



THE BEACON

OFFICIAL QUARTERLY PUBLICATION OF THE AMBULANCE HISTORICAL SOCIETY OF VICTORIA



Chas Martin O. A. M. Ambulance Victoria Museum

37TH EDITION – SUMMER 2026

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Special Feature – Life Liners

The progressive journey of a female paramedic that challenged for an AAV role considered physically male only in helicopter rescue. And with determination, courage, and tenacity defied the odds, and then continued on to achieve the ultimate echelon in pre-hospital qualification. Commences Page 10.



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**V.C.A.S. East Camberwell Depot 1951 - (L to R) 1948 Dodge No. 26 and 1951 Dodge No. 16.
(L to R) Officers: Ernie Luke, Cliff Gedling, Bert Willingham, Bruce Clark and Mac Hollis**

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Curator's Report.



Hello members, here we are with one-month of 2026 already passed and so many tasks ahead of us to plan and work through. Chris and I hope everyone enjoyed a wonderful Christmas with family and friends, free of illness or troubles, and are ready to embrace the challenges that 2026 will surely bring. Our committee and volunteers have commenced the 2026 year with a strong focus on innovation and continuous improvement at our museum for the people of Victoria and beyond. We are committed to enhancing both the visual appeal and quality of our historical documentation, to ensure that the AV Museum remains engaged and of public interest.

To this end, and in accordance with our AHSV objective, we continue to locate and preserve our state ambulance history. This is achieved hand in hand with our Beacon publication. Whereas our AV Museum preserves and maintains our tangible history, vintage vehicles, equipment, memorabilia, records, and so on, The Beacon continues in the role of uncovering and 'recovering' our previous and lost history as well as recording events, incidents, and outstanding colleague profiles that otherwise would be overlooked. This includes incidents and matters of a current nature, which becomes our history tomorrow. Without this selfless effort operating both of these AHSV arms, on behalf of Ambulance Victoria, entirely by volunteers our precious history would be lost forever. This has been the case with counterpart Emergency Services, only in hindsight to be deeply regretted afterwards.

In support of our forward vision, our museum will introduce a new diorama featuring the Air Ambulance Victoria – Rotary Wing Group. This interactive display will include a large scale Air Ambulance helicopter model and a Police helicopter. Also incorporated will be audio and lighting effects. As well, it will showcase a flight paramedic performing a winch rescue with a patient, adding a dynamic element to our quality exhibits. This new display is scheduled to be operational for our 'Open Day' on April 19, 2026. And to further general public access to our AV Museum, commencing on February 22nd, we will open on the last Sunday in each month between 1000 hrs and 1400 hrs. Admission will be by a voluntary donation.

Unfortunately, my right-hand man, and Assistant Curator, Terry Brooks has come down with a significant medical, but non-life threatening issue, and will be off duty at the museum and events for some time. All of the crew wish Terry well for his surgical procedure and also a rapid recovery. In the meantime, I am very grateful that *Phil Nestor* has put his hand up to fill Terry's position which has assisted significantly with my workload. And on Sunday February 8th, we kicked off our regional events calendar for 2026 with the annual 'Picnic at Hanging Rock Car Show' one of our major events, featuring several vintage ambulances. Also this will be the first time in 10 years that Terry Brooks hasn't attended this event. However, his mate Gary and partner Pam have said that although they will miss Terry and Rose at Hanging Rock, Gary will be happy to take up Rose and Terry's share of sweets that are bound to be on our 'Angels' Anne and Marie's table that day!

It was rather relevant that Pete Dent, our editor presented a piece on the dangers of bushfire and what to watch out for in the last Beacon, particularly as we have been besieged with Bush fires throughout the state this Summer, and almost equivalent to the destruction of 2008/9. 'Black Saturday.' The very aftermath and personal loss that has occurred from these fires cannot be underestimated, and there is the real concern regarding the mental health impact on regional and rural communities. The consequences of this devastation are extremely serious and in many cases ongoing, so if help is required, we must do all that we can to assist. And also thank the CFA, SES, St John, VicPol and of course our colleagues at Ambulance Victoria. Stay safe everyone and heed the warnings early to leave or stay, there has already been loss of life due to this factor.

