



# THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA

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



**36TH EDITION – SPRING 2025**

**\$6.00**



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<b><u>The Beacon is edited, printed and posted out entirely in-house at Thurgoona, N.S.W</u></b>	



**Bairnsdale Branch – Opened 1962**

**Note: Our Vintage Studebaker Ambulance then in service at E.G.A.S.**



**Bairnsdale Officers - Wally Tanner and Jim Brierty.**

**Front Cover: (Clockwise from bottom image)**

Bottom image: (R) Paramedic Mother *Jan Sutton*, with Paramedic daughters *Bridget Sutton* and *Anne Sutton*.  
 Top images: *Greg Sassella*, HEMS MICA Paramedic - CEO MAS, *Bronwyn Lambert* MICA Paramedic, Castlemaine, *Gary Pink*, VCAS, & Superintendent NEVDAS  
 Centre: GMC Ambulances, BMW MICA SRU Motorcycle Paramedic.

## Curator's Report



Hello members. I trust that my Curator's Report finds you all well. The hands of time have now caught up with us. Summer is quickly approaching, together with Christmas and the festive season, and also before we know it 2026 will be upon us with new challenges.

Our museum continues to experience a very busy schedule with workshops, community engagements, and attending colleagues' funerals with vintage ambulances. We have also conducted CFA open days, and our ever expanding number of our popular guided museum tours. Also, please remember that our activities can be followed on our Facebook page. This is where we inform public organisations of the places and events that we attend to showcase our magnificent historic ambulance fleet. Our Facebook additional information page is able to advise

me of the number of people that view our site, so, if you wish, you can always contact us via this site and give us feedback. Throughout the past year, this data has been collected and shows a positive trend of increased activity, including accessing this page, together with some very constructive feedback, and comments.

We conducted our non-voting AGM on Sunday the 26<sup>th</sup> of October 2025, as required annually, and also to keep members updated, and report the last 12 months activities of the AHSV/ AV Museum. In this edition of the Beacon you will find a short version of what was discussed, and the general meeting outcome.

Shortly after our AGM, I was advised by Terry Brooks, our Assistant Curator, that due to his museum workload and personal issues, he is unable to continue with the Assistant Curator role. Throughout an extended period, Terry has consistently demonstrated initiative and has contributed significantly beyond the typical expectations of a volunteer. Also, he has contributed in many variable areas of our operation. Terry will continue with his considerable number of other duties within our museum operation. Also, David Cawte, our current AHSV/ AV Museum Secretary wishes to step down from his role. David will continue with the other important duties that he undertakes within our museum function. Both of these positions will be declared vacant at our 2026 AGM, in October next year. These two positions are very important roles that we need to fill to maintain the continuity and balance of our Management Committee. Also, these roles are integral to the ongoing smooth operation of our museum, and both positions have assisted me since the passing of Curator Chas Martin in 2022.

Following on from the above, it is only through the selfless input of our AHSV/ AV Museum that we are able to present our first class collection of vintage ambulances, equipment, memorabilia, and Victorian Ambulance history to the public. Access to our history is not limited to in-house visits. As well, dedicated volunteers showcase our vintage ambulances, equipment, and history to the regional public. These events are normally held on a weekend or a holiday period. Subsequently, volunteer men and women often give up precious family time for this to take place. Before regional attendance can proceed, our vintage vehicles must firstly be roadworthy, and capable of travelling long distances. Again, this responsibility falls to dedicated volunteer mechanics; our two mechanics, and their volunteer assistants, are all over seventy years of age, some approaching eighty years. The bulk of this work is carried out in-house in the garage area at our museum with makeshift facilities providing personal tools and equipment. The volunteers have no hoist, meaning that these aged men need to slide under a vehicle to effect some repairs. Also, nowadays there are few mechanics that have the period knowledge of these aged ambulances, and ours are willing, and no cost, volunteers! Thanks boys!

As the year 2025 draws to a close, I will take the opportunity to extend my sincere appreciation to the many loyal people that make our AHSV/ Ambulance Victoria Museum the great public icon that it has become. Without the tireless input of the few, but willing and hardworking, bands of volunteers, our museum could not function. And also, a special thank you to our loyal members, sponsors, and others who so generously support our operation. Thank you all.

Due to the good fortune of having such a great and dedicated team at my side, I look towards the approaching year of 2026 without trepidation, as I am confident that together we can meet any challenges that may be put before our operation.

Chris and I wish you, your families and loved ones, a happy Christmas and safe and prosperous New Year. We look forward to your continuing support and moving on with our development and preservation of our great state ambulance history in the year ahead.

Ralph Casey, ASM.

AHSV/AV Museum Curator

*The following article titled "Officers' Wives" was originally published in 1987 in a Queensland District Ambulance Service monthly bulletin. The topic is personally close, and this stems from being a grateful beneficiary of partner support. The piece was written anonymously by the wife of a Queensland Ambulance Officer. Reading her moving contribution raises the question. In the time of our service, how many A/Os took partners for granted? Now, as we look back over the decades in acknowledgement, and although belated, we need to thank them for being such a rock of strength in our many hours of need. Also it would be interesting to learn if the writer of this article's plea for support of paramedic partners, ever materialised. In general, the contribution that these women made/make in psychological support of front liners is invaluable to an Ambulance Service's operation. Also, in the case of regional partners of yesteryear, the countless hours given by partners as unpaid ambulance personnel. Over the duration of The Beacon, there has been an endeavour to bring an awareness of the outstanding contribution that female partners made to ambulance. Now, near 40 years on, roles have changed, and I hope that the supportive male can possess the same special gift and be the outstanding success as females in this role.*

**Officers' Wives -- (Unabridged.)** Ambulance Officers daily carry out tasks and shoulder emotional burdens above and beyond the capabilities of the vast majority of other men. Yet, in spite of the total dedication, consummate skill and unending compassion with which they carry out their calling, they remain misunderstood and taken for granted by the uninformed general public. It has been my experience, over the years, that the families of, for example, policemen, soldiers, firemen and doctors have gained some degree of support and understanding from the man in the street. However, Ambulance Officers are still viewed as being mere "drivers" or "bearers" of relative un-importance and correspondingly no consideration is given to the stress under which Ambulance families live.

There is an old saying: "Behind every great man there is a woman." Ambulance Officers are great and courageous men and behind each Officer there stands a woman (wife, mother, sister, girlfriend) patiently waiting to pick up the pieces each time her man has his emotions shattered or his health battered. If a life is saved, if injuries are successfully treated, if a baby is safely delivered, the woman must cope with the exuberance and "hype" of an Officer who arrives home euphoric because life is sweet. If a cancer patient goes for a last ride, if a body must be scraped up off the road, if a baby is lost through cot death, we women must comfort and share the grief of an Officer mourning the inevitability of death. If a woman is raped, if a child is abused, if a drunk driver murders an innocent, we must pacify the rage of the Officer as he is faced yet again with the evil in our world. The emotional support we must give our men is not the only stress that life on the fringes of the Ambulance Service confronts us with.

For a wife and mother, life becomes even more complex. Frequently we are alone at nights and weekends. Often we must be both father and mother, and our children can't always understand why. We don't always have a shoulder to cry on or a listening ear when we need one. Too often we must suppress our own emotional needs because our man is not there or because his emotional needs are so acute they must take precedence. The Ambulance Officer gives of his all to others. We give of our all to him, soothe his hurts and send him back on duty. Who is there who can soothe *our* hurts? Who is there who really understands *us*? The only answer to these questions seems to be - other Ambulance Officers' wives!

Perhaps it is time we wives, mothers, girlfriends and sisters stopped trying to cope alone and turned to each other for support and understanding. Nobody - not even an Ambulance Officer - truly appreciates the stress and pressure inflicted on his family at times.

For the Ambulance Service to continue functioning efficiently, it must have emotionally secure, physically healthy, stress-free officers. We give to the Service Officers of that calibre and we will continue to do so. However, we cannot carry on alone indefinitely. I have a great hope that, in the not-too-distant future, we Ambulance families will begin to draw closer together to support and protect each other for the benefit not only of ourselves but also for the good of our men and the Ambulance Service.

