THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

Chas Martin O.A.M. Ambulance Victoria Museum

34TH EDITION – AUTUMN 2025 $6.00

"ANZAC DAY FEATURE 2025"

1914 WW1 Talbot Ambulance

1942 WW2 RAAF Chevrolet Ambulance

The Beacon Contents:

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Courage: ***I have learned over the years that when one's mind is made up, this diminishes fear; Knowing what must be done does away with fear.***
Rosa Parks

Curator's Report

Hello everyone, and hope you all had a great Easter.

Our volunteer museum team worked extremely hard over the last few months to arrange for our Open Day which occurred on Sunday April 6th. We had over 300 people through the museum, from AV staff and their families, public and other ESO organisation personnel. We showed all of our vehicles, presented our tour show, provided 3 raffles, sale of plants and some lovely Devonshire tea and apple pies.

Luckily, we also had a couple of people who are interested in helping in our archiving department, which is the biggest obstacle as we have so much to sort through.

We were really honoured to help with the Police Legacy for Kids, show them through the museum and give a picture of the ambulance service of the past, as well other AV Operational Staff giving them information in becoming paramedics, as they were aged in the late teens. Thanks to AV Operational Staff, Vic Pol and their families for making it a great day.

The Museum has now become under the Media arm of Ambulance Victoria, in particular the Community and Partner Engagement Section. This means that our AHSV can present an informative view of our Victorian Ambulance Service development over the decades.

We've had a busy few months recently, taking our museum show to both the St Albans and Ballarat paramedic campuses, where the upcoming paramedics are carrying out their studies. This has given them some visibility on what it was like in the early days of ambulance. These visits have been very successful and acknowledged by their tutors as worthwhile.

We have also enjoyed attending some recent car shows to show off our fleet. The recent outing at Hanging Rock, and a highly successful display of our cars at Wangaratta for the Classic and Air show. Thank you to all who helped and gave up their time.

For members information, due to a current policy change with AV in regard to marketing and copyright protocols with our badging, AV proposed some changes to The Beacon. As The Beacon is an AHSV document it was necessary to ensure that there was no breach of AV copyright, and as a result, we were required to change the AV badge on the front cover of our masthead. An explanation follows from Pete in his Editor's Desk report.

In a final summary of the past three months, and for that matter in my three year duration as Curator/ Manager of our AV Museum, I never cease to be impressed by the absolute positive dedication by the voluntary team of our organisation as it occurs for us. These men and women contribute so much, so willingly, and to not only maintain, but also to further the cause of our role in the capturing and preservation of our proud state ambulance history. Every scope of our operation from workshop to The Beacon operates to the highest criterion by our dedicated museum team of volunteers. My personal gratitude reaches out to each and every one of you, -- Thank you! I am proud to work with you. Together we are all making this great success story happen.

Ralph V. Casey ASM
Curator/Manager

"WHAT IS THE USE OF LIVING IF NOT TO STRIVE FOR NOBLE CAUSES AND MAKE THIS MUDDLED WORLD A BETTER PLACE FOR THOSE WHO WILL LIVE IN IT AFTER WE ARE GONE."

Winston Churchill

Non-Emergency Patient Transport (NEPT) Reforms

The State Government has announced significant reforms to Victoria's NEPT sector following a review led by Steve McGhie MP. These changes aim to improve efficiency, workforce conditions and patient outcomes in response to rising demand, which now averages 400,000 transports annually.

HealthShare Victoria will take over procurement for NEPT services for Ambulance Victoria, aimed at reducing duplication and ensuring paramedics are available for critical emergencies. Private providers will meet permanent employment targets by 2027-28, while new career pathways and enhanced governance aim to improve workforce development and service delivery, particularly in rural areas.

Furthermore, to ensure NEPT can support those who need it, there has been increased adherence to existing NEPT Regulations since Monday 30 September 2024 with bookings which do not meet the criteria not being accepted.

NEPT is for patients who require clinical monitoring or supervision during transport, but do not require an emergency ambulance. More closely adhering to the regulations helps us significantly reduce the strain on air and road ambulances and ensure that NEPT services can continue to meet the needs of the growing Victorian community, while also improving overall ambulance availability.

Pre-Hospital Video Assisted Triage (VAT)

Ambulance Victoria's Pre-Hospital Video Assisted Triage (VAT) was a finalist at the Victorian Public Healthcare Awards in 2024 - a testament to its impact and innovation. This Australasian-first initiative is already transforming patient care. VAT enables expert nurses and paramedics to assess non-urgent Triple Zero (000) callers via video, ensuring ambulances are available for the sickest patients.

Since its full implementation in April 2024, VAT has proven highly effective:

- 65.1% of video triage calls were diverted from emergency ambulances.
- 36.4% were referred to alternative healthcare providers.
- 93.2% of patients reported an improved experience.

New Fixed-Wing Fleet

Four new Ambulance Victoria aircraft are now soaring across the skies to deliver care to those in need.

Two Beechcraft King Air 260C and two 360C aircraft have officially replaced a fixed-wing air fleet that served Victorians for more than 12 years as part of a $345 million contract.

Fitted with that latest technology to ensure the comfort, safety and care of patients, each of these planes has an advanced mechanical stretcher loading system, which helps reduce patient transfer times.

With a maximum range of 3185 kilometres and top speed of 574 kilometres per hour, these new craft will particularly benefit those needing care or transfers in rural areas that are beyond the range of helicopters.

The planes also feature Australian-first pilot fatigue detection systems (PFDS), which alerts the pilot and crew if the pilot is showing early signs of fatigue.

Ambulance Victoria's fixed-wing fleet provides critical emergency response and patient transfer services, which were utilised by 5,355 patients in the 2023-24 reporting year.

Established in 1962, Ambulance Victoria's Air Ambulance service began with a fleet of just two planes and has grown over the years to include four fixed-wing planes and five helicopters.

Toll Aviation is Ambulance Victoria's new fixed-wing aircraft partner, following its acquisition of Pel-Air in late 2024.

Supporting Mental Health & Wellbeing for Former Ambulance Victoria Staff and Volunteers

Transitioning out of a career in emergency services, whether in an operational or non-operational role, can have a profound impact on one's sense of identity and purpose. Research indicates that moving from a frontline or corporate role in emergency services, whether due to retirement or a career change, often presents unique challenges that many outside of these professions may not fully understand.

Former ambulance workers frequently experience a deep sense of loss, grief, and loneliness. Stepping away from their role often means losing not only their professional identity but also the social connections and sense of camaraderie that come with being part of a close-knit team. While some individuals retire due to injury—either physical or mental—others may seek a new path, but the emotional and psychological effects of leaving the profession can persist.

Although there are supports available for former and retired employees, feedback suggests that these resources can be difficult to access, leaving many uncertain about their next steps.

Accessing Support: 1800 MANERS

Many former employees will recall the **1800 MANERS** helpline (1800 626 377). If you're unsure about how to access support, simply call this number and press 1. A Peer Responder will return your call within 15 minutes and connect you with a RAFE Peer or another appropriate available community service pathway for care.

RAFE Peer Support Program

The Retired and Former Employee (RAFE) Peer Support Program is a joint initiative between Ambulance Victoria (AV) and the Retired Ambulance Association Victoria (RAAV), available to all former employees of AV.

1800 MANERS resources include:

- **Six (6) sessions with a Victorian Ambulance Clinicians' Unit (VACU) Psychologist**: Available to retired or former employees at any time after leaving the organisation.
- **Pastoral Care**: Support from one of our Chaplains.
- **24/7 Counselling Line**: Access to counselling services via the 1800 MANERS number.

Community Pathways and Family Safe Space

- **Community Pathways**: Located on the AV external website, this initiative by the Wellbeing and Support Services team continues to expand to include new services, activities, and programs that support the wellbeing of current and former first responders—and, in many cases, their families.
- **Family Safe Space**: Also available on the AV external website, this resource is designed to help educate and inform Ambulance Victoria family members about how best to support their loved ones, while also ensuring that they receive the necessary support.