And finally, but far from least, a very special thank you to our loyal members that continue with us on this worthy journey preserving our ambulance history that commenced 20 years ago with our late Charlie (Chas) Martin. Sadly a few drop off along the way for various reasons, however, AHSV membership at only \$15.00 P.A. or \$30.00 for 3yrs, with 4 posted Beacons P.A. represents outstanding value! Buy a friend or family member a membership for a gift. And Corporate membership is always welcome and acknowledged.

Please look after yourselves.

Ralph Casey ASM
Curator/Manager.

VL3RS – Feedback and Contributions

The ‘Guardian’s segment’ in the Spring Beacon, regarding care and compassion for animals, drew a touching contribution from *Julianne Cox* of Woomargama, Southern NSW. Julianne and her partner, *Les* operate a vineyard and the ‘Flyfaire Winery’ at Woomargama located in the undulations of the Great Dividing Range. Sadly, a female wombat was killed by a vehicle on the road passing their property, however Julianne and Les were able to rescue the tiny ‘Joey’ wombat from the mother’s pouch. From this point they bottle fed the tiny fella, and reared him to adulthood, experiencing much joy and amusement during this journey of animal compassion and kindness. Julianne and Les kindly forwarded to The Beacon the following story and photographs.

This is Boof the Wombat our family raised. When we first got him he could fit in your hand. We kept him for about 2 years before releasing him on our property, ‘Flyfaire’ at Woomargama. Boof enjoyed sleeping all day in our bed and digging tunnels in the garden at night. He would knock on the wire door early in the morning to come back inside to sleep for the day, and he loved playing Lego with the kids, picking pieces up with his paws and running away with them so the kids would chase him. If you weren’t giving him attention he would nip your ankles. Boof loved road trips in the car, at night he would sleep with Gussie, the Labrador, and her pups.

We missed him when it was time to release him, but he did bring back his girlfriend to show us a few months later. Such happy times. Cheers, Julianne.



Tiny 'Boof' being bottle fed.



'Boof' in Les and Julianne's bed.



'Boof' with 'Gussie' the Labrador.

Following up on the Camberwell Depot issue reported in the last Beacon, the following information has been provided to The Beacon. It is believed that the Camberwell Depot building, including land, is still owned ‘Free Title’ by Ambulance Victoria, and that the depot ceased to be operational in 2000. Also, in regard to the alteration and extension to the rear section of the original ‘Heritage Listed’ building. these additions were supposedly carried out by AV for the purpose of Ambulance vehicle accommodation, designated staff amenities, and secure medical storage provision at the time that Camberwell Depot was operational. It would also seem that the original timber doors have been replaced with a glass ‘Tilt a Door.’ It has also been mentioned that at present the premises are leased as a commercial operation. We will carry out additional investigations at the Camberwell Depot and aim to verify the information previously provided.

Doug Brockfield is a retiree who lives South of the Murray in North East Victoria, in the little village of Milawa. Doug received the ‘Winter’ edition of The Beacon that featured the “*Southern Aurora 1969 Train Crash at Violet Town in 1969*”. Subsequently, he emailed me the following information and photographic items. On that morning Doug was en-route to Melbourne when he came across the train crash only minutes after the tragedy had occurred. Doug Brockfield’s personal accounts and photographs of this spectacular and tragic accident at the train crash site that day are on page 9.

I received a call from an old Ret. Footscray Ambo mate recently; he told me that his brother had a follow up appointment with his local G.P. and at the visit he told the Doc that *‘he had experienced a ‘very nasty’ reaction to the haemorrhoid ointment that he had prescribed him on his last visit.* Bewildered, the Doc asked him, “Where he had applied the ointment?” apparently his brother told the Doc, “*That it was going home on the bus!!*”



Editor's Desk.

Welcome to our first Beacon for 2026, and the New Year that lays before us, with its mysteries that it holds for each of us. Barb and I wish all of our members and readers the very best for 2026, may it hold for all, health, happiness, and good fortune. Both of us are looking forward to bringing you The Beacon again throughout 2026, entering our tenth year of publication. We also are seeking your support with contributions and other items that preserve our proud Victorian Ambulance history and are of reader interest.

Barb and I regularly review the content of The Beacon in an endeavour to ensure that the content presented is interesting and hopefully well received by our readers. Primarily this is preserving and documenting our state ambulance history, from 1915/16 until today. This history encompasses our development, major incidents, outstanding cases, personnel achievements, and may include other historic topics, and items of ambulance interest. Most of our ambulance history must now be sourced due to the loss previously stated in 1993/5, and this is always competing against time and its invertible toll on those holding this history. Every person that has worn our uniform has a story to tell, from front liners to support and administration services, this is our history and development. And from the inception of our service 110 years ago to the present hour, and an incident or occurrence ten minutes ago, is a past event and our ambulance history.

