous. *Park's* was highly amused by the following true story and suggested that I share this with Beacon readers, so, given this, here it is! In our conversation I had wandered back to around the 1970s to a time when a few VCAS crews were selected to separately attend a different training aspect. This additional training was to attend PANCH and sit in on surgical procedures for a greater understanding of our ambulance role. I was most fortunate to be a member of one of the crews selected, and then aged in my mid-20s. So out to PANCH Surgical ward my mate and I went for an early surgical schedule beginning around 0730hrs. On arrival, we were very well received and welcomed as associates by surgeons, doctors, and theatre nursing personnel. In the morning duration we stood in on various surgical procedures including one case of administration of E.C.T. (Electroconvulsive Therapy) to a middle to late aged female patient, and one other, I must say an "enlightening experience" of sorts I recall.

Come late morning, with the all-female surgical nursing staff, my colleague and I were invited to join this group for a morning tea break in a resting room off the operating suites. It was here, and in this break, that an interesting exchange of our individual professional activities took place. All eager to learn of each other's roles, cases, and experiences. As conversations progressed all were having a good laugh and relaxing. Ambos had heard a rumour regarding a restriction on female nursing surgical attire during G.A. procedures. This was due to the risk of static spark creation which could cause explosion with the use of chloroform in hospital operating theatres in this era. All in this particular group morning break had become acquainted and discussed various sensitive topics. And myself always keen to gain fact, I directly posed the question to one sister. "*Is it true that female nurses are not permitted to wear nylon underwear during G.A. procedures*?" The nurse looked directly at her peers, then at my colleague and I, with a grin and replied "*Yes! But it doesn't worry us, because we don't* ***wear any!"***

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Raising the Stake.

A friend of "a close friend," recently consulted her family physician regarding a male gender problem which was occurring with her husband. She confided that hubby was experiencing E.D. Also, that his agitation was creating a psychological effect on him, and this in turn was taking a toll on their marriage. The GP reassured the good lady that her problem was simply overcome; He would prescribe him Viagra. However, the wife said, *" Oh my husband is too far proud a man to take that type of thing"!* So, her GP said, *"Well, I will give the script to you to be filled, and then you could give this to him secretly!"* She agreed, and off went the wife to a chemist and had the script filled. Two weeks later she returned to her GP. His immediate enquiry of her was the effect that the Viagra had on her husband. The dear lady hesitated, then replied, *"Wwwell Doctor. I did as you suggested. My husband and I were having a pre-dinner wine together and he excused himself to go to the gents. It was then the opportunity arose to give him the Viagra tablet which I had crushed up into powder. I quickly sprinkled it into his glass of wine, and my husband returned and sat finishing his wine as we chatted. Then suddenly this weird look came over his face and in his eyes. He then quickly arose and grabbed hold of me. He pulled me from my chair, tore my clothes off, then pushed me to the floor and made wild passionate love to me."* The doctor said, *"Well that's a good result!"* She replied, *"Mmmm,aahh, wwwwell, yes it is good doctor! but umm we will never be allowed back at* ***Romano's Restaurant ever again!"***

Are you Ex-Operational ASV or AV?

Our AHSV, as a tribute to your former service in ambulance to the people of Victoria, is providing complimentary (free) certificates of "*Recognition of Service."* These certificates are of the finest quality, design and print, A4 laminated showing your name and service history. The certificates are posted out, cut to size for A4 framing, for others to see and respect. If you have worn our uniform with pride and gave your best, you have earned this recognition (Posthumous certificates apply). This may be a limited opportunity, so don't miss it! For a simple application form email Pete or Barb: vintambos@bigpond.com

Not on computer ? Phone Barb for a postal form: **0417 290 946** or Pete **0427 508 888**

Chinese Proverb **:** *Confucius say: "Person who walk with head in clouds, likely to end up with tail on ground!"*
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Our Paramedics of the Sky

------ *Foreword* ------

Ever since our inception of The Beacon in 20I7, it has been my ambition to bring our readers a descriptive *AAV* HEMS Feature and an insight of the special role these crews perform. Over the years I have contemplated the means of acquiring the informative content to meet my envisaged result. I had previously met Shaun Whitmore around three years ago at Wodonga and we communicate from time to time. I emailed Shaun in anticipation that he may be able to assist me. To my delight he replied in the positive to my request and agreed to meet to discuss the potential content. To catch up with Shaun, Barb and I met with him in a quaint coffee shop at Beechworth. The three of us enjoyed an informal and most interesting conversation for an hour or so. At our meeting, the theme of Shaun's pending contribution was discussed. I told Shaun that it was my belief that, other than the HEMS team members themselves, very few Ambos had any realistic insight of the advanced, specialised and elite operation that *Air Ambulance Victoria .(AAV) HEMS* provides. Also, to this end nor did I, and added that a hands on account from a serving HEMS paramedic would be warmly welcomed by all of the ambulance fraternity, those currently serving, and retired alike.

HEMS paramedic men and women are required to make many demanding personal sacrifices and stretch their bodies and minds at most times well beyond normal human limits. They are our specialist airborne paramedics and entirely a breed of their own endeavours. HEMs teams provide advanced medical expertise to remote critically injured, sick, and stranded helpless victims, and also when required sustain life. More often these daring and courageous rescues are conducted with treacherous and life threatening unknowns, and at the HEMS paramedic's own peril. Subsequently it is a justifying parallel that the dedication, expertise, and resilience of the (*HEMS)*Helicopter Emergency Medical Service operational personnel are held in such high esteem.

Shaun Whitmore is a quietly spoken, unassuming, and modest man. Those unacquainted with Shaun would have no knowledge of the bounty of advanced medical expertise, courage, and fitness that lies behind his persona. With more than 2000 HEMS emergency flights to his credit, Shaun continues in this role today, travelling to, and operating from, HEMS 2 at Traralgon, in East Gippsland. Now 58 years of age, Shaun is resident at historic Beechworth in North East Victoria. Shaun has an adult son *Murphy* 25yrs.and a daughter *Darcy* 28yrs.