External Resources for Transition and Support

Below is a list of ambulance-focused organisations outside of AV that offer support for individuals transitioning to life after AV or providing services during retirement. While all resources have been sourced from credible information, it is the responsibility of the individual to conduct their own due diligence before engaging with these services:

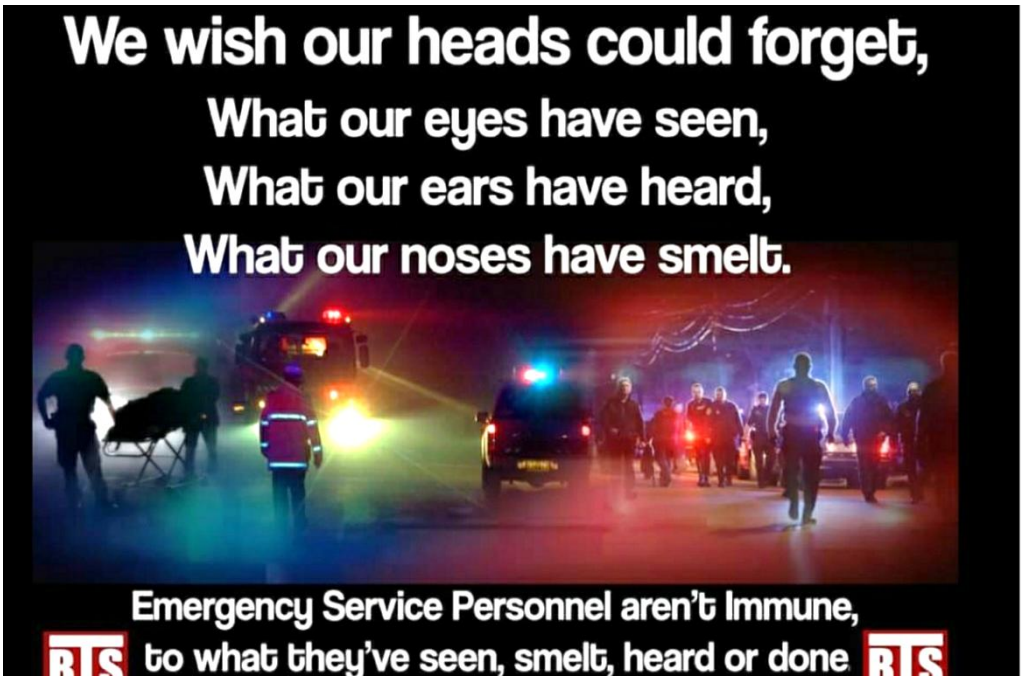
- **Retired Ambulance Association of Victoria (RAAV)**: Membership to RAAV provides a continuing relationship between current and former AV employees, opportunities for social functions, and welfare support.
- **Ambulance Victoria Chas Martin OAM Museum**: This museum houses an impressive collection of over 18 vehicles, old medical equipment, uniforms, memorabilia, posters, and documents from the past. Open to the public and maintained voluntarily by retired staff/volunteers. You can become a member or contact the museum if you are interested in volunteering.
- **Retiring Well Planning Tool**: Available at Retiring-Well-Planning-Tool.pdf (esf.com.au)
- **Identity and Career Transition**: Resources available at fortemaustralia.org.au
- **Retiring Well**: Additional resources available at Retiring Well (esf.com.au)

Mental Health & Wellbeing Action Plan 2025-2028

The Ambulance Victoria Wellbeing and Support Services division is in the process of finalising the **Mental Health & Wellbeing Action Plan 2025-2028**. We are consulting with external stakeholders and welcome your feedback. Please email us at WellbeingSupport.ServicesFeedback@ambulance.vic.gov.au.

Kerryn Douglas

Senior Manager, AV VACU (Victorian Ambulance Clinicians Unit) Doncaster



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From our archives.

Fee for 7-page report: $18,000

AGE 10/8.

By Michael Magazanik, **state politics**

JUST days before he was named head of the Metropolitan Ambulance Service, Mr Jack Firman urged the Victorian Government to turn the service into a "profit-motivated company" with fewer emergency vehicles.

The Government paid Mr Firman $18,260 for his advice — a seven-page confidential briefing paper obtained by 'The Sunday Age'.

Mr Firman, whose role in the Intergraph contracts affair is under police investigation, said his briefing paper was "based upon anecdotal evidence gathered from outside MAS (Metropolitan Ambulance Service) as I have not had access directly to the service".

Mr Firman sent his report to the then secretary of the Health Department, Dr John Paterson, on 2 April 1993. On 7 April, Mr Firman was hired as ambulance chief at almost $700 a day.

The tax office is believed to be investigating a deal under which that daily fee was paid to Mr Firman's private company, thereby minimising the tax paid.

In his briefing paper, addressed to Dr Paterson, Mr Firman says the MAS provides a "satisfactory" emergency service, but at "excessive cost".

A key problem is the "policy of excessive emergency vehicle availability", Mr Firman said.

A Government spokeswoman, Ms Serena Williams, last week dismissed the report as being "four-and-a-half years old".

She said the Government had increased the number of emergency ambulances. She did not know why Mr Firman was paid $18,260 for the report.

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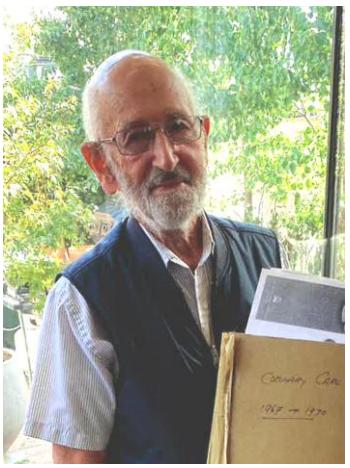
The MICA Story
A Man of Great Vision, The Father of MICA

They say invention has many mothers and fathers: the many who step forward to take their share of credit for a great idea. For MI CA, even among those who might themselves rightly claim the title of MICA pioneer in Victoria, either as members of the ambulance service or the medical profession, just one name is offered first and foremost for recognition. That name is Dr Graeme Sloman.



Dr Graeme Sloman

In the corridors of Ambulance Victoria, right up to the office of the Chief Executive Officer, Dr Sloman is recognised as 'The Father of MICA.'

Dr Sloman, AO, D. Med. Sc. (Melb) honoris causa, F.R.C.P, pioneered the introduction of coronary care units in Australia, working with the late Dr Clive Fitts to establish Victoria's first Coronary Care Unit at the Royal Melbourne Hospital. Dr Sloman became Director of Cardiology at Royal Melbourne Hospital and later moved across to become Epworth Hospital's first medical director, where he established the first Cardiology Unit at Epworth. A world authority in the field of cardiology in the late 20th and early 21" centuries, Dr Sloman pioneered intra-aortic coronary angiography and cardiac pacemakers in Australia, and importantly for ambulance services, he campaigned for the introduction of a free national emergency Triple Zero (000) telephone service and specialised intensive care ambulances in Victoria.

Following the 1969 road trauma seminar by the Royal Australasian College of Surgeons, a sub-committee which was formed to report on the conduct of casualty services, recommended the development of the Mobile Intensive Care Unit (MICU) concept at strategic areas throughout the state. Discussions between the Royal Melbourne Hospital and the Victorian Civil Ambulance Service (VCAS) led to the formation of a sub-committee of surgeons, cardiologists and VCAS personnel, including Dr Sloman representing Royal Melbourne Hospital.

Dr Sloman had long been interested in pre-hospital emergency care and, influenced by the work of Prof. Pantridge in Belfast and Seattle's Medic One Program, was concerned that at least one-third of acute myocardial infarction (heart attack) patients died before they reached hospital. He received a Heart Foundation grant to travel to Seattle and learn from the work of Dr Leonard Cobb. After observing the work of Seattle's Medic One Program, Dr Sloman returned to Melbourne determined to establish a similar system to provide earlier treatment to cardiac patients.

MICA Paramedic (retired) John Blosfelds, who served ambulance in Victoria for 41 years including 10 years as the first person in charge of MICA, said Dr Sloman had campaigned for years until support and funding were secured for a mobile coronary care unit.

"Graeme Sloman started the coronary care unit (at the Royal Melbourne Hospital), it was one of the first coronary care units in Australia," Blosfelds said. "The other one was in Sydney, they both started at roughly the same time."

"They were only small units but the result was they were able to reduce the mortality rate at the hospital by about 30 per cent by constant monitoring, treating arrhythmias and rapid defibrillation."

"He was also, as a result of that, asked by the Victorian State Electricity Commission to provide some sort of... mobile coronary care unit, with a defibrillator to help patients who had been electrocuted."

"He started writing letters to the... Hospitals and Charities Commission at that time, to get permission to establish a mobile coronary care unit and it went on for a few years. He kept pushing. Then in 1969, the College of Surgeons had its seminar," Blosfelds said.

MICA Flight Paramedic (retired) Philip Hogan ASM, himself a Churchill Fellowship recipient and the architect of Victoria's MICA helicopters, said Dr Sloman had earned a place in ambulance history, not just in Australia but globally.

"He was the Father of MICA," Hogan said. "He was a brilliant and lateral thinker and he wouldn't settle for second rate as a possibility."

"He faced tremendous backlash from other medical professionals who thought that this was the role of doctors, but he just had the tenacity to push through with this program. Looking back now, I'm glad he did, but I don't know how he did it."

Once the MICA trial was established in Melbourne in 1971, the ambulance went out with a doctor rather than being operated by paramedics only, as was the practice in Seattle. However, Dr Sloman arranged for the two ambulance officers in the trial, District Officers Wally Byrne and Wally Ross, to get the necessary training to prepare them to take a greater frontline role with cardiac patients. Byrne and Ross took part in a one-month coronary care course run for nurses in the coronary care unit at Royal Melbourne Hospital and gained practical clinical experience working alongside coronary care staff.

Dr Sloman went out with Byrne and Ross on the first call-out to a patient - a man who suffered a stroke while on the roof of his house.

At the 35th anniversary of MICA in 2006, Wally Byrne (deceased) remembered those early days with enormous respect for the visionaries behind the MI CA trial, especially Dr Sloman. "It was rather fortuitous, really. Everything happened at the right time," Byrne said. "Graeme Sloman... without him it didn't go. Sloman was the everything man - he made things happen that a lot of people couldn't." "When it all came together it all clicked. It was just a wonderful area we were working (in); there was some magic there."