*Last year, in recognition and tribute of these selfless women, AHSV, and The Beacon, created a 'Background Angels' frameable certificate. This attractive, and personalised certificate honours, and brings to light, the great personal sacrifices and vital roles of female partners supporting their men folk. And, on occasions, under insurmountable circumstances and duress. Over time, we have come to appreciate even more so, the remarkable and generous contributions our partners have made, and still make today. The uptake of the 'Background Angels' certificate by A/Os and paramedics, gifted to partners, signifies the heartfelt appreciation of partners by colleagues. And this is a perfect time of year to gift one to your 'Angel' partner.*

\* The personalised Background Angels certificates are produced and posted out gratuitously to both retired and serving ASV/AV male and female partners. The certificates are provided by our AHSV/AV Museum and available upon request from either the AV Museum Email: [ambulance.historical@outlook.com](mailto:ambulance.historical@outlook.com) or The Beacon. Email: [vintambos@bigpond.com](mailto:vintambos@bigpond.com) Ph 0417 290 946

## -- Yesterday's Men --

Ross Smith and I speak regularly. Amongst our conversations are days gone by in the time of our respective calling. Ross is a retired Victoria Police Inspector of 43 years' service. Coincidentally, he and I crossed paths in the peak hours of the West Gate Bridge Disaster 1970, and there is more to this coincidence following. A considerable period of Ross's career was spent on Highway Patrol, working the Hume Hwy around Seymour. During a recent catch up, the following question was posed. 'Setting aside Mounted Police, past and present, why did Highway Patrol officers wear jodhpurs in our era?' Ross imagines the reason for this was that Highway Patrol officers were required to operate on both police motor bikes and cars. He went on to say that on a very hot day wearing jodhpurs resulted in sweating and wet legs. Also on a very hot day the Ford Falcon GT 'Candy cars' vapourised and didn't respond well to acceleration! Ross said that the first complement of the Ford GT Candy cars were not a complete success, performance wise. However, the second release of the Ford GT Falcons 'Candy cars' were the 'real goods'. Initially the Candy cars were '4 on the floor manual', later superseded with T Bar Auto transmission.

Initially, Ross and I became acquainted in the process of obtaining accounts of other emergency services personnel that attended the West Gate Bridge Disaster on that terrible day. Ross responded to a Retired Police Ass. (RPA Vic.) Web, posted to assist my research for The Beacon feature of the West Gate Bridge Disaster 50<sup>th</sup> Anniversary 2020. At the time West Gate fell, Ross was 19 years of age and stationed at Footscray. He provided me with his personal account as the first VicPol Const. to attend the West Gate Disaster scene (Beacon edition 16, 'Spring' 2020). Since our primary contact in 2020, Ross and I tended to keep in touch, and a friendship developed, and we communicate on a regular basis. At times, our conversation drifts back to the events of that tragic long afternoon of October 15, 1970. Unbeknownst to either, we had worked together at the West Gate Bridge Disaster 50 years earlier (see B/W photo). Then a few years ago, and unexpectedly, Ross emailed me the accompanying B/W photo. Quite surprised, I responded by email, advising Ross that the Ambo in the photo was myself. By return, he emailed back and advised that he was one of the police in the photo! This is an amazing coincidence from a day over 50 years ago, that in destiny was brought to light.



**First uniform (L) Peter Dent,  
Far (R) Ross Smith. 1970**



**The 2nd Release Ford GT Candy Car. Ross Smith, APM. 2008**



**For interest**, and a comparison, much has been recorded in The Beacon in regard to yesteryear's regional ambulance branches operating 'one up,' however this practice was not isolated to our profession. One man police stations were (and still are) a normal process in country towns, comprising of a combined residence, small Police Station and lock-up cell. This was in a comparable time frame to our regional operation. Country town policemen and family were generally very well accepted and respected. Although, a country posting carried considerable responsibility and was not without risk. In the case of apprehending undesirables and criminals remotely and 'one up' and mostly unarmed, required courage. Also in essence, being resident at the police station was virtually a 24/7 situation as it was with us and our partners in ambulance. In a country town it was not unusual if the local copper had a drunk, vagrant or a non-serious case, that the 'detained guest' occupied the lock-up cell, (with a bed) for the night. And the next morning they received a hearty breakfast from the policeman's wife, then chopped stove wood for a couple of hours in return and went on their way! Our local policeman at Erica, near Walhalla, was *Jack Burke*, a good bloke, (*Burkey*) to the locals. Jack had the local larricans bluffed and rarely booked any of them. Ambulance in this era, 1950/60s in country towns was at best a community funded vehicle, and a volunteer operated service, as was the Fire Brigade (or later CFA). A great era, and area to have grown up in!



## Letters, Mail, and Phone

We received a call from *John Blosfelds* shortly after the last Beacon was posted out. Interestingly, John informed me that prior to the VCAS radio call sign VL3RS, reported in the Beacon, the VCAS call sign was VL3GA. This was the Melbourne City Council radio band that covered the VCAS one-way radio frequency, (receiving only). John went on to say that to coincide with the Royal visit of Queen Elizabeth II to Australia in February 1954, the one-way radios that were installed in ambulances in 1946 <sup>(1)</sup> were replaced with two-way radios. It was then that VCAS obtained a dedicated radio band and subsequently the call sign VL3RS. At the completion of the two-way radio installation to ambulances and H.Q.'s radio control centre, strict instructions were issued that all radios were prohibited from use until the official pre-Royal Visit "switch on." However, John said on one night shift at the then Lonsdale Street VCAS Headquarters, the sole two-man night shift crew had returned from a case and taken their ambulance to a car wash at the rear of the H.Q. garage. He said that the night shift duty 'Foreman' (Later titled District Officer. D/O) possibly was *Bill Wiseman*. Anyway, after the crew drove into the car wash there was no activity washing the ambulance, and Bill Wiseman went to investigate. The two night shift men were sitting in the cabin engaged in a two-way radio conversation with the two-man Footscray night shift, much of the vocabulary back and forth is unprintable. The crew successfully activated the radio, and transmitted to the Footscray team, who were anticipating the communication. And this indicated that the entire 2 way transmission was likely planned in advance. As a result of this breach, the four offenders found themselves before the Superintendent/Secretary, *Fred Raven* the following morning. However, John cannot recall the punishment that Mr Raven handed out, and if they only received a group reprimand.

<sup>(1)</sup> The one-way radios were a very bulky unit placed below the dashboard in the ambulance cabin. These units were a mantle valve type radio, and depending on the ambient temperature, there was a time lapse while the radio valves warmed up before the radio would function, as were the earlier two-way radios prior to replacement with transistor two-way radios in the 1960s. And the means of transmission and receiving with valve radio sets were by way of a telephone type handset, similar to landline telephones, and transmitting by pushing a button on the handpiece.

**Another issue raised** by John was in regard to the original VCAS Ambulance Station at Camberwell. This purpose built depot was opened in 1933. John was contacted by *Steve Mulligan*. It is believed that this building was still the property of AV, and 'Heritage listed.' It would appear now that these premises have been sold, and the building altered to accommodate a commercial operation. To date, we have not been briefed with sufficient detail to enable us to publish an accurate account of the circumstances in this issue. However, we will research the initial information and endeavour to bring a full account of the situation, with photographs, in the next Beacon issue.



*Cassie Parker* completed her tertiary Div 1 Reg. Graduate with a nurse/paramedic degree in 2025 and began the 4-week induction on June 23rd in Ballarat. And, to her delight, her initial AV contract provided Cassie with the first two of her career years at West Wodonga, her home town. Cassie had eagerly awaited her Wodonga's commencement, scheduled for July 21, 2025. But it was not to be! While playing netball for Chiltern on July 19, 2025, she ruptured her Achilles tendon, putting the Wodonga AV start on indefinite hold. Cassie underwent surgery at Epworth Richmond on July 26 and was approved to resume operational duties with AV, starting on the roster dated July 13, 2025. On July 17, 2025, finally Cassie became a certified, and operational AV paramedic, continuing on from her father Grant's 43-year ASV career. Cassie is no stranger to front-line ambulance duty, this year being her seventh as an ACO at Tallangatta AV branch. Most of her ACO time was spent working with her father Grant, during the period he was a MICA paramedic at Tallangatta. Grant left the road and began his long service leave in 2022, then formally retired from AV in 2024.



Having known Cassie personally for some time and observed her persona, I have no doubt that she will continue in Dad's impressive footsteps. And I expect that Cassie will also add another 40 credible years of ambulance service to the Wodonga and district community. Barb and I wish you all our very best Cassie. May your ambulance career be completely rewarding and unfold to meet your greater expectation.



**Having** a beer with our son and a couple of his mates recently (a couple of good young blokes), the topic varied from this to that, and then the true value of family in a person's life came up. After we had a fair discussion on this issue, one of our son's mates said to me. "Do you know Pete, your kids may have been lucky, but my mother and father were absolute fools until I reached around twenty five years of age!"



## Editor's Desk.

Firstly, a warm thank you to all the readers that extended good wishes to Barb and I on our Diamond Wedding Anniversary which we announced in the last "Winter" Beacon. These messages were warmly welcomed and sincerely appreciated.

As the calendar turns towards the end of 2025, no doubt we all reflect on the year that has almost past, and the events that have occurred in the duration, albeit the good, the bad, and the indifferent. Particularly, we acknowledge members, colleagues, or partners, and loved ones who may have passed away during 2025. And also our members that are facing serious health issues, loneliness, sadness, and other challenges, as we move into a new year in 2026. Being ambulance colleagues, we share a special camaraderie, and in times of adversity, we are always there for each other. A supportive phone call now and again to a widow or widower can make a notable difference to one of ours left on their own.

Members will note that in this edition we have opted for diversity as a break from ambulance history. With the Summer about to commence, and the Christmas/ New Year upon us, I considered the content may be beneficial and in the interests of our readers. Also, these articles are presented with good intent, and with the objective to avoid both injury and potential fatalities that, given some information, otherwise may be avoided.