When one reads Shaun's informative account they will soon discover the many occasions that Shaun has faced his own mortality. However, "*patient first"* he continued on regardless of these life threatening challenges. Shaun's personal account of being a HEMS paramedic is honest and frank. Also, he makes no secret of the fact when adversity does occur, that he experiences extreme fear. Shaun openly speaks of the trial and tribulation, successes, and failures that accompany some of his cases. This honest account enhances the deep respect and admiration of every HEMS paramedic. As it is written; "*I learned courage is not the absence of fear but the triumph over it, and continuing on regardless when you are gripped within this fear."* ***Nelson Mandela.***

HEMS Paramedics must maintain the absolute pinnacle of fitness at all times. Crews undergo frequent and rigorous training in helicopter line rescue techniques in all conditions and situations. The dedication to duty required of HEMS paramedics extends far beyond normal ambulance qualification parameters. Exceeding medical expertise, physiological, physical stamina, and enduring courage, are a mandatory requirement.

There are five HEMS operations located strategically throughout Victoria, with a complement of 45-50 fully trained HEMS Paramedics, including six women currently qualified as MICA Flight Paramedics.

Shaun Whitmore's Autobiography outlining his HEMS Paramedic journey throughout an 18 year engagement within this specialised Air Ambulance field is outstanding. Shaun's subjective experiences, and cases, often can carry an impacting physical, and psychological toll. Collectively, he presents an excellent insight into Air Ambulance Victoria helicopter paramedicine. It also provides an open window and heartbeat of all these exceptional and dedicated HEMS men and women. These brave crews take to the heavens for the wellbeing and survival of their fellow man despite inherent risk. Thank you Shaun for your comprehensive account and images. I have no doubt your account will be read by all with intense interest and admiration!

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They are truly "Our Paramedics of the Sky"

Snow Awareness Training 2019 Mt Buller

My AAV Experience Shaun Whitmore MICA Flight Paramedic

An Autobiography By MICA Flight Paramedic Shaun Whitmore

Back in early 1992 as a 26 year old, I was doing my ADHS at the AOTC. As part of a show and tell Air 495 landed in Albert park across the road from the school. Aunty Jack (Alan Close) showed us around for half an hour or so then flew back to Essendon. Truth be known I didn't really give the idea of ever working on the helicopter a second thought until about 10 years later. In the intervening period I worked predominantly at Montrose, done a fair bit of work as a Clinical Instructor and Team Manager at a couple of branches and completed the MICA Course in 2000. Late in 2000 I was offered a position at MICA 5 with Glen Bail as the Team Manager. Taking that position proved to be career changing for me. Glen sets high standards but is an exceptional mentor and pushed me to attempt things I would not otherwise have done. I did some more Team Managing and Clinical Instructor work then sat the exam to be a Relieving CSO. Again, I felt out of my depth but Glen continued to encourage and push me along.

Around 2003, I was starting to look for another challenge following a year or so of the Relieving CSO role, which I really enjoyed. (my psychological assessment in my personnel file from my ambulance application stated "seeks novelty and variety") Condescending but true….
I decided I would ring Col Jones and ask him if he felt I had the street cred to apply for the Helicopter, as I knew I would get an honest answer. To my surprise he said yes.
I then went on the convoluted path that was the application process at that time.
It involved a Clinical Exam which was straightforward enough, a swim test which required going underwater for 15 meters and not surfacing, fully clothed with boots on, then kicking your boots off and treading water for 10 minutes, then swimming 200m in uniform. There was an acrophobia test where you abseiled out of the MFB building in Richmond, the dreaded scenario, a rigorous fitness test, then finally an interview if you happened to pass all of the other stuff. I ultimately went through this process 4 times over 3 years as I'm a spud at scenarios. I've had plenty of time to ponder why I wasn't good at them, and pretty much concluded I'm extremely visually and pattern recognition driven. This is a killer handicap when having to role play as you do in scenarios. I feel like I would be better off blindfolded then doing the scenario. After my third failure I had concluded that it just wasn't for me. (It also took me 5 goes to get onto MICA for the same reason)

It's interesting how some conversations can shape your path. I was doing a Clinician shift in 2006 at Tally Ho when Terry Marshall came in and asked to see me outside. I was a little fearful as we wandered out into the foyer. There was an AAV Application active which I had decided not to apply for. Terry sat me down and gave me a bit of a rocket. He said in plain English I would be disappointed with myself if I didn't have another go at it. And whatever I did next if I didn't apply for AAV would be a poor second prize. I duly applied and passed everything, starting the course in 2006 with 3 other MICA and 2 ALS Paramedics.

Phil Hogan did many of the lectures over 3 weeks or so, then we had a week winch training both land and water based. HUET was also in there, getting rolled over underwater and blindfolded in an oversized crab pot. I hated it and still do 18 years and 6 or so HUET courses later. (It's a 3 yearly currency)

We then started our "on road" phase, which was busy and intimidating. It was a real assault on the senses. Just the radios alone were enough to do your head in, let alone having crook patients, noise, vibration, and limited capacity to assess among other things. I lost confidence during this time and wound up being performance managed for the first time in my life. My "Performance Manager" was Justin Nunan, who was very fair and I ended up passing this phase, and I'm still at HEMS 2 now 2000+ HEMS cases down the track.

In amongst those cases there is obviously going to be some memorable ones. The first solo RSI, which for me was a 120kg bloke, head injured, no neck, agitated and build like an NRL player out the back of the scrub around Gellibrand. I opened up the back of the truck, took one look at him and thought "well here's my first failed intubation drill".(He ended up being really easy to intubate….)

Some cases with long transports of catastrophically sick people keep you on your toes and are incredibly exhausting, predominantly for the regional crews. I've had many cases that involve 2+ hour transports/refueling with the patient on board, where you are just thinking "please get me to the hospital". There's been quite a few times when I have pretty much fallen out of the helicopter on the pad bathed in sweat and exhausted. By the time you have handed over you may have been with the patient for several hours having gone scorched earth policy on the drug kit. The cleanup when you get back to the base can go for a couple of hours even with help from the Crewman and Pilot.