Dr Sloman continued to be hands-on in the development of the MICA concept, both in Victoria and as a guest lecturer as the idea spread to other parts of Australia and the world. For many years after MICA was established in Melbourne, it became a drawcard for visiting health officials from other countries seeking to learn about Victoria's world-leading model of pre-hospital emergency healthcare. Visiting groups who met with MICA and observed its operations included doctors, nurses and other paramedics, including helicopter paramedics from the United States Coastguard. MICA officers also shared their knowledge and practices with paramedics in the Australian defence services and visiting ambulance officers, doctors and nurses from other Australian states.

Fifty years down the track from the innovation he led, and now retired, Dr Sloman is recognised for revolutionising both cardiac care and ambulance services. At mention of the term 'Father of MICA', 94-year-old Dr Sloman is both humble and inclusive.

"Oh, I'm very pleased that they have that attitude, it's nice to hear," Dr Sloman said, his soft voice coupled with a self-effacing laugh. "It wasn't done (just) by myself. There was a whole team behind me in the Royal Melbourne Hospital cardiology department."

His colleagues during Dr Sloman's time as Director of Cardiology at Royal Melbourne Hospital recall his critical role in driving forward his vision for MICA into reality.

"Graeme was the organiser-in-chief," said Dr David Hunt, who was Graeme Sloman's deputy, and later successor, at Royal Melbourne Hospital. "Graeme was the dreamer... a tremendous leader and he generated ideas right and left. There was a flood of people in his wake who... acted, modulated, and you know, I was one of those. But Graeme was the great ideas man, organiser, fundraiser."

Another member of Dr Sloman's Royal Melbourne Hospital team, Dr Harry Mond, described Dr Sloman as the "absolute heart and soul" of the MICA project.

"A lot of people were involved, but it was Graeme's dedication and enthusiasm that got it over the line," Dr Mond said. "All the hard political work behind the scenes was done by Graeme Sloman. Graeme was always first in getting anything. Anything he thought would work, he really pushed it," Dr Mond said.
Early MICA paramedics remember Dr Sloman as a fierce advocate for their work and ongoing development, even in the face of, at times significant, push-back from sections of the medical profession.

"That push to deal with the road toll was really topical at the time, but Graeme was smart enough to say, Ok well the pre-hospital cardiac arrest is the most serious emergency you can get and we'll concentrate a lot of our efforts on that," said Hogan, who served ambulance services in Victoria for 40 years, 36 of them in MICA. "We had a lot of detractors for the MICA system, a huge number of detractors. There were people who didn't want the system in any way, shape or form. (But) Dr Graeme Sloman was absolutely amazing," Hogan said.
MICA paramedics on the receiving end of push-back from general practitioners and other doctors recall Dr Sloman picking up the telephone to back them up.
"If Graeme rang people, they knew they'd been rung," said Ian Patrick, ASM, Board Member Paramedicine Board of Australia, Adjunct Assoc. Pro£ Monash University and MICA paramedic since 1979.

Among the second group of ambulance officers trained for MICA, MICA Paramedic (retired) Ian Donaldson remembers Dr Sloman championing not only intensive care ambulance, but also the need to back that up with community training in first aid and CPR.

"Without Graeme Sloman and David Hunt and some of these people that gave us all the support from the cardiac side of things from the Royal Melbourne, it wouldn't have been possible," Donaldson said.

"Graeme Sloman, for example, was brilliant. He came out with all the figures from overseas, we kind of worked on the Seattle principle, where the general public were taught first aid and advanced life support with CPR. That made the difference," Donaldson said.

Other major players in the establishment of MICA were Michael Luxton and Prof Richard (Rick) Harper, who is now the Interim Director of Monash Heart and Emeritus Director of Cardiology at Monash Medical Centre, and research fellow Thomas Peter, who became emeritus professor of electrophysiology at Caesars Sinai Hospital in San Francisco.

MICA also enjoyed considerable support in the 1970s and beyond from numerous Melbourne doctors and medical professionals including Dr David Hunt and other members of the Royal Melbourne team including Dr Harry Mond, Dr Manny Manolas and Dr Jitendra (Jitu) Vohra; Dr Frank Archer, who championed a greater clinical role for ambulance officers and went on to lead the development of the first MICA clinical practice guidelines and MICA training; Royal Melbourne anaesthesiologist Dr David Komesaroff, who invented a portable oxy resuscitation machine which extended the life of oxygen tanks for MICA paramedics; Assoc. Pro£ Aubrey Pitt, who as Director of Cardiac Services at The Alfred Hospital played a big role in getting the Peninsula MICA established; Dr Andrew Bacon, who as Consultant Anaesthetist and Consultant to Intensive Care at Dandenong Hospital in the late 1970s, was one of only two doctors who would allow MICA officers into the operating theatre to learn intubation; and Dr Roger Redston who became the first Medical Director at Frankston Hospital in 1974 and gave continual support to the MICA concept on the Peninsula.

As well as being an early contributor to the establishment of MICA, Dr Hunt served for many years on the panel examination MICA trainees had to pass before they were fully qualified for MICA.

"Ever since the day dot the MICA so-called panel exam was... always broken up into cardiology and non-cardiology which mainly involved paediatrics, trauma, and some medical stuff like anaphylaxis and the like and seizures," said MICA Area Manager Colin Jones, on MICA since 1996."David (Hunt) for years examined for cardiology and one of the things that he was famous for was, you could have three different MICA paramedics face the same scenario... obviously demonstrate the base knowledge required, but then take three completely different courses of treatment, all of which would pass, because what David was examining was whether their decisions were sound and safe, not looking for a particular answer."

"So the concept of thinking, of being taught to solve a clinical problem and apply your knowledge to a particular situation, is really what sets the MICA officer and the MICA system apart from many others in that there's not just didactic: this is what you've got to know now splurge it back."

"What's being taught is the ability to solve clinical problems and medical problem solving which if you have a look, for example, at the words of someone like Graeme Sloman, that's exactly what the aim was, to teach the MICA officer medical self-help, if you like. David Hunt was also unfailingly polite and just an absolute gentleman (and) would have examined cardiology right through until the early '90s."

Dr Gordon Trinca, AO, OBE OM, (1921-2009) also played an instrumental role in MICA as part of a lifelong body of work that helped establish Australia as a world leader in road trauma services and prevention. A Fellow of the Royal Australasian College of Surgeons from 1958, Dr Trinca was Chairman of their National Road Trauma Committee from 1975 to 1993 and also served as President of the Board of Management for Ambulance Services Melbourne and as Chairman of the Victorian Traffic Accident Commission's Medical Advisory Committee.

As MICA evolved from the late 1970s to start developing its own protocols, Dr Trinca played a key role in relation to pre-hospital clinical practices for trauma.

"When we started to develop our own information, people like Gordon Trinca for trauma and the Royal Melbourne Hospital, Graeme Sloman and Frank Archer, were medical leaders who actually made sure that we kept true to what we were trying to do," said MICA Paramedic (retired) Ian Patrick. "There's been a few emergency physicians but Gordon Trinca really was the guy that said to emergency physicians, you need to listen to the paramedics when they come in."

"He developed splinting, ways to splint and ways to handle trauma and the importance of the trauma handover, and a focus on packaging patients properly. But he didn't just have a big influence on MICA, he had a big influence on paramedic practice." ■

THE MICA INCEPTION SAVES ANOTHER YOUNG LIFE

During his sixteen years as a MICA Paramedic with Ambulance Service Victoria (M.A.S.), John Haines responded to countless emergency cases. Many of these cardiac arrest victims could not be helped because they did not receive defibrillation before the ambulance arrived. Dismayed and frustrated with this on-going chain of events John's thoughts began to focus on filling this deadly defibrillator void and saving these lives. In a selfless sacrifice, John decided to forgo his ambulance career and pursue technology that could be developed into a very user-friendly, small sized defibrillator within reach price-wise of the wider community, easily carried, stored, and operated, and ready to save a life whenever this emergency arose.

John Haines

Here is John's personal story of the beginning of this special journey:

Catalyst for Change in Sedation Protocols:

While the following case was an extreme example that catalysed changes in sedation protocols, many MICA Paramedics before and during my time had already stretched drug protocol regimes. When it came to sedation, however, no formal protocol existed. Many paramedics resorted to other drug treatments that weren't protocolized, realizing that under certain circumstances, these were their only options for keeping patients alive. This history ultimately contributed to positive change benefiting patients.

In 1992, while working the night shift on AIR495—a joint venture between ASV and VicPol prior to the establishment of ASV's own helicopter Airwing—we received a call for an acute asthma case on the outskirts of Whittlesea. Upon arrival, we found the house situated on a large, uneven block, making it difficult for our pilot to land safely. After a couple of unsuccessful attempts, I decided to exit the helicopter while it was a few feet off the ground. Our navigator and MICA assistant tossed down the drug and oxygen resuscitation cases, which I managed to catch.

As part of the family's emergency plan, they had parked a Ute down the paddock to expedite our arrival. Upon entering, I saw a young boy around ten years old, sitting upright and appearing cyanotic and ashen, supported by two fellow MICA paramedics administering nebulized Salbutamol. To my surprise, my VicPol assistant quickly arrived, slightly out of breath. After quickly assessing the patient from a distance, I informed the attending MICA crew that I believed the boy was on the verge of respiratory arrest, which surprisingly seemed to catch them off guard. I then asked my assistant to draw up some adrenaline and diazepam while I retrieved an appropriately sized ETT, laryngoscope, and soft bag with a mask. As I approached the boy, he indeed went into respiratory arrest. We promptly placed him in a supine position, allowing for intubation. However, when I attempted to ventilate him, I encountered the tightest lungs I had ever experienced, with virtually no tidal volume.