Ambulance personnel readers of The Beacon may be wondering why our front cover 'Masthead' AV badge has been replaced with the defunct VCAS Badge (1915/16 – 1974). The reason for this being a directive for AV to adopt new State-badging guidelines. We requested alternative use of our former ASV (Ambulance Service Victoria) badge. However, we were advised that this badge is also encompassed by the new guidelines. This is very disappointing, as I feel it is prudent to display the ASV badge on The Beacon Masthead. This badge has been virtually all-encompassing of our state ambulance history for over 65 years. For clarification, we have published an account of this period of our development, 1948-2014, which appears in 'Editorial Comment' of this issue.

In the process of sourcing and researching our state ambulance history, we uncover some very interesting historic literature and accounts. Recently, and again by chance, these endeavours revealed an excellent article that references the aftermath of the Kennett Government's 'assault' on MAS 1993/95. This well-written article by 'Errands of Mercy' (1997) documentary maker, *Steve Thomas* is concise, direct, and effectively highlights the impact of this entire disastrous issue. We are seeking permission to publish this piece so that our members can access and read this account in our 'Summer' issue of The Beacon. However, as it is over 25 years since the initial publication of this article, obtaining a contact source, and approval, may be difficult.

Also, as our research progresses, our state ambulance history continues to unfold, and it is always intriguing how one piece of history leads to another. This is the reason for pressing members for ambulance experiences of both yesteryear and the present. Today's incidents are tomorrow's history, and once gone, can never be recovered, and it is this fact that angers me. This is, that potentially our entire ambulance history went through the Firman shredder in 1993/5 in a sheer act of wanton bastardry. This history is now forever lost, and it can never be recaptured. Sadly, it is inclusive of historic officers' statements of incidents, operational accounts, and reports, and no doubt accompanied by the entire recorded process of our development, dating back to VCAS inception in 1915/16.



Over the past few years, I have endeavoured to create a balance of our female history in ambulance, commensurate with each gender's years of service. Males in ambulance dominate this statistic, in our state some 100 years to females 38 years. Also, while we men may claim to have done all 'the heavy lifting' in the development our great ambulance service, a number of our women entering, and within, had a rough track to travel. However, despite this, the girls dug in and they have made a great contribution to ambulance in their time onboard. Their experiences albeit, good, bad, and indifferent, are being recorded, and now our women rightfully are taking their place beside our men, balancing out our history.

This will be our final issue of The Beacon for 2025. Barb and I extend our sincere appreciation to everyone that has contributed to The Beacon and supported us over the past year. It is you, the reader, that makes the production of each issue of this publication worthwhile. We both wish you, and your loved ones, a wonderful Christmas, and a safe, healthy, and happy year in 2026. We look forward to publishing our first copy for 2026, the 'Summer' edition in February 2026.

As always, keep safe, keep well, and keep smiling!

Pete and Barb.



## **Give Someone Special a Special Gift this Christmas!!**

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**AND**

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**Fifty Years of MICA \$30.00 – 30 Years Women in Ambulance \$25.00.**

**(Vinyl cover/colour, gloss pages) Lights, Sirens and Challenges \$18.00.**

## **Guardians**

**Stepping away from ambulance briefly, to a personal agenda.** This is incidents of animal cruelty and mistreatment, particularly animals that are in people's care. These accounts are sickening and sad, and this applies to domestic pets, farm animals, and of course wildlife. When these reports come to light, I ponder what depraved minds occupy these so-called human skulls. When we commit to a pet animal, we also commit to their wellbeing, care, and affection, and this affection is normally repaid one hundred fold. Also, those who derive an income from livestock commercially are charged with a responsibility to ensure adequate food and water and provide these animals a reasonable life and conditions. Other forms of life on our planet, whether they be fur, feather, marine, or other, I am sure feel pain and suffering. Also, from my observation, they experience mutual love, emotion, grief on loss, and most are trusting, and respond to kindness. Many species possess individual intellect that we as humans cannot possess. Also, these creatures look to us, supposedly as the superior form of life, for protection, care and affection that we give to nurture our own helpless offspring. Most of these creatures are incapable of protecting themselves against human cruelty. So please, if you are aware of animal cruelty, mistreatment, or neglect, domestically or commercially, please report this to RSPCA, Police, or Council immediately. And don't leave it to someone else, they probably won't do it! Incidentally, I fish, and field-shoot, and this includes rural feral dogs and cats that take a heavy toll on wildlife and stock. Also rabbits for the plate. However, my target is brought down cleanly, without pain, and never left to suffer.



**Radio Control Centre new VCAS Latrobe St.  
Melbourne HQ.- Keith Pitcher (F) Wally Thomas (R)**



**Horsham based F100 Ambulance - Circa 1960s**

## Approaching Bushfire Season 2025/6

With the bushfire season approaching this summer, it was decided to re-print a lift from the 2022 Autumn Beacon feature “*The Day Hell Came To Victoria*”. This feature presented firsthand accounts from AV front line attendees of the 2008/09 Black Saturday Bushfires. We are publishing this important information in the hope that personal experience documented in the accompanying historic article “*Nature’s Supremacy Over Man*” may save a life in the case of confrontation by a bushfire. This knowledge comes from firsthand bushfire experience, and also being raised in a remote mountain village located in Victoria's rugged Great Dividing Range. The local old timers passed on to me a wealth of their knowledge of bushfires, and it is now passed onto you, further inspired by also having witnessed the horrific legacy of burns injury and death. In the process of researching and writing the 2008/9 Black Saturday Bushfire Feature, the reoccurrence of the circumstances similar to the following historic tragedy was noted.

Through various reports and case studies, it is no doubt that many lives are lost to bushfires due to a lack of bushfire knowledge, and underestimation of this dreadful lethal force of nature. Lack of knowledge of bushfire behaviour quickly leads to panic, and then, to ‘spur of the moment’ decisions, that often are fatal. And sadly fatalities can occur even with bushfire experience, given adverse circumstances. I share this tragedy of 1962 with reluctance, as this family is personally known to me, and ultimately the outcome stems from panic, poor timing, and miscalculation. It is not known if the facts of this case are officially recorded or publicly available in detail. Subsequently, this account is drawn entirely from my recall. And, although thankfully, I was not present at the actual scene of the fatalities, this tragedy remains vivid in my memory. The Ockwell family (Sen.) lived on a property, accompanied by an adult son, a few miles out of Woori Yallock on the Woori Yallock/ Healesville Road, in bush terrain. At the time, their two very young grandsons were holidaying with them from Melbourne. It was the Christmas school holiday period.

The Ockwell grandparents were experienced generational country residents. Also, both partners had experienced bushfires throughout the considerable years of their life. It is believed that the fire started at Chum Creek, and quickly spread South from the North East, fanned by a strong North wind. News of the Bushfire reached the Ockwells, with an indication that the fire was travelling fast, possibly in their direction. Due to the grandparents safety concern for the two young grandchildren, and the property location, potentially in the bushfire’s path, a hasty decision was made to leave the home and head for the safety of Woori Yallock township. Apparently this decision was disputed by Ockwell’s son, on the basis that it was too late to leave, and that he would stay, and try to save the home. The grandparents, with their two grandsons, left for Woori Yallock ahead of the fire. However, the fire was sweeping through at greater speed than the Ockwell grandparents had anticipated, pushed by the strong Northerly wind. After the fire had safely by-passed Woori Yallock, a CFA fire crew took a reconnaissance along the Woori Yallock-Healesville Road towards Healesville. It was along this road the crew discovered the dreadful tragedy. In a road cutting, (assuming the vehicle had been driven there to afford some protection from the fire bearing down) the fire crew came across Ockwell’s burnt out car. Tragically, the grandparents had left the car and placed the two boys in a deep roadside gutter of the bank, then both lay on top of the boys to shield them from the inferno, but their brave attempt to save them was in vain. The four deaths, and circumstances, shocked the entire Yarra Valley, and Victoria as one. Ockwell’s son saved the family home from the bushfire and survived, and although this was a lifesaving blessing, it impacted further on the family of the four bushfire fatalities. My father and I attended the Ockwell grandparents’ funeral held at Woori Yallock. The two young boys were farewelled in Melbourne. So very sad.

In summary, what was evident when researching the various accounts presented in the Bushfire feature, it is that the average person does not have any perception of the deadly enormity and velocity of a bushfire or a firestorm. Depending on tree height, it is not an exaggeration that the face of a firestorm could be up to 25metres (75ft)! or the tree height again, and the velocity incalculable. The front is a terrifying wall of rolling, inferno, and creates its own fire driven wind. If you read the accounts in this 2008/9 Bushfire feature, it is clear that many of the victims had no idea of what catastrophic and horrific force of nature was bearing down on them. Again for only the reason, ‘the lack of essential, and lifesaving knowledge. ‘Grass fires can also be deadly, and wind driven grass fires travel at an exceptional speed. Grass fires and can change direction instantly and claim human and livestock life rapidly. And “These” are the fires that are “4 – 6” feet High!