Winching, although a small part of the caseload, can also take up a fair bit of bandwidth. HEMS 2 (Traralgon) where I work statistically does more winches than the other bases due to its proximity to the Alps and Bass Strait. Winching currencies are 6 weekly (ground based/static in the hangar) 3 monthly day (Stretcher, Adult Rescue Vest, Hover entry and exit) 6 monthly (same as 3 monthly but at night) and 12 monthly water winching/life raft extraction. HUET and Snow Awareness training are 3 yearly. There are also Fixed Wing currencies yearly, Crew Resource Management and Dangerous Goods currencies.

Eagles Peaks 2010

I've had a few unfavorable experiences whilst winching. One involved 2 walkers out the back of Mt Buller, one of whom had rag dolled himself off a steep razorback ridge and wound up unconscious for a couple of hours. The walkers had limited comms, and we headed out at about 2100 getting to the spot where they were at around 2200 with a view to winching under NVG's. I wasn't looking forward to it at all. Despite seeing the patients, we were unable to winch due to drizzle interrupting reference for both the pilot and the crewman. We headed back to base and went back up there at first light.

Getting overhead we had good reference and deemed it safe to winch. The slope of the hill was likely 45+ degrees. I was pretty inexperienced at the time and didn't pick the effect the downwash hitting the slope would have on me. As I got closer to the ground the downwash bounced off the hill and hit me, triggering a rapid spin that I had no control over. I had the stretcher with me, and both the stretcher and I splayed out horizontally spinning quite quickly, such that I thought my helmet was going to fly off, with the chin strap digging into my jaw. The area was pretty heavily treed and I was actually hoping the stretcher would hit something to slow me down. I managed to slow the spin a little by pulling the stretcher up towards me. When I hit the ground I was completely discombobulated. I dropped onto all fours and it took me a couple of minutes to get my balance back, then cart all the gear in 2 trips back up the slope (about 50-60 meters) to the patients. The patients were both winched out, one having 200+ puncture marks in him from spiky plants he hit whilst tumbling down the hill.

Another case involved having a 150+kg patient skid down my legs in a stretcher following a tag line operator failure. This caused a spin, and the crewman needed to put me back on the ground quickly. It was a really tight steep area with not many options, but as he put me back on the ground I sat down bum first on the slope. The weight of the patient skidded down my legs in a steel stretcher from just below my groin to my shins, hooking the medial tuberosity of my right femur on the way down. After re briefing the tag line operator (who had just panicked with the helicopter downwash and debris flying around despite being warned) I then had to complete the winch. It hurt a fair bit and I wound up with rainbow colored legs for a week.

A third was relatively recently involving the rescue of a Chinese National from a bulk container ship. These ships have agreements with external medical providers such as International SOS and similar companies for remote medical consults. A man in his 20's was showing facial droop and some other potential stroke symptoms. HEMS 1 had tried to winch to the vessel earlier that day but was unable to. Just prior to dusk HEMS 2 was tasked to somewhere near Point Lonsdale when the medical provider was insistent that the patient be retrieved. The Melbourne machines were out on other cases so we had a 40+ minute flight to get there with the possibility of not being able to winch due to light conditions. It was a clear afternoon and as it turned out there was a lot of light reflecting off the water, allowing for good visibility and reference despite the lateness of the day. The 3 of us collectively decided it was safe to winch. I would point out I'm not the cavalier type and I'm actually really scared of heights. In a 30-storey building I struggle to go anywhere near the windows. I was winched onto the rearmost bay of the ship, just between the bridge and a big crane stanchion, each more than 50ft high. The bay was the roof of a hatch in the hold and about 50-60 foot square.

The winch- in was fine and I put the patient in a rescue vest, which is a big triangle shaped nappy. I gave the signal to winch up but soon started to experience a big pendulum/swing, such that I was potentially in danger of hitting the bridge or the stanchion. These things can escalate really quickly. The pilot made the decision to pull back over the water so as to eliminate the risk of me hitting the ship. This was a perfectly sensible decision, but it unfortunately potentiated the swing. (Its worthy of note the pilot was a highly experienced ADF Pilot, who during the Sydney Olympics Counter Terrorism Ops had fast roped people onto city buildings)

The net result of this for me was that I was in an uncontrolled swing 120ft off the water. Due to the size of the swing, I ended up seeing the left hand side of the helicopter (the winch is on the right) as I had swung completely underneath it and out the "wrong" side. Due to the angle involved the cable caught on the step of the aircraft 3 times resulting in huge jolts through the cable which I felt, and genuinely thought I might end up in the water. I was acutely aware myself and my new Chinese friend would not survive this. I was wearing a Garmin watch at the time which I had activated the "track me" button on. This then tracked position, speed, altitude, heart rate and some other parameters. The data from this showed some interesting stuff. As my altitude increased from approx. 50ft above sea level (the hatch bay) up towards the helicopter (>150ft) my heart rate hit 150bpm. The graph of the 2 parameters is almost identical. It wasn't physical exertion; it was blind fear. I was 56 or 57 at the time and was definitely questioning if I was too old for this type of thing.

Flinders Island Airport Post Task

Despite the above I have actually been involved in quite a few "successful" winches. I've ended up fishing 5 people out of Bass Strait on 2 different jobs, and a heap of land based cases in the Alps and Wilsons Prom. One of the water ones was done with HEMS 5 120 nautical miles off Mallacoota, where we retrieved 6 people (3 into each aircraft) from a Sydney to Hobart yacht on its way back to Sydney post-race (it came 9th) when it hit a Sunfish. This damaged the rudder and subsequently steering control of the boat and cracked the hull. We flew to Flinders Island, refueled and reconfigured, got into dry suits then set off 80 Nautical miles north east of Flinders Island, which was actually at the edge of the Rescue on YouTube for the video taken by the AMSA Jet) Again I have no issues admitting I was absolutely terrified and questioned if I was physically capable of completing the rescue. The physical demands of winch rescues, particularly water winching has been why I have maintained a fairly high level of fitness, initially though running 7-8km 3 times a week (until a knee op) and now with cycling.

Obviously most of the work is not winching and involves critical thinking in a clinical context. The mix of work between Primary work and secondary retrieval is around 50/50 give or take a few percent. For me one of the most satisfying aspects of the role is some of the unexpected survivors, where you are sure despite your best efforts the person will probably die but you give it a good crack anyway. I've had a handful over the last 18 years including a 10yo with a ruptured R main bronchus, an injury normally seen at post mortem following a plane crash. This girl had been involved in car rollover on a rural property.