Following the IV drug protocol of the time, I also administered adrenaline and Ventolin via the ETT. Just to complicate matters, the patient suddenly developed a strong gag reflex. After administering IV diazepam and utilizing a cut-down oropharyngeal airway to prevent kinking of the ETT, I gradually began to see a small increase in tidal volume as IV drug administration continued. Despite this, his gag reflex remained strong, complicating ventilation efforts. His parents mentioned that he had suffered several asthmatic respiratory arrests in the past, which explained his resistance to diazepam.

Notably, there was no MICA sedation protocol in place at that time. However, during this era if a MICA paramedic could justify their actions—with positive outcomes—there was some leniency in bending the rules. Those who took this approach had to be brave, as negative outcomes could lead to significant repercussions.

This boy's remarkable resistance to diazepam prompted me to also administer IV morphine. Initially, this combination appeared effective, but I soon discovered its impact was short-lived. Faced with limited options, I continued the drug regimen alongside ventilation, which gradually improved his tidal volume and oxygen saturation levels.

After overcoming several challenges to load the patient, he immediately began to resist ventilation once again, continuing to do so until our eventual arrival at the Royal Children's Hospital ICU.

The aftermath of this case was quite interesting. The boy had received enough morphine and diazepam to keep an adult unconscious for an extended period, yet it had little effect on him. Naturally, rumours circulated regarding the potential repercussions for me, but I was fortunate. The deputy director of the Royal Children's Hospital ICU publicly urged senior ASV staff to cease such talk, recognising the boy's dire medical history and praising the treatment provided. Most importantly, he emphasised the need for ASV to change its sedation protocols. Thus began a lengthy process that ultimately led to the development of today's sedation protocols,

starting with Diazepam, Suxamethonium, followed by Pancuronium, initially based after consultation with an ICU doctor. There were ways to even expedite that process if you were lucky enough to have a GP in attendance, for you'd get them to be involved in the consultation while you kept treating your critically ill patient, but enough said about that short-cut.

John Haines

Ah, the Good Old Days! (abbreviated)

Working Regionally "On Call, and One Up," mandatory roster, work your normal day shift 0800-1700, knock off and immediately go on call from 1700-0800 until the next day. Finished shift, go into the depot residence for a cuppa, hope you can get through a shower and other personal requirements without a call coming in. Same applies for evening meal with family. After dinner play with the kids for a while and chat with mum. 2300 hrs head off to bed to get what sleep that may be possible. Change into your night/on-call clothes, depending on the season clothes that can go straight under your white combo on-call overalls, normally T shirt PTUs etc. On the chair beside the bed are your white combo overalls, beside it your slip-on boots, and cap on the seat. Mum's already in bed so you hop in and chat for a few minutes, and "no not tonight! dear, potential interruption!!" then you drift off to sleep. Yet despite this ever potential domestic and family disruption, within each man sits an adrenalin pump, awaiting to be activated by a phone call and the challenge that this call will bring. 0045hrs phone rings. Depending on the case, wife will often arise also, make a cuppa and listen on the branch radio to her man's activities at the scene. The case is a head-on MCA on the highway 40kms away. Out of bed, into gear, say goodbye to wife, into wagon and roar off towards your destination thinking to yourself, " I wonder what the hell I'll be met with on my arrival.". This is because when you roll, you are it! No colleague to back you up and assist you. The decisions are your call, and you alone are responsible, good, bad or indifferent. Your emergency beacon silhouettes off the road-cuttings and trees, giving off an eerie light on the journey. You have arrived, a rapid triage, result, one 83, two critical and one other. Police arrive, a tow truck arrives, CFA arrive, a couple of motorists stop to assist, see the 83 and injuries and quickly depart. I need urgent back-up from 2nd On-Call ASAP. " *What do you mean he's not available??"* 2nd On- Call is out attending a potential Myocard at a farm. "*What about next town"?* "*No! on a Melbourne case."* We load the two criticals on each side stretcher, both comatose, airways, O2 and requiring aspiration. Signal 83 placed in police divvy van rear. Other Police Constable is driving the ambulance; we head for Base Hospital. I instruct him, "G*o for it mate as quick as you can without killing all of us. Speed 'is super critical".* 0415hrs arrive at Base Hospital, one critically injured patient now another 83, so more formality and delay. 0530hrs arrive home. I have called wife on home base set, and a cup of tea is waiting. Might get an hour or so rest before my day shift @ 0800hrs. Today it's the worst-case scenario, a very ill patient requiring transfer to RMH with a nurse escort. Return from Melbourne, drop nurse off at hospital, and arrive back at depot 1600hrs, clean up wagon, replace consumables, complete paper work, fuel wagon and so on. Ah! 1700hrs knock off time. On first call now until 0800hrs tomorrow. Go into depot residence for a cuppa, hope you can get through a shower ----- "*Feeling a bit weary? I wonder why"? And so the 24hr cycle repeats.* Exaggerated? Sadly Not! And later in life many flashbacks and 100 ghosts! And what is the true psychological cost to this member, if not now, then in years to come.

The men of these regional ambulance services in this era were a 'special breed' of Ambo, backed by a very special breed of women, and these women gave so much from their hearts and expected nothing in return. In fact, the women kept the men on the road, and the branch operating. Ladies, you can never be repaid. Each of you will always live on in regional ambulance history as our "***Beautiful Background Angels***" Thank You!

A typical 1-2 man and wife country Ambulance station with residence

---- Foreword ----

I have always wondered how many members of our generations since WW2, and indeed beyond, have an insight of the roles and lives that our brave men and women played in our armed forces in WW1,1914-18 - WW2,1939-45 and later Korea, and Vietnam? As we commemorate ANZAC Day 2025 in the issue, I proudly focus on an overview of the past actions, bravery, and sacrifices of those in our armed services in the two major conflicts of WW1 and WW2. Also, in doing so, highlight the roles carried out by standout individuals. When we learn of the sacrifices that individual members of our armed services made for our great nation, we also acknowledge that these would represent only a fraction of thousands of accounts of selfless sacrifice, bravery, pain, and suffering, to keep our nation free. Our courageous men and women proudly stepped forward, and so many did not return, and suffered in a strange land far away from loved ones. For those of us that have been so fortunate not to have experienced war service, or familiar, with the horrors of war itself, as true Australians, I hope and trust that we will always remain worthy of the supreme sacrifices that these brave Australian men and women made for us. In fact, I pray that we will always live in our great nation with gratitude and revered memories of each and every one of our armed service personnel and their precious gift to us.

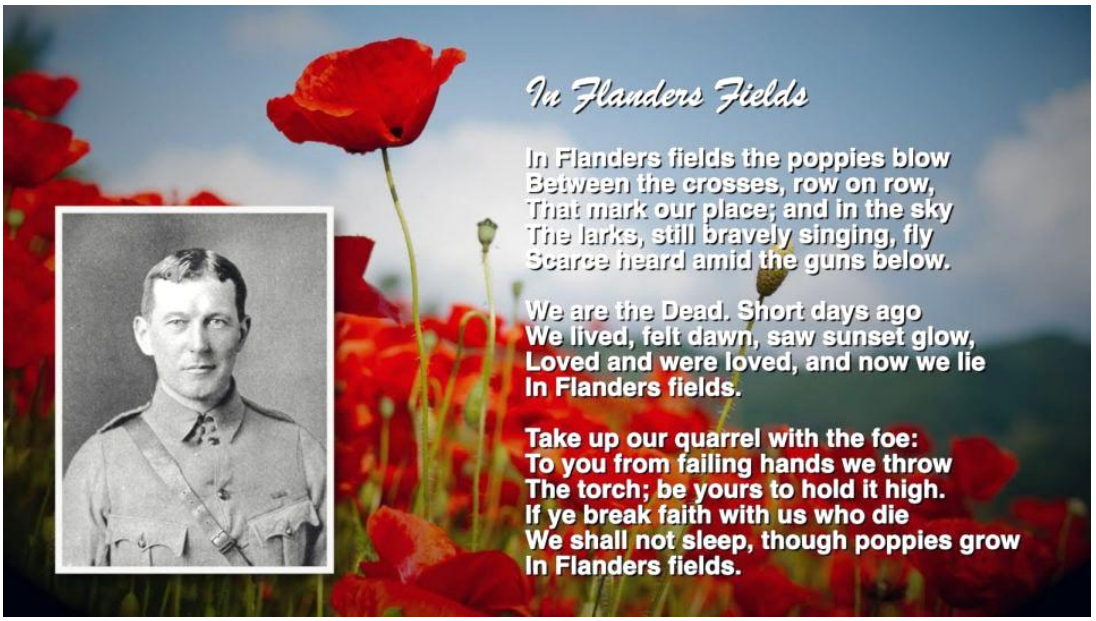
Remembering with gratitude, our brave Australians that fell in the poppy fields of Flanders, the desert of El Alamein, the jungles of Borneo and New Guinea, the 38th Parallel Korea, the plantations of Vietnam, and the theatres of Iraq and Afghanistan.