To this end, I blame the absence of much of this essential detail on the media. Most times that a clip of a bushfire is filmed, it shows a break out front of say 2-3 metres high, and nowhere near the bushfire’s potential velocity, intensity, and devastation. This is misleading and dangerous! Visions such as this give the uninformed a false perception of a bushfire, and this can be fatal. In the interest of community safety, although disturbing for some as it may be, a true vision of bushfire devastation, death, and destruction should be brought to public awareness; Information that advises when to avoid a potential bushfire area, and in a bushfire, and when the critical decision has to be made to stay or leave! and the potential consequences of ignoring both!

## Nature's Supremacy Over Man

In 1939 my family resided at Walhalla in the rugged Baw Baw mountains, near Erica. Walhalla was directly in the path of the 1939 bushfires. The locals, and beyond, gathered to fight the fire including my father, a seasoned bushman. Over time, he passed onto my brother and me, his knowledge of the magnitude, and characteristics of these devastating fires. I recall; 'The entire sky was on fire, and the fire was jumping from ridge to ridge, four to five miles across valleys at a time. Brick houses burst into flames and were destroyed. At midday, in the Walhalla valley, it was completely dark, a dense black smoke ceiling had blocked out daylight, Hurricane lamps were carried for lighting.' During the horrendous fires some people, in desperation to escape the raging fire, took refuge in galvanised iron house rainwater tanks, only to be virtually boiled to death. Water in rivers and creeks overheated, killing fish stocks. Other devastating bush fires occurred throughout Victorian regional country areas and beyond; in 1962 - Dandenong Ranges, 1965 – East Gippsland Fires, 1962 & 1969 – Lara Fires, 1977 – Western District Fires, 1985 – Ash Wednesday Fires, 1983 - Mount Macedon Fires and many more. However, none as horrific and devastating as the 1939 Bushfires, when 72 poor souls perished.

I knew my father would never exaggerate the 1939 bushfire, and other witnessing locals confirmed his observations. As a youngster, and later in adulthood, I would tell people these bushfire behavioural facts. And in many cases my information was met with scepticism, and often ridicule, particularly with city-based persons, and those with no rugged terrain knowledge, or remote living background.

In 1962, serious fires broke out in the Kinglake, Yarra Glen district. My father had a water tanker truck. On this day, he and I joined up with the firefighting activities at Coldstream, I was also a member of the Wandin CFA Fire Brigade. At Coldstream, our contingent failed to stop the fire reaching the next spur that lead to Mount Evelyn township. Subsequently, all fire units rushed around to Pine Hill, then a clearing located on the Warburton Highway, in an attempt to stop the fire there. As we waited we heard the fire roaring loudly up the spur to the ridge and clearing. This was a deafening and eerie noise for those in wait of what was coming. Pre-emptive, a number of inexperienced bushfire volunteers ran down to the anticipated fire front with only knapsacks. And this is a typical example of the total lack of bushfire knowledge! My father said to me: "***Son. We're heading the other way and soon you will witness something truly unbelievable.***"

He had just finished speaking when the fire's raging inferno reached the timber edge of the clearing and 'crowned' (the term then used for firestorm), a wall of fire. Large trees crashed down as the fire's force hurled burning branches into the air, accompanied by intense heat and deafening noise. Then the branches crashed to the ground, together with burning embers, causing everyone to seek protective cover where possible. The radiated heat from the fire made breathing the ambient air difficult, as well with the choking smoke and ash combination.

I had just witnessed nature's eternal superiority over man, in this case her unbridled fire power, delivering a force of destruction and terror. And a phenomenon unable to be paralleled by scientific and technical development of the human race. In the midst of this, those who had run to the fire front, dropped their knapsacks and retreated terrified. They ran past where Dad and I had moved away to a safer position from the fire front inferno. And many left the fire scene completely, in shock, the fire jumped Warburton Road, and roared on up the hill in fury, towards Mount Evelyn.

Now I knew what my father described about the 1939 fires, and I believe his experience with those fires would have been worse in the extreme, to my experience here. Also, witnessing this fury of nature, bore testimony to his previous statements. The experience had instilled me with the knowledge of the massive forces of an unharnessed bushfire fire. This appreciation enables me to write about the 2008/9 bushfires tragedy with knowledge of it's terrible destructive and fatal consequence. Also it gives me a realistic vision of the horror that the victims of the 2008/9 fires experienced with the Firestorm bearing down upon them. A wall of fire exploding before them, and consuming all in its path, like a dry gum leaf in a campfire.

The main contributing factors noted of bushfire deaths is lack of knowledge. For those who have never witnessed a bushfire storm crowning, or a raging bushfire, there is no perception of the incredible velocity, sheer force, devastation, or deadly danger. Nor is there a second chance, in peril are those without knowledge who perceive a bushfire to be a scrub fire with 6 ft high flames.

To reinforce this statement, it seemed after 2009 Black Saturday's death and destruction, that the previous scepticism and ridicule of my father's 1939 bushfire description was no longer forthcoming.

## Post 1939 Bushfire Refuge Strategy

**For Interest:** In the wake of the terrible death toll of the 1939 bushfires, when 71 people perished, most fatalities were timber workers caught in the bush, working felling trees for sawmill logs. Others were mill hands at remotely located small sawmills. Many of these poor souls' remains were found clinging to tree bases obviously seeking protection from the inferno. The then Forestry Commission of Victoria (now D.S.E.) undertook a project to create a number of safe havens for those working in the isolated bush, and those at remote sawmills, as well as others travelling in the mountains. These initiatives were located throughout our state forests for refuge in the event of bushfires that may occur and again take lives. The safe havens were called 'dugouts' and were like bunkers. Had they been in place previously, many lives would have been saved during the catastrophic bushfires of 1939.

The rudimentary dugouts were located on mountain roads in the dense timber country and constructed using the following method; An area of bush was selected about the size of a small football ground. This area would be cleared of trees and scrub by bulldozers. The trees removed were cut to size into logs. These logs formed the roof of the dugout. In the central location of the cleared area the bulldozer would excavate a pit generally



**Assimilated image of a Victorian dugout.**

some 25 x 25 feet (7.5m x 7.5m) x 9 – 10 feet deep (3m). Although dugouts varied in size, normally they were constructed to accommodate up to ten men. The cut-to-size logs from the clearing were then towed over the excavation forming a solid roof. The excavated soil was replaced and spread over the log sub-roof. This technique created a fire-proof, heat-insulated earthen roof and resulted in an interior ceiling height of approximately 8–9 feet for the dugout. A trench-like entry led into the dugout with a normal size doorway opening, draped only with bag hessian that would be soaked with water in the case of a bushfire to keep smoke and heat out. The dugouts had simple furnishings and equipment designed mainly to protect lives and offer basic survival support for several days until rescue arrived. From memory, there were four wire beds with blankets, wooden table and chairs, cupboard with tinned food, tea, coffee, etc. There was a filled water container together with the normal basics, a billy, frying pan, utensils, kerosene lamp, the toilet was the bush, as were cooking facilities. Rescue of these survivors could only be made by motor vehicles, an arduous task due to many burnt trees falling across the road. Cumbersome, heavy two-man chain saws were in their infancy and few and far between, helicopter rescue was unknown in this era, and remote communications were a wonder of the future. In the bush, telephone lines were usually strung between trees and often destroyed by bushfires. Medical assistance was only a wish and a prayer, with very few, if any, ambulances in country towns.

The dugouts were serviced regularly by the Forestry Commission, ready for fire refuge purposes at any time. As a youngster I used to go with the forest officer from Erica on the dugout inspection and replenishment trips (fresh water, tin food etc.). Wildlife such as wombats, kangaroos, and snakes frequently occupied the refuges as well. And for this reason, I recall Jim and I entering each dugout with great caution and additional vigilance for snakes. During a bushfire I imagine dugouts would quickly fill with these wildlife guests.

Dugout placements were always publicly respected and left untouched. However, from the mid-1960s onwards, vandals, drug addicts, ratbags, and other undesirables sought them out. The dugouts were utilised for camping, grog/drug-ups, and used the provisions, and they generally wrecked the facility. As a result, the project was abandoned during the 1970s and never resumed.

In the years that followed 1939 with continuing bushfires and tragic loss of life throughout our state, it has always been intriguing that in heavy timbered bushfire prone towns like Powelltown/Noojee, why was the 'dugout' concept not adopted and developed more broadly and on a larger scale? This facility could have provided community safety in bushfires. And alternatively, the construction could be utilised as a community hall or indoor activities, Many timber towns are bushfire death traps, with little, or no, means of escape, and refuge to clear places of safety. The 2008/9 Black Saturday Bushfire toll speaks volumes for this initiative.



## AV Around the State

### Ambulance Victoria Chief Executive Officer

Ambulance Victoria welcomed *Jordan Emery*, Chief Executive Officer on 30 June 2025. A widely respected healthcare leader and clinician, Jordan was previously the Chief Executive of Ambulance Tasmania having worked in various clinical, operational and leadership roles at NSW Ambulance and working in global mental health in New York and East Africa.

With a distinguished background of leadership across Australian ambulance services, Jordan has led sustained culture change and reform, as well as contributing to the advancement of paramedicine through his teaching roles and with the Council of Ambulance Authorities (CAA). His work on culture transformation, diversity and inclusion saw him awarded the Ambulance Service Medal in 2024.