I was pretty sure she would succumb, but we still performed RSI (through and Intraosseous Needle as she was too shut down for IV access, and grossly hypoxic/hypotensive) then finger thoracostomy and administered blood.

It felt like a fight the whole way to RCH (40min flight) I handed her over to the resus staff and wandered to the back of the room where one of the top trauma surgeons there (who I knew but hadn't noticed) said "this patient is exactly why you guys should be doing finger thoracostomy" It was a satisfying endorsement of what we do. The patient did really well with no neuro deficits and her longest lasting injuries were orthopedic ones from a broken thumb…

Other memorable cases include performing Cricothyroidotomy following a failed RSI on a patient 400 odd km from the nearest Trauma Centre in the Alpine National Park. The feeling of isolation at a case like that is pretty paralysing. Another one was a walker at Wilsons Prom who, whilst walking down a steep slope on a narrow track heard rumbling. He couldn't work out what it was until it got really loud. He then turned around to see a 50+ kg rock rolling down the hill straight at him Indiana Jones style. He tried to jump out of the way but it hit his calf and Achilles causing a huge scrape and fair bit of soft tissue, and possibly structural damage. He knew he couldn't be winched form where he was so walked 3 more km out onto the beach where he correctly figured he could be winched from. I've also done some interesting cases up in the snow (Feathertop, Hotham, Falls Creek, Buller, Baw Baw, Federation Hut, Cleve Cole Hut) and various other locations such as Gabo, French, King and Snake Islands along with places like Tamboon Inlet, Wonnangatta Station and *many* on Wilsons Prom.

Sealers Cove 2020

On one occasion working out of HEMS 3 at Bendigo I was tasked to Lake Mungo in far western NSW. 3 stockmen had been stranded by floods for 3 days after training some Indigenous kids how to be Ringers, and were running out of food and medications, with the nearest SES vehicle getting bogged 120km short of their location. We flew to Mildura and met with the Police. 2 men wanted to get out, and one wanted to stay so required food for a week. We waited at Mildura Airport for the Police to bring the food and duly loaded up the helicopter with food and configured it for 3 people in case the third man changed his mind. We flew out there and didn't shut down, hot loading the 2 willing patients, as if we had a helicopter issue out there and got stuck it was going to be pistols at dawn between the 6 of us for a week, contesting the contents of the bags of shopping from the IGA. (which looked like the pantry from a share house, Mars Bars, 2 Minute Noodles along with other overprocessed muck)

We have a bigger toolbox now than when I started, with the addition of several more drugs, blood products, Ezi IO Intraosseous, iStat point of care blood testing, finger thoracostomy, better ventilators, better Cricothyroidotomy techniques, University based post grad education, Ultrasound and more sophisticated helicopters capable of longer range. Initially when I started in 2006 we were a joint Ambulance Police Operation plus Fixed Wing which was dedicated Ambulance. The gear wasn't as flash and the skillset was a little smaller but it was a lot of fun. We went out on Police cases using the FLIR (Forward Looking infra-red) heat sensing camera chasing people who had done bad things and following the dog squad around. Fair to say things were a bit looser then, *but it really was a lot of fun*. I worked I this system until 2009 when HEMS 4 and 5 came on line in Bell 412 Helicopters, then it was a mix of dedicated Ambulance and joint

Police/Ambulance operations, until 2013 when I went to HEMS 2 (Traralgon). I have worked at HEMS 2 since then with occasional stints elsewhere as CSO or at MICA 5.

It was my intention to do 5 years at AAV then most likely go for a CSO job. I thought that if I did 5 years out there I would be able to work my way through most cases ambulance might throw up at me. I wouldn't have done every case, but hoped I would have the bandwidth and experience to work through most things. I think this is mostly true. With the move to HEMS 2 and doing some Paramedic Educator work at MICA 5 this gave me the variety I was after, so hence didn't pursue a full time CSO position. It's not a job for everyone, and regardless of what you think the job might be like, it will be different to what you think it will. It can be rewarding but also intimidating at times, and has a fair bit of physical, educational and skills based upkeep. I'm glad I've done it as it has afforded me some great experiences, including teaching Aero med based courses in PNG, Sarawak, Malaysia and walking the Kokoda Track. I hope the above has given a little insight into the role and what it entails.
Shaun

Yarra Junction

Yarra Junction 2021

Loch South Gippsland

Mt Blue Rag 2020

Arumpo Station

Air 495 VH PVG 2007

Woolamai 2022

Factual Spotlight on Yesteryear.

In mid to late 1960s the "Air Splint" was introduced into our ambulance service. These easy to use limb fracture and injury capable splints happily replaced the complicated, cumbersome, and storage consuming *"Modified Thomas Splint."* The Air Splints were flat packed in an A3 size pouch ready for application. This new equipment was a credible step forward, and an effective means of splinting fractured and injured limbs, knee, elbow wrist and ankle, trauma. The splint also could be used with many other limb injuries including lacerations and burns. However, the air splint was not without a few serious draw backs, and for the crews pioneering the usage of this new product, complications arose. Firstly, the air splint was inflated orally, secondly, the inflating teat was manufactured on the same simple principal as blow up toys, dolls, and other items. Also, on all air splint sleeves the mouth inflating teat was located at the top of the air splint. This was a reasonable position for full arm, half arm, and half leg, and other application, but when the splint was required "full leg" for a person of shorter stature, the top of the air splint often nestled very near or occasionally into the patient's groin. Herein lay a problem! With the public normally gathering at an accident scene, at times a full leg splint needed to be applicated before an inquisitive audience. As such, a member of the all-male crew of the time, "under duress", was required to place his mouth over the inflation teat in the vicinity of a patient's groin to inflate the plastic splint. In the case of a male patient this situation was at least very embarrassing for most male patients, and male Ambo alike.