"Lord Guard Their Sleeping"

World War 1 1914 – 1918

During WW1 many young Australian men answered the call to defend the British Empire in the European war with Germany and its allies. Some saw the war as an overseas adventure, however, the adventure turned out to be their life's worst nightmare, and for many, premature death. Fighting conditions for most Australian soldiers in Europe in WW1 would be in trench warfare. These were earthen trenches cut into the ground approx. 2m-2-4m (6'-8') wide and 2.4m -3m (8'-10') deep, and in these trenches troops remained confined until ordered to attack the enemy. Even raising a head above the trench drew potential death by sniper or machine gun fire. For the complement of troops, the trenches had open pit toilets, underfoot was wet, cold, slurry mud, the trenches unsheltered and subject to all weather conditions. The stench of decomposing bodies of allied troops killed by enemy shelling and sniper fire, unable to be moved and buried, filled the ambient. Rats, flies, disease, such as pneumonia, yellow fever, diarrhoea, and war wounds, overwhelmed. Near total sleep deprivation was common place. There was no provision for troop ablutions for the duration, which may be weeks, so living body odour added to the putrid smell of this filthy hell hole. Regular enemy shelling and gunfire bombarded the trenches bringing death and suffering. And when these troops, exhausted and ill, finally went "over the top" as it was known to storm enemy positions and trenches in mass numbers, they met certain death. The men were cut down by waiting enemy machine gun fire with no chance of self-preservation. The troops were nothing more than sacrificial targets. And those surviving the war were plagued for their remaining life with 'Shell Shock" and mental disablement. Also, we should be forever acknowledge, honour and respect our women of the Royal Australian Nursing Corp. who served our country in time of war. Although in WW1 these women were not in the trenches, they served under insurmountable conditions and nursing limitations, always in risk of death by enemy shelling. It is estimated that the total combined military and civilian death toll of WW1 is between 16 million and 18 million people. In my research I came to the conclusion that the tactical warfare deployed in WW1 was wholesale murder of young men on both sides.

Australian military deaths WW**I.** numbered 60,000, compared with Australian military deaths WW2 27.000. WW2 being a war of a far greater scale throughout Europe, the Middle East and the Pacific theatres.



World War 2 1939 - 1945

WW2 Pacific Theatre: WW2 Pacific operation centred around Sumatra, Burma, Thailand, the Indo Archipelago, and New Guinea, north of Australia. The Pacific war was fought against Japan. Japan's objective was to invade and occupy Australia. The Japanese Imperial Forces were a cruel and vicious enemy, carrying out mass civilian executions, massacres, beheadings, and other unspeakable atrocities. And, unlike the vast unyielding desert sands of the WW2 Middle East North Africa conflict, the Pacific war was fought in tropical jungle terrain. Tropical disease, unbearable humidity and tropical conditions prevailed. The heavy jungle growth often concealed a well-armed Japanese militia unit, forever laying in ambush of our troops. In many cases a group of our troops may only be 2 metres from Japanese hidden in jungle foliage when the enemy opened fire. Machine guns killing, wounding most, and seldom taking prisoners, rather executing the residual wounded. With the fall of Singapore in 1942 many Australian and allied servicemen and civilians became POWs to the Japanese. Our troops and allies imprisoned in a network of Japanese POW camps, none more brutal and inhumane than the death camp that housed the infamous Thai - Burma Railway. In WW2 Japan would not recognise the "Geneva Convention" being the rules of war engagement. This convention covered such parameters as sanction and safe passage of hospital ships, field hospitals, ambulances, medics, etc. and the humane treatment of Prisoners of War, P.O.W.s.

And it is here in this Pacific theatre, at two of the darkest locations and occasions of the consequence of war and mass ill treatment of fellow humans, that I have chosen to commend two Australian service personnel. Both, like so many in another time and place, performed over and above the call of duty. This outstanding contribution occurred in the conflict closest to our nation in WW2. in the Pacific at a time when our nation was under threat of Japanese invasion. The individual acts of courage and great personal resilience in the face of death, devastation, suppression, and evil cannot ever be calculated. I have also chosen to commend these two persons as they are affiliates of our medical profession. Both, in civilian life returned to work in the Victorian medical field amongst us in our time.

Decades tend to erase most legacies and memories of brutal wars. New international friendships and alliances emerge together with new found trust. Also, the following generations of a nation cannot be held responsible for war cast on the population by leaders of another time. Leaders with intent to conquer and control by any means. Their fanatical decisions of grandeur were made with great peril, hardship, and devastation of a nation and of its people. This can be said for the Japanese/Australia relationship that has developed over the decades. Japan is now regarded as a sound trading partner, trusted friend, and powerful Australian ally on the international stage.

"Lest We Forget"

Lt Colonel Sir Ernest Edward "Weary" Dunlop - AC, CMG, OBE

Surgeon, Ernest Edward Dunlop was born on 12 July 1907 at Major's Plain, Victoria. In 1910 the family moved to a farm near Stewarton, and in 1922 to Benalla. Edward Dunlop attended Stewarton Public School and Benalla High School.

Commencing a pharmacy apprenticeship in 1924 at Benalla, Edward Dunlop moved to Melbourne in 1927 and attended the Pharmacy College. Excelling in his studies, he won a scholarship in 1930 to Ormond College, Melbourne University to study medicine. He again excelled at university and graduated in 1934 with first-class honours. He also championed on the sports field, especially in rugby union at which he represented Australia in 1932. It was at this period he acquired the name “Weary” due to his name being associated with “Dunlop Tyres”, which he is now here-in referred to.

Weary Dunlop had been a school cadet, and he continued his part-time army service until 1929 when his service ceased under pressure from his pharmacy studies. He re-enlisted in 1935 and was commissioned into the Australian Army Medical Corps on July 1 with the rank of Captain.

In May 1938, Weary Dunlop left Australia for London aboard the SS Ormonde as the ship’s medical officer. In London he attended St Bartholomew’s Medical School and in 1938 became a Fellow of the Royal College of Surgeons.

At the outbreak of WW2 in 1939, Weary Dunlop was a surgeon at St Mary's Hospital, Paddington. He enlisted in the Australian Army Medical Corps (6th Division) on 13 November 1939 with the rank of Captain. He was posted in December 1939 as Medical Officer, Headquarters, Australian Overseas Base, Jerusalem, then promoted to Major on 1 May 1940 and served in Gaza, Alexandria, Greece, Crete and Tobruk.

Japan, allied to Germany, entered the war in December 1941 and began their massive military push south with the objective of occupying Australia. Subsequently, Singapore fell on February 15, 1942, with some 80,000 allied troops being taken prisoner. Weary Dunlop had been transferred to Java. Here he was promoted to temporary Lt Colonel on 26 February 1942 and was in command of No.1 Allied General Hospital at Bandoeng (Bandung) when Java fell to the Japanese, and he became a prisoner of war.

The Thai - Burma Railway Prison Camp: Australian prisoners of war on Java, under Weary Dunlop's command, were transferred later that year to Singapore by sea in the filthy, rat-infested holds, on coal ships with foul air. At this stage Weary was just 35 years of age.

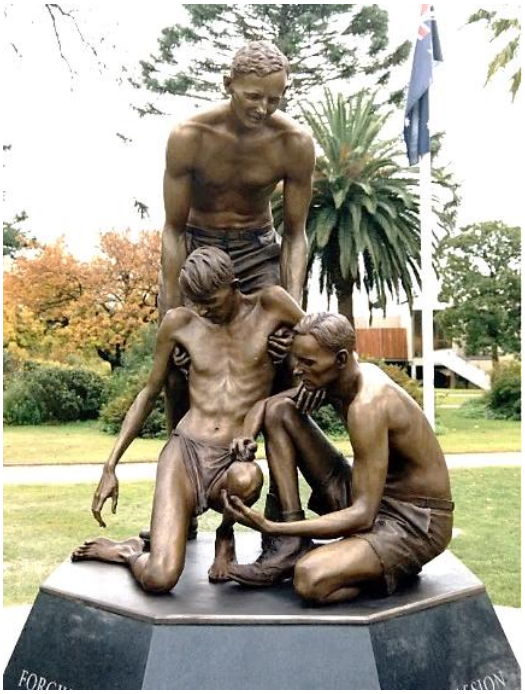
On January 20, 1943, the Japanese transferred Weary and a contingent of POWs to Thailand, again under atrocious conditions to be slave labour on the infamous and death ridden Thai - Burma Railway. This slave labour would claim 12,500 allied troops including 2,800 Australians and 75,000 Asian POWs’ lives. The unfortunate men were starved, beaten, and worked to death, or succumbed to dysentery, malaria, and other tropical diseases. Inhumanely, all still being forced to work in the sweltering heat and tropical humidity until death overtook. Dunlop remained at the death camp until the war ended, labouring tirelessly to save wounded, sick and malnourished men. Many times he put his own life at risk as he stood up to the sadistic brutality of his Japanese captors. Fortunately he escaped execution and continued on unperturbed. Though not the only medical officer to act in this selfless way, his name was to become a legend among Australian prisoners of war and an inspiration for their own survival. Throughout his captivity and again at great personal risk of execution, Dunlop recorded his experiences in his diaries. At the Japanese war criminal trial in Tokyo in 1946, 111 Japanese Military officials were tried for brutality on the construction of the Thai-Burma Railway, 32 were sentenced to death.

On 27 September 1945 Weary Dunlop was appointed Lt Colonel, returning to Australia in October 1945.