The circulation of The Beacon goes well beyond the hard copy distribution to our AHSV members, both hard and electronic copies of each quarterly editions find their way to other ambulance services, counterpart emergency services, and other organisations within our nation, as well as off shore. Also AV post each quarter a Beacon edition on their Website for public access. We are looking to expand our collaboration with other international ambulance services and exchange publications to enlighten each other on pre-hospital care developments, major incidents which may have occurred in their region, and general news of interest.

Therefore, from time to time, I see the need to implement subtle changes to The Beacon publication for reasons of improvement, and to this end we depend entirely on reader feedback, which I might add is very good and appreciated. A subtle change we are making from this issue onwards is to change the title of "Mail, Telegrams, and Phone" segment and "VL3RS Ambo Humour", as VL3RS was the official and historic call sign of VCAS, it is felt that it should remain and be preserved in an informative role. So, we will make a subtle change to our "Ambo Humour" segment, and we will designate VL3RS to: "VL3RS – Feedback and Contributions" and, to this end, in this issue we are off to a good start! Also, due to my age and generational background, at times I find it difficult to come to terms with today's 'Political Correctness' and in this respect often just plough on, so apologies to our P.C. readers.

Whilst on review and change, I realise that there are times when articles appear in this publication due to graphic content description, they may be confronting to some readers, and I am particularly mindful of this factor with colleagues that suffer 'flashbacks' and associated problems. Additionally, we recognise that some readers may not appreciate our humour section. To address these concerns, we will implement a 'Reader Beware' symbol and status, for optional reading, and hope that this initiative will assist in this regard.

I am committed to ensure that ambulance personnel who have lost their lives in the line of duty are formally acknowledged and commemorated through individual Beacon profiles, and that their contributions are subsequently documented within our state ambulance history. This has previously been achieved with Ambulance Officer *Patrick Morrison* 1962 at an Allansford level crossing (SWVAS) and both Air Ambulance Victoria Flight Nurses *Helen Lang* 1970 mid-air crash over Moorabbin, and *Deliene Bury* air crash after take-off at Essendon 1986. Sadly, following on, in 1998 *Ian Clifford* (NEVDAS) S/O of Myrtleford Branch Vic. lost his life in the process of responding on a 'Signal 8' from Myrtleford. And then tragedy struck again in 2004, taking the lives of paramedics *Robert Bland* and *Phillip Oakley* whilst the crew were proceeding to an MCA. If we are able to obtain the relevant information on each colleague we intend to recognise and pay tribute to the members of these tragedies chronologically. With the grateful assistance of *Doug Dalton*, in the next Beacon issue we hope to present a Tribute to the late Ian Clifford of Myrtleford. Also to this end we would be most grateful for any history contribution or photographs in regard to Ian's life, career, and his family.

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

Pete and Barb

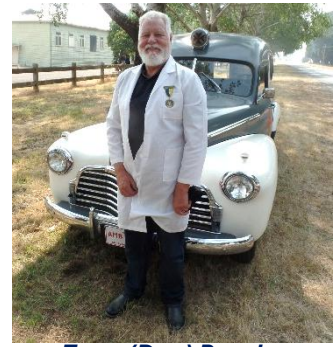


Over and Far Beyond!



Gary Dole

Gary Dole and Terry Brooks have been volunteers at the AHSV/Ambulance Victoria Museum for 10 years. To acknowledge this milestone, on 14 December 2025 both men were commended and presented with a 'Ten Year Service' medal at our AHSV/ Museum end of year function at Bayswater. This was a small token of our immense appreciation for their outstanding contribution.