However, the real challenge of inflation was yet to present when a female patient required a full leg air splint. The following 'extraordinary' case arose in a recent conversation with a former colleague. This bloke was a member of an all-male crew that attended an MCA with a female victim suffering a fractured femur. The patient was clad in a dress, the normal attire for females in the era, so a female fractured femur created a dilemma for the ambulance crew. Although the air splint could be applied over close fitting clothing items, ladies slacks were rarely worn in these days, mainly only stockings under clothing. The application of the air splint to this injured lady was unfortunately to be witnessed by the usual attendance of a gathered public audience. With this particular case, the crowd encircled the accident with a 360o unrestricted view. Some, the general nuisance bystanders, were almost treading on the working crew, until the entire mob was unceremoniously dispersed back at least 50ft. The full leg air splint application process required clear access to the patient's upper thigh region. Subsequently, there seemed little options available that may protect this fair ladies dignity. Lifting her frock would expose her bare legs and upper thigh and pelvic region, however it was essential to applicate the air splint correctly and inflate the sleeve if the placement of the air splint could be discretely achieved. Various suggestions of how to inflate the device discriminately were immediately dismissed. However, it was imperative, without delay for patient wellbeing, to apply and inflate the splint. This would permit the patient to be safely lifted from the roadway, onto the stretcher, then transferred into the ambulance to facilitate immediate transport to awaiting hospital care.

Subsequently, bewildered and becoming agitated and desperate, the crew sought and devised a makeshift option which was hastily deployed. Stretcher sheets were held up and encircled the lady patient, preventing the 360o public view. The patient's upper leg/ lower pelvic region was then exposed, and the splint applicated without any loss of female dignity. However, the splint application left the final positioning of the inflation teat potentially inches from this patient's groin. Then a crew member went to his knees and reluctantly placed his mouth on the inflation teat and orally inflated the air splint "*Fait Accompli* " This air splint inflation process also left Ambos wives unimpressed when this became general knowledge.

Subsequently, an urgent review of inflation of the full leg air splint was sought from management. This resulted in all future full leg air splints issued being manufactured with a modified version for inflation of the full leg air splint, and a far superior design. Then later again came an applicator with the added ability to connect an inflation tube and inflate the splint with a manual pump. This modification was a major improvement, although it did not provide the same entertainment for all concerned at an Ambo's expense!

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Snap Shot: A young teenage boy was standing on the footpath outside a bakery shop. The lad had one hand deep into his trouser pocket, and his other hand was holding a large ham and salad bread roll.

A priest was walking past, and he stopped to speak to the lad; *"Good morning my son*" The lad respectively replied, *"Good morning Father"*. The priest continued, "*I see you have the staff of life in your hand my son".* The lad replied, "Yes Father". Inquisitively, the priest added, "*And what do you have in your other hand"?* The lad replied, "***Bread Father!"***

" In life, we constantly learn that you can't trust some people at all, that you think you can trust." ***PKD.***

Salvation Army's William Booth Men's Hostel Fire 1966 – A correction.

The fire started on the third floor after a boarder knocked over an illegal heater.[2] The fire smoldered for several hours in room #1 and exploded after a fellow boarder opened the room's door. A backdraft and flashover ensued, and fire and smoke engulfed the third and fourth floors.[2] Most of the 30 men who died were caged in their chain-link fencing-covered rooms and had no time to escape.[*citation needed*]

The Salvation Army staff delayed their call to the Melbourne Fire Brigade in the mistaken belief they could control the fire. Due to the late arrival of the ambulance service the fire fighters were tied up in resuscitating the victims, delaying the rescue attempts.[3][4][5][6]

The aftermath of the fire.

It is incredible how some events reported incorrectly in newspapers can go unnoticed for decades. The result of this is, that when a particular news report read it may then be accepted into our Victorian Emergency Services history as fact by persons. This terrible fire tragedy took the lives of thirty homeless men, mostly by smoke suffocation and flames, on that fateful evening of *August 13, 1966. The William Booth Men's Hostel Fire* is still marked today as Australia's worst commercial fire. *Kerry Cursons'* account focusing on her late paramedic husband *Dick Cursons* VCAS,/ GVAS,/ RAV, service 1966-2007. at Melbourne and Numurka, gave light on this disaster. In her context Kerry recorded Dick's attendance at the William Booth Fire on that dreadful evening, and also the toll it took on her husband psychologically.


Dick Cursons

After publication of The Beacon containing Kerry's story I received an email and the attached newspaper clip, as shown, *from Roger Vidler* at Shepparton. Roger states that he was stationed at the Prahran depot at the time of the incident, and also that he was 1400hrs – 2300hrs (9hr) afternoon shift crewed with A/O *Brian Beckwith*. On that evening, the crew were clearing from a case at Prince Henry's Hospital. He says that VCAS control instructed them to proceed directly to the Coroner's Court mortuary in Flinders Street Ext. Their apparent task there was to assist the sole mortuary police officer receiving the deceased from the William Booth Fire. A VCAS ambulance was enroute transporting four deceased persons from the fire scene, after their certification of death at RMH or St. Vincent's Hospital. When this enroute ambulance arrived at the Coroner's Court mortuary at Flinders St. Ext., the clean ambulance that Roger and his colleague had arrived with was handed over to the crew to resume duty. Roger and his offsider then unloaded and transferred the deceased persons to refrigeration in the mortuary. They then cleaned and made ready that ambulance for the next crew arriving with deceased victims. The process continued with four more bodies conveyed by a VCAS ambulance. After these last four deceased persons, the mortuary could no longer accommodate any further bodies in the mortuary refrigerated section. On the night of the tragedy I was an afternoon 1400 -2300hr shift crew at Ringwood depot. Our shift was instructed to move towards the scene at Willam Booth, presumably as back up only, as we were not on a Signal 8. However, with good fortune, our car was "*Cancelled, not required".* around Box Hill/Camberwell. Although I did not attend this disaster I have still have a personal interest in the factual recording of this event. When I read the newspaper clip that Roger had sent to me, and the reported newspaper account in regard to a slow ambulance response by VCAS (the text shown above in this article), the report of this incident and ambulance involvement seemed at odds with my knowledge of this tragedy. Most ambulance front line personnel had received factual statements from VCAS. H.Q. and also from our ambulance peers who had attended the fire, and read press reports, although these press reports of the tragedy had been long forgotten. It has also been brought to my attention that A/O *Charlie Woodman* attended the hostel fire in a crew possibly from the Northern depots.