Returning home from the Second World War, Weary, when a student at Ormond College, had met Helen Ferguson, to whom he became engaged on 6 June l940. On 8 November 1945 they were married at Toorak Presbyterian Church, Melbourne. They subsequently had two sons, John and Alexander. In February 1946, Weary Dunlop resumed his profession and established a thriving private practice. At the Royal Melbourne Hospital he was appointed Honorary Surgeon to Out-patients and in 1949, Honorary Surgeon to In-Patients. Weary Dunlop maintained a deep and ongoing concern for the health and welfare of former POWs of the Japanese. Many of whom were his patients, during his period of federal president of the Ex-POW Association of Australia. He came to reject hatred of his former captors and promoted reconciliation with the Japanese, a view not shared by many Australians for years to come.

On 21 April 1988, Helen Dunlop died. She had been suffering from Alzheimer’s Disease for considerable years.

After contracting pneumonia, Sir Edward (Weary) Dunlop died at his home on 2 July 1993, aged 85 yrs He was accorded a state funeral on 12 July at St Paul's Cathedral, Melbourne. Over 10,000 people witnessed his funeral, attesting to his great public esteem, popularity and courage.



Sir Edward "Weary" Dunlop
Benalla Memorial Rose Gardens, Victoria

Australian P.O.W.s to Japan forced labour, and mis-treated on the Thai- Burma Railway WW2

Footnote: I have visited the Edward "Weary" Dunlop monument at Benalla on several occasions. Each visit no less impacting than the first. To stand, looking at the memorial, one can visualise the brutality and suffering inflicted on our own and allied troops in these hell-like conditions by their Japanese oppressors. And also acknowledge in admiration the courage, compassion and hope that brave men like Sir Edward "Weary" Dunlop brought to comrades suffering and so much in need.

THEY SHALL NOT GROW OLD, AS WE ARE LEFT GROW OLD;
AGE SHALL NOT WEARY THEM, OR THE YEARS CONDEMN.
WITH THE GOING DOWN OF THE SUN, AND IN THE MORNING,

WE SHALL REMEMBER THEM

LEST WE FORGET

Sister Vivian Statham (née Bullwinkel) - AO, MBE, ARRC, ED (1915–2000)

Vivian Bullwinkel was born in Kapunda, South Australia, and trained as a nurse in Broken Hill, New South Wales and Hamilton, Victoria. Aged 25, she enlisted in the Australian Army Nursing Service during WWII. Vivian was posted to the 13th Australian General Hospital and sailed for Malaya, a country then facing Japanese invasion of the Malay Peninsula. Subsequently the field hospital shifted to Singapore Island in January 1942. With the fall of Singapore to the Japanese imminent it was decided to evacuate the nurses.

Late on 12 February Sister Bullwinkel was with the last group of nurses, along with patients and civilian women and children to sail from the doomed island on the hospital ship *SS Vyner Brooke*. The Japanese military in WW2 would not give sanction to Red Cross, Hospitals, or Medico protocols, or recognise the "Geneva Convention" (*International Rules of War Engagement*). So, the next night Japanese bombers located the ship in the Bangka Strait, the ship was attacked and sunk. Sister Bullwinkel drifted for hours clinging to a lifeboat before she struggled ashore on Bangka Island with other survivors. The survivors numbered some 100 including now only 22 of the ship's nursing complement of 67. The civilian women and children had left the group, making their way to Muntoc. The nursing group and wounded remained and despite displaying Red Cross non-combatant and nursing identification of the Royal Australian Army Nursing Corps, when Japanese troops arrived, they massacred by shooting and bayonetting some 50 unarmed and wounded male survivors. The Japanese soldiers then gathered the 22 nurses together and violently raped them. They then ordered them to walk into the sea, where they were machine-gunned in line. "The girls fell one after the other." Sister Bullwinkel, badly wounded with a bullet wound to her diaphragm, feigned death, and lay in the water, she was the only survivor. The Bangka Island massacre ranks among the bloodiest and infamous Japanese war crimes and atrocities of WW2.

After the Japanese left and a long period in the sea, Sister Bullwinkel struggled back to the now empty beach of the slaughter. There she found a wounded British soldier that had survived the Japanese massacre. The two hid out for 12 days, and Sr. Bullwinkel cared for the man until he died. Eventually, alone, wounded, and weak she reluctantly surrendered to the Japanese, but discretely made no mention of the massacre. Sr Bullwinkel was interned with other female captives and endured a further three and a half years of hardship and sadistic brutality. Freed by Allied forces, upon the surrender of Japan in WW2, her release enabled her to tell her harrowing story. In 1947 she gave evidence of the Bangka massacre at the Japanese War Crimes Tribunal in Tokyo.

After the war, Sister Bullwinkel was active in military and civilian nursing. Appointed Director of Nursing at Fairfield Hospital, Melbourne, 1961 – 1977, Sister Bullwinkel also dedicated her life to preserving the memories of her slain peers, and in 1992 unveiled a shrine at Bangka Island honouring her own, and all nurses who lost their lives in WW2. Vivian attained the final rank of Lieutenant Colonel. She was involved in veterans' affairs and with philanthropic committees. She married in 1977 and passed away on July 3, 2000 aged 84.

Are you Ex-Operational ASV or AV?

Our AHSV, as a tribute to your former service in ambulance to the people of Victoria, are 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 are also available). 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**

Unwelcome Restraint

Although only associated humour, I think that this may be a fitting time to relay this piece from WW2. My father-in-law served with the RAAF at Port Moresby RAAF Base in WW2. Being a laid back type of bloke and with few, if any, words about the war, I can assume that this account is fairly accurate. Reg told me that on one occasion an airman was having a problem with bleeding and aggravated haemorrhoids. On this particular day the RAAF base doctors had the bloke in the base's medical/surgical tent for a procedure. The patient was on the Op. table and the doctors were using an anal dilatation apparatus on him. In order to restrict the patient from movement and avoid potential anal or lower bowel damage and possible interference with the procedure, a restraining strap was holding the patient down to restrict this movement on the Op. table. With the procedure in progress, suddenly the air raid sirens wailed in alert of an imminent Japanese air attack on the base, so in a dash for personal preservation, the entire medical complement on the case ran out of the base medical theatre to the protection of the trenches. However, in panic to exit, the poor patient was forgotten and left secured to the Op. table with the apparatus in place. Soon the bombs started to fall with the Jap planes staffing the base buildings and encampments. When the raid ended, all personnel returned to their original posts. Miraculously, apart from a few bullet holes in the canvas, the surgical tent had not taken any significant air raid damage. The secured patient was unharmed but extremely stressed and agitated. Reg never did say if anyone had to clean up the Op table after this happening.

And rumour has it that when "Weary Dunlop" returned home from WW 2 he took up his medical profession again at RMH. On one particular day, accompanied by the Charge sister, they had completed the hospital patient rounds and returned to her office, and Weary sat at her desk to write some scripts. On beginning this process he was politely interrupted by the sister who exclaimed, *"Pardon me Sir Edward, you are writing those scripts with a rectum thermometer"* Sir Edward retorted, "*DAMN, some bum's taken my pen!!"*

Ambulance History Recovered

A Forlorn Disaster Bus

Here is our prized vintage **1985 Leyland 12 bed Disaster Bus** as it lay for 10 years deteriorating in a scrap yard near Colac prior to being rescued and restored in a pet project by our late leader *Chas Martin.* In 2018 a rescue team of *Gary Dole*, *Terry (Doc) Brooks* and *Peter Leek* (Driver) went to retrieve this vintage ambulance treasure from its potential grave yard. Three hours of clearing debris to release the unit, new batteries, fresh diesel, remarkedly she fired up and idled to a purr. After power washing years of accumulated dirt, moss and lichen off the body, former London bus driver Pete Leek took the wheel for the journey back to the AV museum at Bayswater, and an awaiting major restoration process.

The project complete! It is fair comment to state that the 1985 Leyland Disaster Bus restoration by our volunteer museum crew would be the most significant and successful in our vintage ambulance restoration history. The sad end to this project though, this historic ambulance gem is unable to be publicly displayed due to space limitation at our current location. Chas Martin and myself had vision for this vehicle. Sadly now Chas has gone. However, as we cannot display the bus, I would like to see it set out as a vintage ambulance/ Vic. Ambulance history information unit to travel to city and regional towns and/or events, for public display of our ambulance history. Rather than this unique vintage ambulance vehicle out of sight and not share its former glory.

Chas Martin's Beaming Pride and Joy

Telegrams, Phone, and Mail

I received a surprise, and welcome, phone call from *Ray Rowe. GTV9 (Ret.)* Ray will be well remembered, he had an impressive career with GTV9, spanning 40 years. In the late 1960s early 70s, for a ten year period, he alternated between Russell Street Police HQ, and VCAS HQ. as news cameraman and was well known personally to most of this era. The larger newspapers and media organisations were given an office room to operate from Russell Street Police HQ to enable a 24/7 operation in shifts. It was not unusual for Ray to appear in the Latrobe Street H.Q. control room on night shift at 0200 hrs for a yarn and check out any news. As a matter of fact, Ray told me that in the wee hours of one morning he went into our Latrobe Street control room. The two controllers were well and truly in slumberland. At the time he walked in a red light came up on the switch , so Ray efficiently answered the call, filled out the job card, then gently awoke one of the sleeping beauties and gave him the job to despatch a car to.