Jordan is a registered paramedic with AHPRA and completed his Intensive Care Paramedic training with NSW Ambulance. He is an Adjunct Associate Professor at the University of Tasmania, Board Director of CAA and Chair of the CAA Diversity, Inclusion & Belonging Forum. He holds a Bachelor of Clinical Practice (Paramedic) with Distinction from Charles Sturt University, as well as a Master of Public Health and a Master of Health Management from the University of NSW.

“Ambulance Victoria has a world class reputation, built on the strengths of its people, research profile and exceptional clinical care. In every corner of AV, people are undertaking incredibly important roles in service to others. I want to listen and learn from those people, and importantly act on the feedback I receive,” Jordan said.

“It is a profound privilege to lead Ambulance Victoria and I’m so grateful for the support of the Board, Executive team and organisation.”



**CEO Jordan Emery stands in front of our 1957 Vintage Ford Mainline Ambulance.**



**Phil Nestor is presented his 1st & 2nd Clasps by CEO Jordan Emery.**



Our Curator *Ralph Casey*, and member *Phil Nestor*, Phil an awards recipient, caught up with our new AV, CEO *Jordan Emery* for a very brief chat.

Within this very brief exchange, Ralph invited Jordan to visit our museum and witness first hand our state ambulance history preservation efforts. Ralph also suggested that our museum would be an interesting venue to hold both an AV Executive, and even AV Board meeting, to view our proud Victorian ambulance history.

At the Awards evening held at Doncaster AV Headquarters- Metropolitan-East Operational/Corporate Staff and First Responders, Phil was presented with 1<sup>st</sup> and 2<sup>nd</sup> Clasps for his National Ambulance Service Medal. Congratulations Phil!

## In, Out, About, and Beyond

AHSV AV Museum commenced attending regional events in Victoria around 2010. This was after the re-establishment of AHSV in 2005/6 from the lapse period of AHSV 1993-2025/6. During the lapse period, six vintage ambulances were stored at the South Melbourne AV Workshops. Although on a few rare occasions residual members of the then defunct AHSV would display these vehicles. One of these rare showcasings was held at the new NEVDAS H.Q. at Wangaratta in August 1996. Charlie (Chas) Martin, our late Curator, was the person driving the external events initiative. At that time our AV Museum was located at Thomastown, suburban Melbourne.



One of the first locations for regional public display of our vintage ambulance fleet was at Beechworth, N.E. Victoria. The accompanying photographs were taken by Barb at Beechworth in 2010. Our vintage ambulance fleet at this time was increasing from the initial residual AHSV six vehicles. Today, there are 29 immaculately restored and maintained vintage ambulances. The vintage ambulance displays at Beechworth were held in conjunction with the annual Easter “Beechworth Golden Horse Shoe Festival”. A number of our vintage ambulance drivers were accommodated at the Beechworth Ambulance Station, others stayed in commercial accommodation. Charlie Martin and his small, dedicated team began sharing our state's ambulance history with rural communities. Today, volunteers drive to the event location and display our AV Museum's vintage ambulances and vintage equipment. Regional event participation has expanded significantly over the ensuing years. Our very popular showcasing now takes in many other locations, and specific regional events, and demand is constantly growing. Each event attended attracts keen public interest, as well as being an excellent PR tool for AV. Attending events with former front line ambulance personnel takes our attendance a step further,

providing knowledge of our proud ambulance journey over the decades.

Following the relocation of our AV Museum from Thomastown to Bayswater in 2014/15, a new era of development and expansion of vehicles, equipment, memorabilia, and history began. This development continued under the hand of Chas Martin, increasing our vintage ambulance fleet to 25 vehicles until his passing in 2022. The success of external showcasing of our vintage ambulances became the catalyst for a new in-house initiative at Bayswater; the introduction of guided museum tours. Public tours of our vintage ambulances and equipment were conducted at our Thomastown location. The tours there were on a limited and restricted basis due to lack of space and facilities in the small museum building. Also, at that stage our vintage fleet only numbered 12 ambulances, and a small range of vintage ambulance equipment. Prior to Charlie Martin's passing, he had anointed Ralph Casey to eventually succeed him as Curator. After Charlie passed, Ralph occupied the position on an interim basis until the 2022 AGM, when he was officially appointed AHSV/AV Museum Curator. Having formally held the AV position of Communications Manager, Ralph came into the role well-versed electronically. These skills he put immediately to work for the betterment of our museum.

Ralph focused on our state ambulance history tours, and soon he had developed several ‘Power Point’ presentations for varied audiences, including children and adult content. The presentations also covered ‘general history’, and in depth history, and also safety sessions. In late 2022 Ralph also established a group of tour presenters to continue on Chas Martin's tours initiative. A standard core presentation was established to ensure continuity although each presenter adds their own perspective. Tours are booked via a central phone number under the control of *Col Evans*, then dates and times negotiated between the visiting group and presenters availability. Through this collaborative effort the number of our museum tours has increased significantly. *Wendy Evans* undertook the role of recording our museum tour statistics. To accomplish this, Wendy developed a visitor survey form. The information collated serves many purposes including future tour planning etc. and also identifies, through feedback, the tour quality and visitor comment. Over a 12 month period tour satisfaction has been high, with appreciative and constructive comment. The most common and only negative feedback recorded is the size of our premises and the recommendation for a larger building. This would complement the entire presentation of our superb vintage vehicles, equipment, and general state history. Wendy's statistics also reveal that in the 12 month period there has been over 50 group tours of our museum, representing 790 attendees. This is a magnificent achievement considering the small number of dedicated volunteers that contribute to the tours program.

## Partner, Mother, Rock, and Paramedic – Women in Ambulance

In the last issue of The Beacon we featured a request for participants to respond to the above headline topic. This subject is the essential history of our serving women, particularly those with family commitments, and who are also in the role of a front-line paramedic. It was envisaged that each individual response from a female paramedic in this category, would be of interest. To achieve this, we set out a questionnaire seeking input of what was considered pertinent information. As a result, Barb and I were delighted to receive the following response, making it possible to bring this interesting account to our readers firsthand. The reply in this issue is from 25 year term front-line paramedic *Adina Warren*. Adina's contribution is heartfelt, honest, and to the point. She also illustrates the demands and sacrifices that accompany this dual role, and that are integral to it, and need to be navigated by a family woman serving in an Emergency Service career.

*Adina Warren* was born in the Mallee, the youngest of three children, and raised on her parents Mallee wheat and sheep farm near Beulah. Adina was educated at Birchip, a combined primary and secondary school. As a younger girl, her recreation activities were cross-country running, netball and tennis. After living in Melbourne, Adina moved to Wodonga in 2008, and it was in this Murray River border town that she grew to adulthood.

**This is Adina's response to the online questionnaire; all the questions were optional:**

*Why was an ambulance career selected? A challenge, prestige, financial, etc, (or insanity?)*

I actually fell into the ambulance service. A friend was sitting the entrance exam for the second time and said that I should sit it because I would get a laugh out of the quantitative reasoning questions. So I sat the test and passed so I just kept going with my application and eventually I got in. It took 12 months from the test to starting in the job and by then I was really invested and excited.

*Was the family consequences carefully considered? Including loss of family time while on duty?*

I was already doing a rotating shift work job so the family consequences were not carefully considered. I had only one child at the time and as shared parents we already worked around my roster.

*Was the potential psychological risk on person and family carefully considered?*

I'm not sure I was even aware of the potential psychological risks of the job that probably never occurred to me. 25 years later I can say that my employer had more effect on me psychologically than any of the cases I've attended.

*What was your family's reaction to this selected career choice?*

My kids are definitely proud of my career; however my parents and siblings have no real regard for what I do as I was definitely raised in a male dominant stereotype family. Perhaps if I were male they would have been more supportive. My ex-husband, who I met and married while I was an ambo, was always jealous and unsupportive of my job but did a great job working around my shifts when we had kids. That was when I started doing only night shifts to stay in the job.

*How is the loss of your time with family compensated? Time with kids and partner?*

I definitely compensate loss of time with the family with gifts. I'm not sure if I'm buying forgiveness or easing guilt. I regularly go without sleep in order to not let the job affect my time with them when I'm home.

*Is there a sense of loss missing part of normal family life?*

I now work an FWA which involves mainly weekend night shifts so I can be available for my family Monday – Friday and during the day on weekends. I do feel like I'm missing out when special occasions fall on my shifts but when you do jobs where you know you've made a difference in someone's life it doesn't hurt so much.

*How does one manage the normal daily family chores? Shopping, taking kids to sport etc?*

My life is definitely hectic and I get minimal sleep between shifts due to the kids weekend sport but during the week I can get to appointments and shopping done.

*What is your sleeping pattern with 2 x 12/14 hour night shift, with opportunity to sleep on shift?*

I try as best I can to keep my sleep schedule as normal as possible. I work every Saturday and Sunday night shift, every second Friday night shift and every other Friday day shift. I have developed the skill only needing 4 hours sleep in any 24 hour period and can pull a 76 hour no sleep before being destroyed and needing to sleep for around 12 hours.