Personally, unsatisfied with the recorded statement of this particular report on the William Booth fire, I phoned *John Blosfelds*. As it eventuated John was the VCAS District Officer (D/O) on duty at Latrobe Street H.Q. on the night of the William Booth Fire. Also, he was the attending O. I. C. co-ordinating VCAS ambulance attendance at the tragedy, and as luck would have it, John was charged with providing the VCAS major incident report of the William Booth Fire for then VCAS Superintendent *Mick Jackson*. Victorian ambulance history is fortunate to have John to contribute. His ability to reach back into the 1950s has enabled me to seek out incidents of our history, otherwise potentially lost forever. John joined VCAS in 1952, retiring in 1993, he was an Asst/Superintendent of MICA, also a pioneer flight crew member of *AAV Fixed Wing*. It is assumed John's William Booth Fire report, and also the West Gate Bridge Disaster 1970, together with many other notable catalogues, met their fate in the Firman shredder in 1993/95. On this occasion we have been able to recapture our state ambulance history with the actual facts of VCAS participation. In the case of other recorded events that may come into question, it is doubtful that we would be so fortunate**.** Ed.

The William Booth, Salvation Army Men's Hostel Fire – Melbourne 1966

A Hands-On Report From Retired District Officer John Blosfelds VCAS

The afternoon shift at VCAS Latrobe Street Melbourne Headquarters, on the evening of Saturday 13 August 1966, was very quiet. District officer (D/O) Norman Mills and I were on duty in the control room for the shift. All of the regular "housework" had been completed and the officers were relaxing in the mess room. I decided to carry out some in house stretcher lashing drills to utilise this down time. We were ready to commence when two MFB fire trucks from Eastern Hill MFB H.Q went past in emergency mode followed by the Fire Chief's vehicle. This seemed more than a normal response to a false alarm. Subsequently, setting aside the drills, I went to D/O Mills in the control room and asked if he had been notified of any fire emergency from MFB control, Norm replied he had not. I suggested that we call MFB control and ask of any activity and we were advised that MFB had been contacted and informed that there was a small fire at William Booth Men's Home which was almost extinguished, and ambulances were not required. However, with personal knowledge of the maze of tiny rooms forming this old eight floor building that housed some 200 homeless men, we decided to send a recognisance ambulance under our own volition. A/O Frank Cefai and his partner were next shift ambulance (*car*) out. Their vehicle was parked on the front entrance ramp ready to respond quickly in an emergency. We added an extra stretcher to their vehicle and instructed the crew to proceed to William Booth, assess the situation and report back. The scene was only one to two kms distance in the city from VCAS H.Q. Shortly after they were dispatched we received a call from MFB control stating that they had two patients, and they were informed that an ambulance had been dispatched. Very soon after the MFB call A/O Frank Cefai radioed in and reported that they had loaded two patients and were proceeding to the Royal Melbourne Hospital *(RMH*). Then Frank immediately radioed in again advising that MFB fireman had opened a door in the building and discovered a large number of deceased bodies piled up against a door on the other side of the room.

We immediately went into a "Major Incident Mode" loading extra beds into the on duty HQ ambulances and these cars were despatched to the fire location. I proceeded ahead of the ambulances with the new portable *"Two Way*" radios that we were testing at the time on board arriving at the fire scene to complete and utter chaos. Fire engines had filled Lonsdale Street leaving the only access for ambulances to the William Booth building via a narrow laneway from Latrobe Street. There was space for one ambulance only outside of the entrance to William Booth, accordingly I requested D/O Norm Mills to advise ambulances proceeding to the scene to stop in Latrobe Street and I would direct when to proceed down the laneway to the entrance. I was able to see inside the entrance and saw victims laid out on the floor of the hall and firemen wearing respirators were carrying both patients and deceased victims down the stairs adding to the evacuation process. Newspaper reporters were at the scene and following are their reports:

I would like to pay a special tribute to late District Officer ***Norman Mills*** *for his efforts on this fateful night operating alone "one up" in our VCAS H.Q. control room due to my absence. Norm provided me with ambulances to the scene without interruption. I also gratefully acknowledge my dedicated crews that attended and the assistance from the four major hospitals involved, enabling a quick turnaround of casualties.* ***John Blosfelds***

The Age *Mon. 15/8/1966* **29 DIE AS FIRE SWEEPS MELBOURNE MEN'S HOME. Many men suffocated in their sleep; others were trapped**.

Twenty nine men died when the worst city fire in Australian history swept through two floors of a Salvation Army men's hostel (William Booth Memorial Hostel) in Lonsdale Street on Saturday night.

Another twelve were injured, one critically. Most of the victims were asphyxiated, some of them as they slept. More than one hundred escaped in 15 minutes of terror and confusion. The fire started between 8.15 and 8.30 pm; *The Coroner Mr Pascoe SM* began inquiries at the hostel yesterday.

Police yesterday were forced to ask city and country hospitals not to forward bodies to the City Mortuary. The Mortuary has no more room for them, The facilities have been stretched to the limit by the **41** deaths from accidents in Victoria over the weekend. The injured were taken to RMH, St Vincents, Prince Henry and Alfred Hospitals.

The Sun Monday 15 August 1966, *by* ***Jeff Penberthy:*** **SO QUIET, THEN CAME THE HORROR**

It began so quietly the fire was almost out and a solitary ambulance carried two old men to hospital. Minutes later two firemen staggered into the drenched street with the body of a third man. Then came the first real hint of the enormity of the tragedy. Assistant Chief Fire Officer *Jim Geddes* bellowed from the doorway "Get every ambulance you can and get them quick." The scenes which followed I will never forget. Firemen began staggering down the twisted stairs with dead and dying from the blackened out smoke filled cubicles in a procession which lasted an hour. As they became exhausted other reporters and I started to help. *"Use mouth to mouth Deputy Chief Officer Frank Tenns"*, his eyebrow gashed open by a jet of water, urged his men. Two other firemen were at the point of collapse after carrying a man about 14 stone from the fourth floor. They fell to the floor and one began working on limp arms, while the other massaged the heart. "*Come on live*" the fireman gasped! The less fortunate men were laid in a makeshift mortuary of the passageway.