Ray's later roles with GTV9 were Chief Camera Man, and Operations Manager for News. Together with colleagues, he won a Logie award for coverage of the AHMED fire in the city in 1976, with one death and 12 injured. On this occasion Ray and his crew assisted *Dave Appleton* MICA rescuing the injured. So, it goes without saying, Ray was on the ground at most major or notable incidents that occurred in the Melbourne area, and beyond. These attendances included the tragic Southern Aurora train crash at Violet Town in 1969, West Gate Bridge 1970, The great Bookie robbery, and Pentridge escape and our fateful 1970 VCAS Air Ambulance and helicopter mid-air crash over Moorabbin airport. This crash took the life of VCAS Air Sister *Helen Lang* and Air Ambulance pilot *Peter Stone* as well as 3 occupants of the helicopter. Ray also had a 9 year term at MAS liaising with MAS Media in conjunction with incidents of which MAS privacy policies dictated what information could be released. In this role Ray dealt with duty managers and clinicians and at times the crews.

The initial phone call from Ray was to compliment me on the West Gate feature that appeared in the last Beacon, particularly my description of how the disaster played out over the day at its peak, and also how it panned out for me in the duration. On that tragic morning that West Gate Bridge fell, Ray was at the disaster scene in approximately 10 minutes in the company of Emergency Services. He would remain on site at West Gate for the rest of the day and well into the night. Ray and I were able to discuss various aspects and memories of that very long day in 1970, and also some of the people attending, and personal flashbacks of the shocking scenes that presented. Ray recalls Const. Ross Smith who was with us that day and Gary Pink in VCAS communications car, and a few others, however as our attending VCAS personnel responded under emergency Signal 8, they quickly loaded casualties and moved off to their appropriate destination, with little opportunity for discussion. A further item of interest evolving from our conversation was that both the chief camera man *Roy Coulson* and his back up *Mike Browning,* attending the West Gate Disaster were former VCAS Ambulance Officers. Ray thought that both had been stationed at Camberwell depot prior to joining GTV9.

On this occasion the West Gate Bridge tragedy has been revisited as an ambulance version to pay tribute to the victims who perished, their loved ones, and those who gave their very best that day. And now this disaster should drift back again into the mist of decades long gone, and into the pages of history with its dreadful legacy In God's Keeping, so let it be.

So now you have it. A look at the profile and experiences of a long term GTV9 cameraman and executive.

Ray Rowe, Associate, colleague, friend, and a good bloke! Sulbullovanucca Ray!

History is Self-Generating:

Our last Summer edition featured an article on the Bright (Vic.) Ambulance Service commencement, which made mention of a *Dr John Wiseman.* The Beacon received a request on behalf of Dr Wiseman indicating Dr Wiseman, now aged 97, was involved in the establishment of this service. And, in fact, his name appeared on a commemoration plaque to this effect, of which he would like a photograph for keepsake. However, after significant research, a connection between the Bright Ambulance Service or the Bright community and Dr Wiseman could not been established. The writer informed the enquirer that this outcome should be communicated to Dr. Wiseman and his daughter with our apology that unfortunately on this occasion we were unable to assist. However, a short period after The Beacon was printed and posted out, I received a phone call from our VCAS/ASV "*Grand old man of Vic. Ambulance knowledge"* John Blosfelds.

John informed me that although Dr Wiseman's connection to Bright was an unknown to him, Dr Wiseman had played a significant role in ambulance in Melbourne. In fact, Dr. John Wiseman was the Chief Officer in charge of the Hospital /Ambulance Division, Victorian Département of Health. He was also Chair of the Ambulance Advisory Committee, senior committee member looking after ambulance, and involved in the introduction of MICA into VCAS. Quite elated by this enlightenment from John I immediately communicated with Dr Wiseman's advocate *Stuart Symes* so as the outcome could be relayed to Dr John and his daughter. After passing on the complete account of Dr John's worthy and noted accomplishments in ambulance development in Victoria, Stuart passed on this news. Dr Wiseman had passed away just 3 weeks ago. Dr. Wiseman had recently returned from a cruise and he had already booked another one for the near future. However, one morning a short time afterwards, as Dr.Wiseman was walking his dog, he collapsed and died.

It is sad that Dr. John Wiseman has passed unaware of the recognition of his prior achievements in Victorian ambulance, as it would seem that this meant so much to him as age overtook his life. However, the outcome of the initial enquiry has yielded an alternative legacy in so much that his surviving family, friends, former colleagues, and our readers now have this knowledge, and it is within this knowledge tribute arises for his service to Victorian ambulance and the wider community.

Even given our research has revealed Dr.Wiseman's previous prominent capacity and Ambulance role within the Victorian Dept. of Health, I doubt we will never really know if in either direct, or indirect involvement, whether Dr Wiseman did actually have an input in forming the Bright Ambulance Service, as this seems to be his personal belief at the outset and the very reason for his simple request for a photograph of the inaugural Bright ambulance commemoration plaque. I believe he assumed that this plaque was potentially bearing his name in appreciation. However, in the shrouds of time many secrets such as this will remain possibly forever well hidden, Sobeit.

The conclusion of the investigation into the Bright Ford Fairmont ambulance, reportedly located in this town and claimed by NEVDAS: We have been unable to uncover any evidence to support the report of this situation occurring. Therefore it seems conclusive, as I predicted to be the outcome in the last Beacon, that the Ford Fairmont ambulance operating at Bright originated from NEVDAS.

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Singer, Jim Reeves USA; Would any member or reader have hidden away any old playable albums, cassettes, recordings, of the late Jim Reeves? 1924- 1964 (died plane crash). This is a special request for our two museum catering angels, *Anne and Marie.* Anne and Marie are both fanatical Jim Reeves fans and travel for his past performances. Neither Marie nor Anne are computer orientated. It would be great to help these two generous, hardworking volunteers out in return for their selfless efforts. So if anyone can assist with this request please email or phone me.

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Our valiant HEMS crews in action on a mountain operation.

Editor's Desk

It seems that 2025 has got off to a flying start at our AHSV museum with curator Ralph galvanising a mix of camaraderie, A.V PR, pleasure, and fun, at our varied external public display events around the state. If you read the report on the Hanging Rock event this will highlight my comments, and you will get the feel of our close friendly membership both in and out of the museum.

You will have noted the '*belated*' special ANZAC DAY 2025 feature appearing in this also *'belated'* Autumn edition. Both timing issues are regardless of a well planned initiative that, owing to unforseens, went 'Pearshaped.' Due to my patriotic beliefs, I feel many more Australian generations should be aware of, and pay tribute to, the courageous and supreme sacrifices made by all that went before us to keep our great nation free over the past 100 plus years. Considerable effort, research and writing went into The Beacon ANZAC feature with intent to print and post out the edition well prior to ANZAC Day 2025. The objective being to obtain the full impact of the feature on the actual sacred day. However, this was not to be, Barb and I were returning from Melbourne in March on a V-Line bus in lieu of a train. The bus driver, over zealous with brake and accelerator, caused me to end up on the bus floor. I sustained a (L) leg injury, serious haematoma to fib/tib bones, lacerations and bruising, this has put me on a very restricted physical activity basis ongoing for over 8 weeks. Accompanying also is the disappointment of not getting The Beacon out as planned and in time for the ANZAC Day feature. As a result, I can only hope that the feature will still be read and the sacrifices of our brave men and women honoured and appreciated and remembered always, and on each ANZAC Day. Also, due to a secondary issue arising from my injury, I have had to step back from the completion of this issue of The Beacon. However, the ever reliable Barb moved across and carried the batten to bring the publication to print and post. Thanks loyal partner, The Beacon couldn't do without you!

Following on from Ralph in regard to AV plans to bring change to The Beacon, it is accepted that state requirements demanding these changes must be complied with. However, I do not see the need for forced change if change is not necessary and, in terms of The Beacon, this is considered the case. Comprehensive changes to the publication were put forward by AV including a new design masthead and front cover, and a change of layout format throughout the Beacon heading of articles, and so on. The main catalyst for these changes revolves around new state government standards for Emergency Services guidelines for badging and trademarking of each service badge accompanied by strict conditions of use. In the case of The Beacon this would technically only be the use of the AV badge on the Beacon front cover masthead. With Curator/Manager Ralph totally at my back, together we strongly opposed these proposed Beacon changes. At the same time Ralph pointed out to AV that The Beacon is in fact the sole property of AHSV/ Ambulance Victoria Museum and that AV has no jurisdiction whatsoever over the publication. This being the case, as AHSV members, The Beacon belongs to you, and any comment or feedback on this issue is welcome. In an attempt to bring a simple resolution to this issue, the writer proposed to AV that we remove the current AV badge from The Beacon masthead and replace it with the ASV badge, however this was not acceptable to AV as the ASV badge design encompasses the new guide lines. So, I have opted for our very original badge VCAS. It may be seen by some that VCAS is indicative of early city ambulance, hence my preference for ASV which was all state encompassing of our ambulance 16 regional ambulance services, 1948-2005. Although VCAS is our history benchmark 1915/16 to 1974, I have assumed that this action would satisfy the AV protocol for the badge trade mark use. In fairness, and moving away from this particular issue, AV Media are aways very willing to collaborate with The Beacon. This collaboration provides updates of current AV developments around the state for the interest of our readers, and we are most grateful for this additional information in The Beacon.