*After a bad shift what is the support of partner and family?*

My kids are now 34, 14 and 13 and they would do anything for me. The eldest is my rock who I can talk to about anything and I find the more honest I am with the younger two the less they worry about me, so I have an excellent support system at home.

*What are the Upsides and the Downsides of being a family female Paramedic?*

Being a family female paramedic makes you independent, resilient and teaches you, if you let it, how to handle adversity. The downside for me is definitely not having a personal life with little to no “me time”. Any spare time you have you need to give to your family who have given up many meaningful holidays and birthdays to support you.

*How do you believe you handle the very tragic or very violent ambulance cases, in terms of reflecting the situation on your own family at the time?*

When I was on a job that involved a kid/ kids, or young wife, and the outcome an 83, (Deceased) I immediately reflected on my kids, and my own life, and at times I still do! Tough cases definitely end up with you hugging your kids a bit tighter. It is difficult to not wrap them in cotton wool knowing how fleeting life can be.

*What ambulance qualifications / citations have you attained?*

ALS Paramedic 2004

MICA Paramedic 201

*What do you enjoy most being a paramedic?*

Every day is different.

*What do you dislike (if anything ) about your career?*

The lack of support and advocates from management for Rural paramedics

*What is your take on 12- and 14-hour shifts? and do you find that time period demanding?*

I enjoy the longer shifts because it allows more consecutive days off. So the 14 hour nights make up 90% of my roster.

*What are the details of the funniest job, or experience, that you have done?*

I once was dispatched to a 33 year old cardiac arrest and was met at the door by an understandably frantic 30 year old female who directed me down to the bedroom. We entered the bedroom and I pointed to the bed and asked if that was the patient to height she replied yes please help. I then conducted a thorough assessment of a one eyed teddy bear. I was pleased to report to the female that “Shannon Noll” (the name of the bear) was indeed okay!

*Do you want to tell me about the most traumatic and demanding case that you have attended? And do you think that this case impacted you personally?*

The worst cases I have attended are the ones involving animals.

I was once dispatched to the racecourse for a 15 year old girl who had fallen from a horse and had broken her femur. When we arrived the horse was actively seizing and I asked if anyone had been called for the horse. While we were treating and assessing the patient two guys in a utility arrived with a sledge hammer, and despite my very strong objections beat the horse to death.

*Reflecting on your many AV career years, how would you describe your journey, good and bad?*

My almost 25 year journey with AV could only be described as a steady decline. The CPG’s have been repeatedly simplified to the point where we now don’t have weight related dosages for certain drugs and the current standard also includes CPG’s to tell us when pt’s need to go to hospital. I’m grateful that I did the MICA course as it has allowed me to maintain a high standard of autonomous care for patients. .



**Adina’s family proudly watches on at the Ambulance Victoria Presentation Evening at Wangaratta Arts Centre.  
L-R: Tash (daughter in law) Isabelle (granddaughter) Jack (son) Lily (daughter) and absent was Austin (youngest son)**

**(L): Adina receives her 15 year MICA recognition medal from A.V. - C.E.O Jordan Emery ASM**



### --- In the Course of Duty ---



All readers will be saddened and shocked by the shooting of three Victoria Police members at Porepunkah on August 26, 2025. Two officers were fatally shot, Det. Leading Sen Const. *Neal Thompson* and

Sen. Const *Vadim De Waart Hottard*. A third police member was seriously wounded. This tragedy is especially impacting; it is also a moment when the genuine camaraderie between Police and Ambulance comes together. Due to this bond, there is accompanying shock and a deep sense of loss, that the lives of two members of our 'Victorian Emergency Services Team' have been cut short.

Both lives were lost unnecessarily, and in a manner that demonstrated disregard for human life, and these two policemen made the 'Supreme Sacrifice.' Please, always remember the times in ambulance when our police are there for us - and we are there for them! And the many cases where we work together as a team. Also, I am sure that I speak for all of our AHSV members and The Beacon readers, in so much that all of our hearts, prayers, sincere thoughts, and sympathy go out to these two brave policemen, their partners, family and loved ones.

May they both rest in peace, and time help their loved ones to ebb the grief of the dreadful loss that this tragedy has cast upon them. Also, hopefully, true justice will prevail for their murderer, and others, if they assisted the perpetrator.

'Deo Confidemus'



**Tenez Le Droit**

**We wish our heads could forget,  
What our eyes have seen,  
What our ears have heard,  
What our noses have smelt.**



**Emergency Service Personnel aren't Immune,**

**RTS to what they've seen, smelt, heard or done. RTS**

## Editorial Comment.

It is interesting to note our colleagues comments on the pending changes to the Ambulance Victoria Badge. Unlike our interstate counterparts, there has been a variation of badges and titles of our Victorian Ambulance Service over the decades, and this is history worthy of revisiting. In 1915/6 the inception of a public ambulance service in our state was titled Victorian Civil Ambulance Service, (VCAS). However, this service was in principal to provide ambulance for the Melbourne and Metropolitan area. Individual country ambulance services were developed under their own volition and funding, with volunteer operation, and proved quite efficient. In 1948 the Victorian Hospital and Charities Commission, (HCC) gathered all of the self-developed country ambulance services with an objective of establishing ambulance services throughout Victoria. And by 1954 HCC had created fifteen (15) Regional Ambulance Services, with VCAS remaining the Melbourne and Metropolitan service, this totalled sixteen (16) ambulance services throughout Victoria. Each Regional service operated autonomously in their own designated area. Each had their own Board, administrative staff, Superintendent/Secretary, ambulance personnel, and regional service area title. I have listed these individual services for reader interest, together with the regional services map of this era;

### **BOUNDARIES AS DEFINED FOR VICTORIAN AMBULANCE SERVICES - 1958**

**NORTH WEST VICTORIA AMBULANCE SERVICE-MILDURA- NWWAS**  
**MID-MURRAY DISTRICT AMBULANCE SERVICE-SWAN HILL-MMDAS**  
**NORTHERN DISTRICT AMBULANCE SERVICE -ECHUCA- NDAS**  
**GOULBURN VALLEY AMBULANCE SERVICE -SHEPPARTON- GVDAS**  
**NORTH EASTERN VICTORIA DISTRICT AMBULANCE SERVICE-WANGARATTA- NEVDAS**  
**EAST GIPPSLAND AMBULANCE SERVICE – SALE- EGAS**  
**SOUTH GIPPSLAND DISTRICT AMBULANCE SERVICE-LEONGATHA- SGDAS**  
**LATROBE VALLEY DISTRICT AMBULANCE SERVICE-MORWELL- LVDAS**  
**PENINSULA AMBULANCE SERVICE FRANKSTON- PAS**  
**GEELONG AND DISTRICT AMBULANCE SERVICE- G&DAS**  
**SOUTH WESTERN VICTORIA AMBULANCE SERVICE- WARRNAMBOOL- SWVAS**  
**GLENELG DISTRICT AMBULANCE SERVICE -HAMILTON- GDAS**  
**WIMMERA DISTRICT AMBULANCE SERVICE – HORSHAM- WDAS**  
**BALLARAT AND DISTRICT AMBULANCE SERVICE – BALLARAT- B&DAS**  
**CENTRAL VICTORIA DISTRICT AMBULANCE SERVICE -BENDIGO- CVDAS**  
**VICTORIAN CIVIL AMBULANCE SERVICE – VCAS**



Although now that Victoria Ambulance comprised of sixteen various and independently named Ambulance Services, all sixteen were umbrellaed under Ambulance Service Victoria (ASV), and operated proudly under the ASV badge, together with their regional identity. However, there were other ambulance services, voluntary and community funded, and also privately operated, that were entirely independent to the ASV umbrella. In 1974 it was elected to re-name VCAS as ‘Ambulance Service Melbourne’ (ASM). However, the re-naming of VCAS was not to be of a long tenure, in 1984 the service title was changed to ‘Metropolitan Ambulance Service’ (MAS). In 1996, MAS and the regional services Rural Ambulance Victoria (RAV) were divided. MAS continued to operate throughout greater Metropolitan Melbourne. However, the sixteen regional services were reduced to six only collective Regional Services. Both MAS and RAV operated independently, each with their own CEO, administration and ambulance personnel, again under the umbrella of Ambulance Service Victoria ASV.

In 2014, the Metropolitan Ambulance Service (MAS) joined with Rural Ambulance Victoria (RAV), coming together under a single organisation titled 'Ambulance Victoria.' (AV) Many people were disappointed by the choice of name and the removal of the word 'Service,' since 'Ambulance Service Victoria' had represented our statewide ambulance identity for sixty-five years. The reason believed for the omission of 'Service' from the last naming was due to the political desire to re-classify our ambulance service as a 'Health Service' and not as an Emergency Service. This controversial objective still continues, with our service operating under the Victorian Department of Health. One would ponder, other than political motivation, the rationale and consequential risk to seek a directional change of our proud world leading ambulance service, given that, on the world stage, Ambulance Victoria is the envy of many, and the national and international hallmark of pre-hospital care, and trauma management.