A Fireman wearing a respirator found eight more old men huddled in death in a shower block at the rear of the third floor. Only yards from the safety of the stairs, why they stayed is a mystery. Firemen were finding more dead and dying in the scores of the 7'6" square feet, one bed cubicles on the third floor and fourth floors. Relays of ambulances were beginning to clear the victims to alerted casualty wards of Melbourne's four major hospitals. In a backyard at the end of the body littered main passage, men who had escaped shuffled around muttering quietly. Young constables from Russell St. began mingling with them taking names trying to find out how many of the hostel's 205 residents were unaccounted for. Trapped in the rooftop flat, the wife of the cafeteria manager, Mrs L Anderson, would occasionally call out *"The fire's coming up the stairs again''* A medical team from RMH arrived and helped clear the last of the survivors to other Salvation Army hostels, (The Gill Memorial and The Peoples Palace) "*It was such a little fire*" Ass. Chief Fire Officer Geddes said, *"There doesn't seem any explanation for such a loss of life at all* "

The Herald 15/8/1966 *by* ***Nicholas Colums.*** **RADIO MAY HAVE SAVED MANY.**

A disaster drill the VCAS had used only once before may have prevented the Salvation Army hostel fire becoming even a worse tragedy. While choking smoke and flames filled the third and fourth floors of the hostel a smooth operation swung into action just outside the front door. One ambulance had arrived to what the ambulance service believed to be a routine job. They expected only two injured men. With frightening suddenness they found themselves involved in a major disaster. VCAS District Officer *John Blosfelds,* who was in the control room at H.Q., was raced to the scene in the officers' control car. As crowds began to choke the entrances to Little Lonsdale St. District Officer Blosfelds set up base. He was to direct movements of the ambulances approaching the disaster area. VCAS had been testing it for many months but had used it once before the fire in Smith St Collingwood. The test showed that the radio at a disaster area would help the evacuation of emergency cases. They were right, and their movements were carried out with precision and speed. Without the radio, survivors might have been added to the death list. As I arrived survivors were being led from the building gasping for air. The fire, which was classed as only "minor", was nearly out. The first ambulance had carried the two old men to hospital. Other ambulances were speeding to the scene as District Officer Blosfelds called "*Send the big oxygen cylinder sets quickly*". But for the aid of these sets, rescue workers at the scene may not have been able to revive many of the worst cases. As the first ambulance pulled out, D/O Blosfelds stood on the footpath at the front of the home speaking into the radio, which was hung across his shoulder. I could hear him directing approaching ambulances. His direction prevented the chaos of the scene becoming disastrous. I counted 21 ambulances during the night's rescue work. D/O Blosfelds expert handling and timing allowed the steady stream of ambulances to approach the scene, load, then take off within seconds. Superintendent *Michael Jackson* of VCAS today praised the new radios. "It enables us to set up an alternative base at the scene and thereby keep the many ambulances under supervision. *"Without the machine these approaching cars had no way of what was going on, and what was needed"* he said. Many of the ambulance men who had entered the building also had standard walkie talkie sets. District Officer Blosfelds also had such a set and was able to communicate with both men and base at the time. *"His quick calls for assistance and any extra gear may have saved many lives"*. Superintendent Jackson said today, *"We had cars standing by all over Melbourne, as far out as Ringwood"*.

In, Out, About, and Beyond *By Terry (Doc) Brooks*

Hello All,

We have had a few trying moments in the workshop with battery issues. Our 1993 Toyota Troop carrier's second battery blew its top off and distributed acid everywhere, a dangerous situation. However, this incident was quickly dealt with using our spill cart. A follow up check revealed the battery had virtually rattled itself into destruction. A new battery was purchased and replaced in the vehicle, and this time with secure and improved installation. This has solved the problem and by all the indications everything is now functioning well.

The ongoing "spaghetti wiring" repair on the Humber Super Snipe is nearing completion many thanks to *Bill Redpath* and *Ralph Casey*. Several of the mechanical crew remained back and assisted Ralph with repairing the emergency lights on the Humber ambulance's roof. We were able to get the amber beacons flashing but when we connected the revolving beacon, fuses blew. We then inspected the wiring and found it was okay, however when 3 more fuses blew, this created a complete review. *Gary Dole* said the car should not be blowing fuses as he had tested the unit on the ground and all was working normally. With further thought, and with another suggestion from Gary, we inspected the connections at the light bases, and came to the conclusion that these bases may originally have been on a positive earth. With re-wiring, the problem was solved, and all the lighting worked fine. Although we agreed that we had all fallen for the old trap of "let's assume" scenario!

Gary Dole has refurbished the front shockers on the 1942 Chevrolet and he was able to road test it, now that *Rob Mitts* has rebuilt one of the rear doors. One rear door needed re-timbering due to deterioration over 82 yrs. We appreciate Rob's input with many of the special tasks required on the aging vehicles. The re-timbering of the Chev doors was a challenge for Rob with all the angles and bends of the timbers. Many thanks Rob! Our updated Ford Territory for our museum courtesy of AV was draining the vehicle's battery down to flat, despite being on the charger. Ralph isolated the problem by finding that the charger was only charging the medical battery, and not switching on the engine unit. Once this problem was diagnosed it was resolved with no ongoing problems.

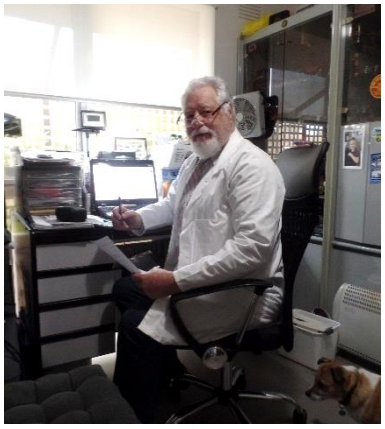
The maintenance of these very aged vehicles is always an ongoing essential task to keep the fleet mobile and presented. As a result, we are attempting to go through one vehicle at a time to ensure it is all up to date with oil and filter changes, greasing, plugs and points, the list goes on. This works well until suddenly emerges an urgent requirement for an unexpected repair. Particularly also as the fleet is maintained with normally only the dedicated museum volunteer mechanical crew, with no hoist and many other essential mechanical facilities. However, thankfully we have a keen and happy crew, and it is this that makes the Museum a child care centre on every Monday for old adults, and we all are kept in line and behaving by our "Angels" *Ann* and *Marie*, while they prepare, cook, and provide the crew with a midday Monday feast, from out of their own pocket. Until the next edition keep well – The Doc.