In a final comment of the former issue, as we go to press with this edition I am unable to project if what you are now reading in this 34th Autumn Edition will be the final presentation for a future publication, or for that matter at all representative of The Beacon as you have known it over the past 8 years. The creation of the publication, The Beacon, was designed for those of us who worked/work front line, their partners, friends and associates. Also, ongoing subject matter is researched and written by an editor that also has been forefront.

As always, keep well and keep smiling.

Pete & Barb

Hanging Rock

At Hanging Rock - Sunday February 2025: Despite displaying 6 vintage ambulances at this location on the day, this event can take on a number of titles. The first is the primary event of the day "*Hanging Rock"*, the second "*AV Canine Rescue",* and the third, literally "*AV Picnic at Hanging Rock".* So now let me elaborate on this statement:-

Firstly, the objective of our attendance for the primary event, on this very warm February summer day, was to display our vintage ambulances to an excellent attendance of a very interested and appreciative audience. Our museum crews had turned up at the Hanging Rock event with our vintage ambulance complement of a twelve-strong crew. At this point the day was proceeding normally and all going to plan. Terry and Ralph were standing having a quiet chat however in the background Ralph noticed a lady and her little girl attending to their dog, an English Bulldog. The dog appeared in distress and mum and daughter were giving him water. Soon it was revealed that this trio had completed the large circuit of the car show grounds. As a result, the dog became exhausted. In despair, he flopped on the ground with legs outspread, having difficulty breathing. Ralph and Terry continued to monitor the dog's distress from their vantage point, watching for an improvement in the canine's condition. However, after about ten minutes, no recovery appeared to be forth coming, and the dog was still distressed. Ralph, being one of our dedicated museum group of dog lovers, went over to the lady to establish what was happening. Although the dog's lady owner felt the dog was OK, and she intended to take her fur child back to their car. However, her vehicle was some 500m distant and the English Bulldog weighed 25kgs. and returning to the car presented quite a challenge, all issues considered.

Faced with this unexpected crisis of misfortune, Ralph began to devise an evacuation plan; this was to be achieved utilising the 4WD ambulance spine board. The spine board was placed beside our furry patient then the very obese canine gently lifted onto the board to begin the 500m trek to his 'mum's car. In the meantime Ralph, given accolades by our AV contingent, had conscripted two or three CFA attendees as assistant stretcher bearers to share the 500m carry on this very warm day.

Ralph taking critical obs.

So, the tubby puggy was placed on the spine board and off the good Samaritans went with Fido resting comfortably on the board like King Farouk, in sheer style! The "Canine Recovery" brigade in transit created considerable amusement and intrigue from the attendee onlookers and many photos captured this unusual event. After a carry of around 300m Ralph said that our canine patient had recuperated sufficiently and was restless and wanted to leave the board and travel under his own volition (Although I wonder if the truth is that on this warm day the stretcher bearers were all knocking up!). The Boxer's recovery was acknowledged by his owner with sincere gratitude to all assisting the outcome. However, at the completion of the trek and the finale of this act of animal kindness, there was a disturbing discovery. It was revealed that Ralph had in fact deployed most questionable means to obtain the CFA stretcher volunteers assistance for carry process. And that it wasn't due only to his irresistible charm, and overwhelming good looks, or dashing youthful appearance that we were first led to believe. He had in fact told them about our two catering angels, and banquet extraordinaire that would be forthcoming at lunchtime, and actually bribed them with an invitation to partake with us in exchange for their assistance. Due to this development in the story I must fast forward to the third title of the day; "*AV Picnic at Hanging Rock".*

Ralph reassuring the patient.

Our two catering wizards, sisters Anne and Marie, were team members of our Museum complement to the Hanging Rock event. Both girls travelled with Ralph in the Territory Mica unit. Actually, finding a space to sit was difficult due to the magnitude of the day's food and trimmings prepared by Anne and Marie on board. (once again provided out of their own pocket!) Accompanying was Anne's huge fold up table. Approaching lunchtime Col put the Territory in position and erected Anne's table, then Marie and Anne set it out with the trimmings. Then the two girls began retrieving the food from the vehicle, and it came, and it came, and it came! Eventually this entire large table was totally amassed with an "a la carte" feast, and in fact this table of a catering extravaganza would be befitting in China's "Great Hall of the People!" Soon diners invaded the tempting cuisine, mouths moved, and an occupied silence befell our team and guest diners. Even with the

invited CFA members the food offering was in excess. VicPol and SES members joined in with that many unknowns, and Gary said that he thought he saw a man in a white robe sitting and eating at the table.
The developing and varying events on this day at Hanging Rock serves to illustrate the enjoyment and camaraderie that our AHSV museum members experience throughout the year. This great band of male and female volunteers form "*Team Museum"* and are the very heartbeat of our organisation. Each one that attends and contributes at these events also has another role to fulfil at the museum, and as always others are more than welcome to join in if keen to take on a role and join in the fun and camaraderie. It is also a glowing endorsement of the commitment and passion that our 'Team Museum' has for sourcing, preserving, and presenting our proud Victorian Ambulance Service history and heritage to the people of Victoria and beyond. History, vehicles, equipment, and memorabilia that would be otherwise lost forever.

Left to right: Col Evans, Ralph Casey, Dave Cawte, Marie De Lima, Anne Reeves, Ross Junor, Gary Dole, Gary's friend Pam, Wendy Evans, Frank Abela, Terry Brooks, and Rose Brooks

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We may be able to help!

Thankfully not all of our history and records met their demise in the Firman shredder 1993/5. Two small record books of VCAS staff commencement and termination dates, which were personally held at the time, survived. The origin of the book/s is, that they were personally commenced by VCAS Operations Manager *Bob Donald*. When Bob retired, then passed to his successor *D/O Norm Mills,* and in Norm's later years in retirement, gifted to *Charlie Martin*. On Charlie's illness passing the books was gifted to me, and when my time comes I will pass it on to a younger member to always be the property of our AV Museum.The range of dates recorded are in the main 1940s 1950s 1960s and early/mid 1970s. Although I think the very old one or two say from 1920s may have been transposed. The records only pertain to VCAS personnel. The book also records some obtained qualifications, S/O and D/O appointments of the era. If you are within privacy guidelines to obtain a date of one of our former colleagues, please contact me. For reader interest I have included some sample names and service dates, and service numbers of former colleagues that sadly are now deceased.

Campbell J. T.	***09-09-1925***	***S/N 15***		***Pitcher K. O.***	***15-02-1943***	***S/N 11***
Ross W.	***05-01-1946***	***S/N 8***		***Bunn E.E.***	***30-10-1956***	***S/N 93***
Jackson A	***11-09-1973***	***S/N 253***		***Long W.F.***	***29-10-1956***	***S/N 92***
Spargo C.	***29-07-1929***	***S/N 21***		***Dickinson R.***	***23-11-1966***	***S/N 89***
	Beckwith B.	***25-01-1967***	***S/N 74***			

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S./O. A.W. (Bill) Gibson - B.E.M.

Victorian Civil Ambulance Service (VCAS) 1922 – 1968

The accompanying piece is a tribute to former VCAS member S/O A.W. (Bill) Gibson B.E.M. With the discovery of his VCAS medal displayed on the tribute, it was decided to create a "Stand Alone" Memorial for Bill. That which appears in this text and medal image is framed in A4 and is on permanent display at our AHSV/ Chas Martin Ambulance Victoria Museum at Bayswater.

A.William (Bill) Gibson commenced his career in ambulance around 1924 at the then new VCAS H.Q. located in Lonsdale Street Melbourne. Entering ambulance in this era enabled Bill to experience the very early days of the fledgling Victorian Ambulance Service in central Melbourne. He began service in the era of horse drawn ambulances and the very first 10 hp. Renault motor vehicle ambulances, and motorcycles.

In the duration of his distinguished ambulance career Bill responded to significant challenges. Included was his service to the Melbourne community during WW2, living-in at H.Q. and on call 7/24. This dedication yielded him a British Empire Medal (BEM). Also the major medical events of Tuberculosis and Poliomyelitis around the decades 1940/50s placed heavy demand on our developing ambulance service. Over the duration of his 46 years' service Bill witnessed ongoing accomplishments within the Victorian Civil Ambulance Service. Among these milestones were the introduction of one and two way radios in ambulances in 1940/50s, Her Majesty Queen Elizabeth 11 visit to Melbourne 1954, the transition from ambulance driver to ambulance officer in 1961, and the introduction of "Air Ambulance" to VCAS in 1962. Bill also witnessed the passing of his one-only Superintendent/ Secretary Fred Raven in 1965.

It is ambulance men like Bill Gibson that built the very foundation for our Victorian world class ambulance service that we proudly have developed today, making our service an international leader in pre-hospital care.

"A.W. (Bill) Gibson, truly a pioneer of Ambulance Service Victoria"

P.K.Dent

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It is with sadness we report the passing of member LESLEY HUNTING, 12/04/1954 – 08/01/2025.

Lesley is the wife of Mal Hunting, Ret. MICA paramedic of Edenhope. Lesley was hospitalised at Edenhope on December 14, 2024, however passed suddenly in hospital on January 8, 2025. Our hearts and thoughts go out to Mal and his immediate family at this very sad time in their life. And, at these times in life, many of our members can reflect on. Also others that can only imagine the immense sense of loss and grief that Mal is experiencing. We are walking beside you Mal.

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Our Museum Today

"Proudly preserving our State Ambulance heritage"