Terry (Doc) Brooks

Firstly it was Gary Dole who came to the Thomastown museum when it was still in development under the guiding hand of Charlie (Chas) Martin. Gary came with a retired VicPol friend *Kane Gerbert*. Their purpose was to repair and enable our 1914 Talbot WW1 ambulance to be made driveable to feature in the WW1 'Gallipoli' Mini TV Series, 2015, that was in production at the time. After Gary and Kane had accessed the Talbot for repairs, it was deemed that there were considerably more jobs required on the 100 year old ambulance. And of course, attending our museum involved Gary meeting our legendary Curator Chas Martin with his infectious personality! It was also at a time when the museum was experiencing a critical shortage of volunteer assistance, albeit, let alone mechanical expertise. And you guessed it! while there, Gary fell victim to Chas Martin's persuasive charisma, and he was captured! Soon after Gary had commenced at Thomastown, in 2014/15, CEO Tony Walker, an avid ambulance history proponent, secured a much larger premises at Bayswater to house our developing AV Museum. This involved the moving of all vehicles and equipment from the Thomastown location to our new Bayswater premises, a relocation project in which Gary played a significant role.

With the relocation of the Thomastown museum vintage vehicles and equipment to Bayswater, Chas Martin seconded Gary to assist with the logistics of the move. When the move was completed, a small group of other volunteers, set about converting the large vacant commercial building into the now iconic *Chas Martin AV Museum*. This was not a simple task, as the building also comprised of a large mezzanine area. Once the basic new Bayswater museum was established, still lacking were the crucial volunteers to operate it. Gary continued on with Chas at the Bayswater museum, undertaking the multitude of repairs required by the 14 vintage ambulances transferred from Thomastown. Eventually more volunteers were attracted including the invaluable service of *Bill Redpath* a former contract AV mechanic. It was in the process of these vintage ambulance repairs that Gary's expertise as a 'Fitter and Turner' and forward vision stood out. Many essential mechanical parts were now unavailable for these aged vehicles, so Gary researched 'YouTube' and with perseverance he was able to manufacture the otherwise unobtainable mechanical components at his home workshop at Melton. This remarkable achievement included our 100 year old WW1 Talbot ambulance, which required an unobtainable gearbox spline component. Also, with detail assistance from Bill Redpath, Gary manufactured a 12/18 volt starter motor for the Talbot ambulance, rather than volunteers using the "wrist breaking crank handle" of the vehicle's manufacture era. Gary's vision, expertise, mechanical aptitude and 'hands on ability' have been an inspiration and an invaluable asset to our museum, both at Thomastown and currently at the Bayswater location.

Then a short time after our Bayswater museum became operational, lifetime friend *Terry Brooks* called at Gary's home to catch up for a chat. It was during their conversation that Gary told Terry about his new found pastime, subsequently Gary invited Terry to accompany him to the museum one day for a look around. Terry accepted the invitation and joined Gary visiting the Bayswater museum, where they met curator Chas Martin. Suffice to say, end of story! That event occurred a decade ago, and from that day forward Terry has been an essential part of the museum staff, working alongside his colleague Gary. It is the impressive accomplishments achieved as a two man team over the past decade as AHSV/AV Museum volunteers, which gives rise to such wide appreciation. Terry and Gary each have selflessly devoted an exceptional amount of time and effort that truly deserves recognition, their commitment goes well beyond typical volunteering standards in other organisations. The pair's volunteering begins with one hour's travelling 'each way' for both men from their Melton homes to the Bayswater museum, and insistent at their own expense, also often this can be three or four times or more in one week. Also, each Monday on a weekly basis, Gary and Terry attend the vintage vehicle maintenance and repairs day at our museum. Terry assumed the role of managing the maintenance and registration program of our museum's 28 strong vintage vehicle fleet.

As a two man team, they began attending regional events throughout Victoria, Gary driving one vintage ambulance to the location, Terry another. Most of the events involved overnight accommodation for at least one night, and often two or more, as well as meals. The pair met this expense personally, never requesting any

reimbursement, and both men continue in this role today. Although Terry and Gary were already providing an invaluable service to our museum, this did not satisfy their desire to contribute even more, and it is not unusual for Terry to take a vintage ambulance from home alone to a local or nearby event. And often in the case of these two volunteers returning from a Metro or regional event, at days end they would consider the distance from their homes against a further museum obligation the next day. They would purchase an evening meal and spend the night at the museum each sleeping in a vintage ambulance, continuing their commitment the next morning, after Chas had arrived at 0530hrs with a hearty breakfast cooked in the museum kitchen.