So, in summary, for the operational period of 1915/16 to date 2025, or 65 years, the ambulance service of overall Victoria has been developed from no less than twenty-one various service identities. Moreover, every service made a commendable contribution to the welfare of its community. It is assumed this mode of development would have been similar as that of the NSW Ambulance Service, although under one badge, with other states, well behind. There is consensus of both current and former front liners suggesting that the title of 'Ambulance Service Victoria' (ASV), should have been retained, rather than 'Ambulance Victoria' (AV) adopted. The former title would have preserved the recognised name and badge for 65 years of our proud state ambulance service. And now, just eleven years down the track, are we about to see further change? All of these factors make up our ambulance service history and should be documented accordingly. And each has a place in the solid foundation that forms our magnificent ambulance service operation of today.

### *A/C's Lament*

*They stood before the 'Golden Gate' their faces worn and old,  
They stood before the man of fate, for entry to the fold  
"What have you done" St Peter said, "to gain admission here?"  
"We are Ambos sir," they replied, "for many a weary year!"  
The Golden Gate swung open wide, St Peter touched the bell,  
"Come in and choose a harp my friends, you've had your share of hell!"*

*Anon.*



### **Words of Wisdom**

#### ***Falling Leaves:***

*May we live with the grace of falling leaves, the enthusiasm of the flaming Japanese Maples, and with the serenity of the old fruit trees, whose roots reach deep into the earth...*

*May we know that living and dying are one, that life is precious, and beautiful, and limited, that nothing good is ever lost...*

*This Autumn may we see in the ways of nature, a way for ourselves.*

*Christine Robinson*

*Text Contributed by Anne Morgan- Myrtlebank, Victoria.*

## VL3RS - Ambo Humour

This factual, and not added to, event occurred in the late 1960/70s. I was stationed mainly at Ringwood and Ferntree Gully (FTG) Depots. The following incident occurred while stationed at the Ferntree Gully Branch around early 1970. Ancients like me will fondly recall my colleague of that day, I was running 0700 – 1500 hrs FTG shift with A/O Ken Bickham. Ken Bickham originally worked as a VCAS subscriber collector in Ferntree Gully and frequently dropped into the FTG depot for a yarn and a cuppa. During these visits, we persuaded him to join us as a service front liner. Prior to being a VCAS subs collector, Ken had served in the Royal Australian Navy (RAN) and spent time in Japan, post WW2, with the Commonwealth occupation forces of defeated Japan. Ken had a happy, outgoing, and light hearted disposition, and he always had a grin on his face. I have reason to believe that he had quite a history of mischievous behaviour during his days in the RAN. This made being on a shift with Ken normally, notwithstanding a 'nasty case', enjoyable, with a fair bit of laughter. In this time frame the Ferntree Gully depot was located in Lower FTG, and diagonally across the road from the FTG Police Station. This location added to the normal Police/Ambulance camaraderie, as either party would wander across for a yarn now and then. During that time, Police and Ambulance uniforms were identical except for badging. So it was often unclear who belonged to which service, particularly on occasions when police visited our depot, or we went over to the FTG Police Station. Off duty Police and Ambulance officers were subject to mandatory instruction to wear a pullover or jacket to cover official badging and service identification.

On this particular day, we were late finishing our shift, it was about 1600 hrs, and after we refuelled our ambulance and made it good for the next shift. The last task for the day was a 'knock off' beer at Vass's Pub located on the corner apex of FTG Road and Burwood Highway. One of our colleagues from Ringwood, Ron Dickison a well-mannered Pom, at times worked a shift at the FTG depot. (Before joining us on the front line at VCAS, Ron had served seven years in the Australian Army). Due to Ron being very bald, naturally he had acquired the nick name "Baldy Dicko." As we walked in to Vass's main bar, further inside the bar four uniformed members were having a beer, two with their backs to us, one quite bald headed. Ken said to me "Denty, there's Baldy Dicko." As we approached them to speak, Ken walked up behind the balded gent and said, "Gotcha!". He grabbed him in the crotch and said "G'Day! Ya bald headed old bastard." The victim, startled, spun quickly around most unimpressed, but! it wasn't Baldy Dicko! It was the new Police Inspector who recently had arrived at FTG Police Station. The look that came onto Ken's face was priceless, his mouth dropped, first he went white! then red!, and he was virtually speechless, then, mumbling and jibbering! This reaction brought a roar of laughter from the other three coppers, myself, and then also the victim. He had noted Ken's uniform and saw the funny side of his impetuous act. I had no idea that he was going to do this when we walked in. After the event, all six of us had a few beers together, although Ken seemed a bit subdued. This incident quickly circulated among police and ambulance ranks causing much amusement within both Police and Ambulance operations.



*The AHSV/ Ambulance Victoria Museum Committee of Management & The Beacon Team wish all of our Members, Sponsors, and Supporters, a Wonderful Christmas, and a Safe and Healthy New Year in 2026. We look forward to your continuing support of our museum and providing members with The Beacon in the coming year.*

### Courage

Success is not measured by what you achieve, but the opposition that you have encountered and the courage with which you have maintained the struggle against overwhelming odds.

Orison Swett Marden



## Man's Compassion For Man

In our last Beacon, we featured the moving story of 'The Ford Fairlane, Ambulance Car 3, and A/O Peter Briscoe', Peninsula Ambulance Service. The basis of this story was the wonderful gesture and initiative of Doug Dawson and his son Tom, in an attempt to give Peter a final smile and memorable last ride in Car 3. This vehicle was the ambulance that he loved in his early career years at P.A.S. Peter had entered the final period of his terminal illness. Subsequently, Doug and Tom, assisted by others, went both above and beyond to fulfil this last request. However, Peter was not granted additional time and passed away in Echuca on October 16, 2025, and sadly 'Car 3' was not restored in time for Peter to fulfill his final wish. Peter's funeral was conducted at Bendigo on the 30<sup>th</sup> of October 2025.

Doug Dawson and son Tom were committed to honour their promise to Peter, subsequently they organised the unfinished 'Car 3' to be transported to Peter's funeral on a tray tow truck. And, in remembrance, on the old ambulance's back doors they had inscribed, "*In memory of Peter Briscoe.*" The primary objective now for Doug and Tom is to honour their pledge to Peter, and when 'Car 3' is finally completed, and registered, Doug and Tom will drive Car 3 to Bendigo. At Bendigo, they will collect Peter's ashes from his son and convey his ashes in 'Car 3' to Peter's final resting place. Peter had chosen 'The Great Stupa Buddhist Temple of Universal Compassion' at Myers Flat.

*Peter John Briscoe 1948 – 2025 ---- "Sweet is the sleep that ends all suffering"----*

In summary, the Peter Briscoe and Car 3 story from the outset has been an incredible chain of events, beginning with John Clancy's 'by chance' location of Car 3 at an AV Museum regional event, fifty years on from being decommissioned by Peninsula Ambulance Service in 1969. This information prompted John Clancy and a friend, Ian Gardiner to travel to the current Car 3 owner's farm at Malden in central Victoria. The trip was taken solely to verify the old ambulance's origin, and there it established a positive identification. On his return, after informing Chas Martin of his find, John contacted Doug Dawson. At this time Doug had learned of PAS colleague Peter Briscoe's terminal illness, and his final wish prior to passing. In an extraordinary show of camaraderie, Doug, and his son Tom, undertook the virtually impossible project of restoring the now depleted and derelict PAS Car 3.

Barb and I are proud to be associated with our AHSV/AV Museum, especially with members the calibre and values of Doug and Tom Dawson, and also the other willing persons that assisted to bring to reality this wonderful act of compassion and humanity to honour and remember our late colleague.



## Falls in the Aged

We are publishing this special Beacon segment in the interest of our reader base. Over the duration, Barb and I have become experts of this nasty problem. Also, we receive frequent reports of AHSV members and our friends suffering the same fate, and at times sustaining serious and debilitating injuries. I must add that my unfortunate falls have been well contributed to by others, and mainly beyond my control. (For instance, incompetent bus drivers! with a fantasy of brakes and accelerators!) When I decided to run with this topic initially there was difficulty in securing the relevant information. However, I sent off an email to Albury-Wodonga Health. A few days later we received a very pleasant and complimentary reply from M/S *Lauren Petts*, Director, Clinical Safety and Quality Unit, AWH. Also attached to Lauren's reply were three various and informative publications totalling over 70 pages. Thank you Lauren!

I have edited these publications in an endeavour to make the following a basic and simple read that still relays the relevant safety information in this regard. Anyone at risk, I suggest should read, absorb, and keep this information for future reference. While editing this article, I identified several risk factors and proposed alternative approaches for myself. Furthermore, I am confident that this information will assist Barb and me to avoid more unexpected falls, and the associated injuries that can occur. It is our objective, and indeed our hope, that this will be the case with other readers by publishing this information in The Beacon.