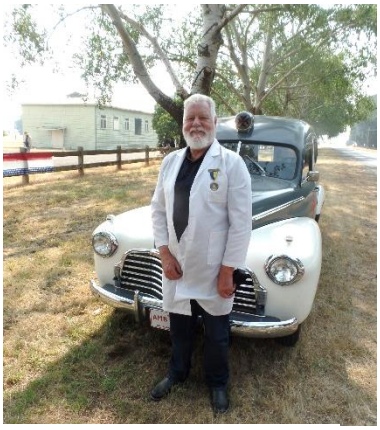
Euroa Show and Shine 2024

The team did it again! We descended on to this event with seven vintage ambulances, altogether a fantastic event with a huge attendance and groups of people interested in the vintage ambulances and taking in our presentation and also asking questions. *Ralph, Buddy*, *Col* and *David Cawte* did a sterling job educating and showing the units and equipment to the enquiring visitors. A big thank you to our Angels Ann and Marie who fed the tribe and made endless cups of tea and coffee and turned up early Monday morning to feed the museum crew another 2 course meal at the Monday maintenance day again! Crewing the vehicles were *Col and Wendy* in the Commodore, *Buddy Holley* in the new Mercedes, *Dave Cawte* and *Ross Junor* in the F350, *Frank Abela* in the Galaxie, *Gary Dole* in the Nash, *Terry Brooks* in the Chrysler Royal, and *Ralph, Ann* and *Marie* in the recent AV Ford Territory. The run up and back would have been flawless except that Gary experienced a dirty fuel filter in the Nash on the way up which we changed on the side of the road, and the old girl behaved for the rest of the weekend.

The Creation of (Doc) Brooks.

These images, for those who have wondered previously, are the very catalyst that created the nick name of ***Doc.*** (*Terry*) ***Brooks*** a few years ago! *Terry Brooks* and life time friend *Gary Dole* were our first museum crew to become involved in filming projects with our vintage ambulances. Terry is a very straight forward bloke in persona, and of a tall and commanding build. Gary is of a reserved demure and he supports a deep and constructive mind. Both men form an ideal combination when representing our museum. Ever since the creation of The Beacon, Terry has provided me with a constant supply of museum related photos, and general information for the publication, and he has been an asset for my editing *The Beacon* over the years. Anyway, returning to the photos, on an occasion a long time ago Barb and I received (*the image directly above*) with no identification. We were both intrigued as to the covert identity of this person and began our assumptions of bearded notorieties. First I suggested actor *James Robinson Justice*, Barb said singer *Burl Ives.* No, neither we decided. Then I came up with the *Ayatollah Khomeini*, but Barb thought that was a bit sinister, as was *Fidel Castro*! and she threw in biblical disciple *St. Peter*. This certainly did not suit the image, so we gave up! We decided the most prudent move was to enquire if Terry Brooks knew the identity of this image. So off went an email to him which received a prompt return, "*That's me"!* replied T.B. *"How come?*" We queried. He responded that, on the recent filming of a movie, he and Gary had just completed with a vintage ambulance, a set actor was crook and didn't turn up for the production. Urgently requiring a fill in, his eminence happened to be on the scene to assist, and to his delight the set "Make Up" girls took to yours truly. Then Doc sent through the balance of images, which gave explanation to the entire puzzle of the photo, and at the same time, presenting me an opportunity too good to let pass! From that day forward we have "***Doc Brooks".*** Although, I'm not sure I'd want to be his patient. Also, wife *Rose* said, "*He's always been a big actor.* "





"Doc" Brooks

Gary Dole

You don't have to be an Ambo! to be an ***Ambulance Victoria Museum*** **Member**.

All interested persons are welcome to join as members at our **subsidised** AHSV rate of **$10.00 PA*** ($30.00-3yrs) * **Includes 4 x quarterly Beacons PA**, * **Free museum admission for family and friends.** *Get on board and enjoy reading the true accounts and actual ambulance cases throughout Victoria and join the great teams in Ambulance as they experience Tragedy, Jubilation, Tears, and Laughter all in the mix. Also, this is our Victorian Ambulance history that can be archived to hand on to others in future years.* ***Emergency Service counterparts and medical associates most welcome!*Absolutely Great Value!! @ $10***

To join -- simply contact --- *Barb Dent* @ Email: vintambos@bigpond.com or Text **0417 290 946**

Words of Wisdom.

Let us grow lovely growing old, so many fine things do;
Laces, and ivory and gold and silks, need not be new.
And there is healing in old trees, old streets a glamour hold,
Why may not I, as well as these, grow lovely, growing old ? ***Russ Tyson***

VicPol /ASV Progression to HEMS

5A 365C Dauphin Helicopter

In 1986, at a Victorian Parliamentary Committee enquiring into Victoria's Ambulance Services, a recommendation was put forward by Victoria Police Force that the Police Air Wing Helicopter Div. operate in conjunction with Ambulance Service Victoria to provide a helicopter emergency flight service. MICA Flight Paramedic *Phil Hogan* (inset) was the Liaison Officer for co-ordination between Ambulance Service Victoria and the Victoria Police Air Wing.

The VicPol/ ASV. AAV partnership was an outstanding success. This partnership continued until Air Ambulance Victoria (AAV) introduced the Helicopter Emergency Medical Service (HEMS), which was to operate independently under the ASV. AAV's own volition. A vital step forward, now with five helicopter bases and crews located throughout Victoria protecting the public in normally inaccessible locations.

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The AHSV Committee of Management, together with Pete and Barb, The Beacon, wish all of our loyal members and readers a safe and enjoyable Christmas with family and a Happy New Year 2025, with health and good fortune.
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HEMS challenges the wrath of the sea.

Bass Strait 2018