At the suggestion of Gary and Terry, in consultation with Curator Chas Martin, the decision was made to continue and expand participation providing vintage ambulances for film production. This initiative was not solely as a source of additional income, but as also to promote the preservation of our state ambulance history that was being undertaken by the AHSV/ AV Museum. Although this was a wonderful plan in theory, the absence of volunteers was an issue that remained unresolved and required to accomplish a result. The final outcome of the volunteer shortage ended up being that Gary and Terry left their meeting with Chas with another string to their bow! they were the filming crew! Terry Brooks accepted the responsibility of film bookings and scheduling and also arranging specific badging and specific identification required of ambulances for filming alternative movies from time to time. Also on some occasions Terry stood in as a second in filming scenes that the pair were attending, and he has been a great contributor to The Beacon as well.

Providing vintage ambulances for film production is an extreme test of one's patience. It involves film shoots at any time around the clock, at any chosen location, and at times, in all weather conditions. The vintage ambulance crew attending a film production may wait for hours for the time of the ambulance film shoot despite scheduling, also it is not unusual for the shoot to be cancelled until the next day. There were occasions when Terry was seconded for a film shoot, one was the *Doctor Blake* series. In remote productions, an occasional overnight stay in accommodation may be required. In earlier days of the museum vintage ambulance filming venture, the cost was again borne by this willing pair. Gary and Terry continued as the sole vintage ambulance filming crew over the years following the meeting that day with Chas Martin. It is only in recent years that other volunteers have shown interest and joined in, providing timely support to meet the growing demand for vintage ambulances in the local film industry, created by Gary and Terry.

The outstanding point of the commitment of these two men as volunteers at our museum, is that Gary and Terry have, over the duration of ten years, collectively and continuously carried out each role mentioned in this testimony. Also as I draw writing of these two men to a close, it is contemplated that some people may read the account of their incredible contribution with a degree of dubiety, that two men could so contribute. However, I can testify that the summary of the activities of Gary Dole and Terry Brooks to my knowledge is precise and factual in each aspect stated. Also, it has been my pleasure to write of their dedicated contribution, given so graciously and generously to promote our museum and also to assist our efforts preserving our proud ambulance history.

In conclusion, I am confident that our Curator Ralph Casey, fellow committee members, members and readers will join me in commending these two men, who have gone well and truly '*Over and Far Beyond*' all parameters of volunteering over ten years. And, the incalculable hours of their personal time, and the expenses incurred, doing so, met by themselves. Thank you sincerely Gary Dole and Terry Brooks, you have raised the bar and inspired all. Ed.



Above: Terry and Gary work on our 1914 Talbot Ambulance.



Right: Terry and Gary accept their Service Medals from Ralph.

Humidicribs – An Infant Life Saver

Humidicribs: came into ambulance use in early 1960, significantly improving the survival of premature born and sick infants. It was quite a rewarding task to transport tiny infants, normally prematurely born or at times sick, from smaller hospitals to major hospitals for specialist care. In earlier days, prior to humidicribs coming available for ambulance use, many babies died during emergency transit on road and Air Ambulance. The humidicrib's function is to maintain normal body temperature and provide oxygen if required during ambulance transit. They were known by a variety of commercial names, and the earlier humidicribs were heated with hot-water bottles. Humidicribs were not standard ambulance equipment, they were held at ambulance stations and drawn for infant transport when required..

Manufactured by the Commonwealth Industrial Gases Limited (C.I.G.), Australian made Port-O-Cot brand humidicribs replaced timber humidicribs. The modern version had electrical heating and easy-to-control oxygen flow and humidity control equipment. Once the baby had been placed inside, the cot need not be opened, all nursing operations were carried out through the iris armholes. Even though the baby was in complete isolation, nursing was straightforward. The iris armholes allowed medicos to feed, weigh, take temperatures, change napkins or, in fact, carry out any procedures without changing or disturbing the atmosphere within the cot. A considerable advantage for ambulance officers and nurses was that the new Port-OCots were much lighter and easier to carry than the superseded timber units.

After developing the Port-O-Cot, C.I.G. later produced the Thermocot. This new, advanced model of humidicrib had a number of updates over the Port-O-Cot. Most importantly, it had an overtemperature alarm and cut-out. It was also calibrated in degrees Celsius, as by then the metric measuring system had been introduced to Australia. It also had a front-opening canopy, which was easier for medical staff to use. The only drawback being that you couldn't 'tickle the baby's tummy' to make them laugh!