***If members would like an additional email or leaf hard copies of this information, please contact us at The Beacon on our email address. For hard copies : PH./ Text :Pete 0427 508 888 or Barb 0417 290 946 - We will then post these out to you compliments AHSV. Also ,we have a listing of government 'Falls Support Services', and information. Email: [vintambos@bigpond.com](mailto:vintambos@bigpond.com)***

### Foreword

**Slips, trips and falls** can happen to anyone, but they are more common and more significant as we get older, because we are more likely to injure ourselves. People often dismiss falls as 'part of getting older' or 'just not concentrating'. Older adults often experience falls, which become more likely due in part to the natural physical changes that occur with the process of ageing.

However, we can take precautions ourselves, and falls can often be prevented, and injuries from falls reduced. Also, ageing does not have to mean a loss of independence, people fall for a variety of reasons. In some cases a number of things combine to cause a fall, some older people are more likely to fall than others. This is because they have more risk factors, these can result from illness or a less healthy lifestyle, the more risk factors a person has, the more likely they are to fall. If you know your risk factors and deal with as many as possible, you can greatly reduce your risk of falling.

**This article will give you some ideas about how to do this, and there are many things you can do to reduce your risk of falling:**

As we age our vision becomes less sharp, making it harder to judge distances and adapt to light changes. Our balance, through muscle strength, and joint flexibility decreases, affecting movement, reaction speed, and focus, though these gradual changes may go unnoticed. For example, you may find it's harder to get out of that lounge chair you've had for 20 years. The lounge chair hasn't changed – you have! Your muscles have got a bit weaker and your joints a bit stiffer.

Or you may trip over a mat that has been in the same place for years. Maybe you are not lifting your feet as high when you walk, causing you to trip over the mat, or perhaps you can't see the mat as clearly any more. If you have fallen more than once in the past six months, you are more likely to fall again.

**Poor nutrition and dehydration** can reduce your ability to move safely or handle daily activities. Osteoporosis can make things worse. If you have osteoporosis (thin, weak bones) you are likely to break or fracture a bone if you fall. Stand up slowly after resting, and ensure you are stable before walking, especially if you are unwell. Inactive or unfit people tend to have poorer balance and weaker muscles and can be unsteady when walking. These can all increase the risk of falling. It is common for people who feel unsteady to do less walking. Over time this actually makes you more likely to fall because your muscles get weaker, your joints stiffer and your balance deteriorates. Talk to a physiotherapist about which balance and strengthening exercises or activities will best suit you, and how to manage any pain you might have. A physiotherapist can also advise you about whether a walking aid, such as a stick or frame, would help you. Using a walking aid can increase your steadiness and confidence to walk more. It is important that walking aids are properly adjusted for you, and that they are properly maintained (e.g. replace worn stoppers).

**Some types of medication** can increase your risk of falling. You may also be at greater risk simply because you take four or more different medications. Medicines include those prescribed by your doctor, bought over the counter

and herbal remedies. The types of medicines which can be a problem include those taken for anxiety, depression or difficulty sleeping. This is because of possible side effects. Alcohol can react with medicines - check the labels or ask your doctor or pharmacist.

**Your vision** helps you spot obstacles, gauge steps, and maintain your balance. However, from the age of 40 our eyesight gradually worsens and this can lead to an increased risk of falling. People around 65 years old usually need three times as much light as they did before in order to see clearly, and it takes longer to adjust to sudden changes in light and dark. We are more sensitive to glare, and less able to judge distance and depth, for example on steps. Take extra care on steps if you wear bifocals or multi-focal glasses, these can make it difficult to judge where to put your feet. It is advisable to wear sunglasses and a hat when outdoors and to minimise sudden exposure to abrupt changes in lighting conditions. If you go from light to dark, or the other way around, stop and give your eyes time to adjust before moving.

Falls prevention starts from the ground up, with our feet and footwear. As we age, our feet can change shape and lose some feeling and flexibility. Painful or swollen feet, as well as unsuitable footwear, can disrupt balance and increase the risk of slipping, tripping, or falling. Always choose comfortable, firm fitting, flat shoes with a low broad heel and soles that grip, and don't wear poorly fitted slippers or walk in socks.

**Managing worries about falling**, If you have had a bad fall it is natural to feel worried about falling again. Some people become fearful of falling even if they haven't fallen. This fear may be because of unsteadiness or the thought of the possible injuries from a fall, and people who are worried about falling tend to restrict their activity, gradually doing less.

Making your home and surroundings as safe as possible is another important thing that can be done to reduce the likelihood of a fall.

**Enhancing home safety** prevents accidents and simplifies daily living as you get older. Did you know that 60% of falls happen in and around the home? Some of the problem lies with us, and some with our houses and garden, and as we get older our abilities change, increasing the chances of us slipping and tripping. Apart from hazards in the surroundings, some of the dangers can result from the way you choose to do things. For example, climbing onto a kitchen chair to reach into a high cupboard puts you in danger. Instead, you could ask someone else to reach up for you or keep the item in a place that is easier to reach. Make sure you turn the light on so you can see clearly where you are going and what you are doing. You can also increase the risk of falls by wearing clothes or dressing gowns that are too long and loose and can catch on things, or trip you. General hazards are things like an electric cord across a walkway. They are dangerous for young and old. Removing general hazards will benefit all people who use that area, not only you. Don't forget to turn lights on before you walk around. At night, leave lights on in the passage way and other places you might walk.

**Slipping normally becomes a fall**, and can be caused by: Unsafe footwear, such as loose slippers or narrow heels, slippery surfaces, such as wet or polished floors, or spills of fat or food. Use non-slip mats in wet areas, such as the shower and bathroom. Use a hand rail or a seat in the shower or bath, and avoid talcum powder on tiles, vinyl or wooden floors, it makes them very slippery. Non-skid tape is very useful both for highlighting edges and providing extra grip on steps and stairs, also remove mats and rugs or make sure they have either non-slip backing or are secured with double sided tape. Always keep outside paths clear of moss, slime and fallen leaves, and make sure the walking surfaces in and around the home are not slippery. If they are slippery, install a non-slip surface. As we lose the 'spring in our step' we don't pick up our feet as much when moving around. Due to this, a slight (lift edge) where we walk can catch our feet and cause a fall, so we are more inclined to trip over even small things as well. Mark even small changes on any walking surface with contrasting colour or tape, or spray paint, so they are easily seen, this is better than falling!

**Inside and outside your home** make sure quilts, bedspreads and curtains do not fall across the floor, remove mats and rugs, or have them well secured, and avoid mats that curl or fold over easily. Choose outside door mats with sloping edges, and don't leave things lying around the garden – roll up the hose. Our (fur kids), dogs and cats like to be close. Check where your pet is before you move, they can trip you very easily. Hazards also exist in environments away from your home. These include uneven, broken, loose or wet footpaths and poor lighting. Pay attention to your surroundings, including unsafe surfaces, obstacles, animals, children or cyclists. Scan the area before walking, If you use a walking aid, glasses or hearing aids, always remember to take them with you. Take extra care on buses, trams and trains, if you must leave your seat while the vehicle is moving, walk slowly using the provided safety grips. Sudden accelerating or braking of the vehicle can easily throw you to the floor at force. If you notice a hazard in a public place (e.g. footpath or shopping centre) you should consider reporting it to the appropriate authority. Many councils and shopping centres are grateful to be informed. This may prevent someone else from falling. A walking aid can signal others to be more cautious and considerate. **Keep this handy in your favourite reading spot and review it regularly.**

**VCAS Christmas Party - Yarra Glen Race Course - ?1968.  
Ringwood Depot Group**



**Back Row: Bob McFadzean-Brian Shott- ? -Tony Doensen-?- Lady? Doenson- Col Saunders  
Front Row: Ian (Web) Creighton- Maureen Mc Fadzean-Charlie Martin- Marg Martin- Barb Dent- Lady?  
Lyne Shott- Lady, ? Jeffs.  
Photo taken by Peter Dent**

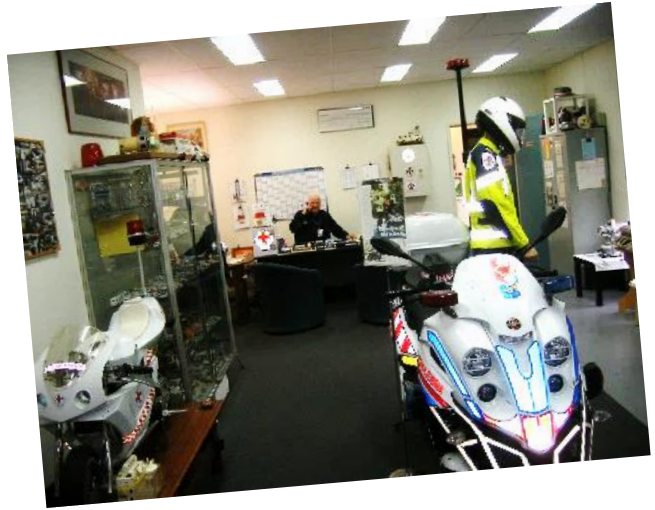


**A Couple of “Thirst Quenchers”**

**( L ) – ( R ) Peter Dent- (obscure person being bottle fed?)- Brian Shott, Col Saunders,  
Bill Sharp- WHAT !! No Charlie Martin !!. (child unknown)**



# Our Museum Today



**“Capturing and Proudly Preserving our State Ambulance History”**