AHSV AV Museum Celebrating Australia Day 2026

Australia Day was observed at our museum on Monday January 26th and we 'flew the flag' proudly for our beloved Oz with our own little gathering of dedicated AHSV volunteers, on a maintenance Monday. Background 1942 WW2 Chevrolet ambulance. And an Oz day luncheon prepared by Anne and Marie.



Please tell us about the ambulance history of your home town, we would love it for The Beacon to share with our readers. Most people that have a connection with country towns know the history of their town, particularly Yesteryear Police, Fire Brigade, and Ambulance, and every town has a story to tell. Also, each town has a unique feature, albeit the local cemetery, a town building, a statue, famous person, character, and normally a village idiot, or a major historic incident. I know this is the case in the tiny mountain village that I originate. For instance, the 'Erica District Ambulance' was a 1948 cream International, driven by a local volunteer, or that was, until he drove it off the road down a 200ft bank and wrote it off, and never replaced. So if you have any **stories, photographs** or **old documentation**, please contact **Barb** on **0417 290 946**. We will take special care of any item provided and return it to you by secure post with tracking. Pete.

VL3RS Feedback – Doug Brockfield

Overview: On 7th February 1969, the luxury Southern Aurora passenger train was Southbound from Sydney to Melbourne, at the same time Goods train 4281 was Northbound from Melbourne. The Southern Aurora was directed to pull into the siding at Violet Town, allowing the two trains to pass. However, the driver of the Southern Aurora was either comatose or dead at the controls, subsequently the Southern Aurora sped through Violet town and collided head on with Goods 4281 a mile south of Violet Town. Miraculously only 8 people perished but many were injured. Here is Doug Brockfield's personal account.



Doug Brockfield

On the morning of the *Southern Aurora* crash I was driving from Beechworth to Melbourne for a sales meeting. The old Hume Highway was only a few hundred metres from the railway track, and all of a sudden I saw a plume of thick, black smoke. It was just after 7 o'clock in the morning.

I realised it must be some sort of accident, so I stopped the car and took off across the paddock. When I reached the back portion of the train, the first thing I saw was people in the doorways, wondering what had happened. A few of them asked me what was going on, and I said, 'Well, it looks like there's been a crash: although I didn't yet realise how bad.

No emergency workers were on site, so it must have only just happened. I went around the back of the train to the north side, then up to the crash site, and it was absolute carnage. Just a huge, jumbled mess of locomotives and carriages, with lots of smoke and flames, and it was very scary - like something out a horror movie. One of the locos was on its side, and its horn was jammed on, which made the scene even more eerie. A few people, including some local farmers, were trying to help people get out of the train, and a couple of ladders had been propped up against the carriages.

Passengers were jumping down from the train, many still in their dressing gowns or pyjamas, as they had been in bed when the crash happened. Others were walking around in a daze. You could hear people screaming from inside the carriages. They were trapped, and there was fire, so naturally they were panicking. It was terrifying to hear people scream with fire present, as you didn't know whether they were going to be incinerated. We didn't know if the fire was going to spread, or even if a loco might explode, and all we could think of was trying to get the passengers out and away from the train.

The farmers - big strong fellows - were using axes and whatever else they could find to try and smash the windows, but the windows were thick and were hard to break. I climbed up and helped break the windows, and we assisted quite a few passengers out of the train. The people were just bewildered, and none of them spoke much, they were just so deeply in shock and happy to still be alive. A few had blood on them and various injuries from being thrown around. We just sat them on the ground away from the train and tried to make them comfortable. We had no idea how many people were on the train, no idea how many were injured - or even if any were dead - it was just total confusion. You didn't have time to think. The worst part was not knowing whether anyone was being burned to death, although fortunately I never saw any deceased people myself.

I stayed for maybe an hour or so, but by this time there were emergency workers and medicos everywhere, so I left. I didn't want to get in the way, and I figured they were trained for it. I got back to my car and began driving to Melbourne, and there were emergency vehicles all over the Hume Highway, coming from towns all around. Leaving the scene felt strange, as if it wasn't real, and I'd just been watching a movie. It was very hard to comprehend. Surreal would be the most descriptive word.

I drove on to Melbourne for my meeting, listening to news of the tragedy on the radio. When I arrived, I was chastised by the sales manager. "Brockfield, you're late": he said. My hands were still dirty and covered in muck, and I said "Well, I've got a pretty good excuse".

The crash caused a sensation in the media, particularly as it wasn't just any train - it was the *Southern Aurora* - the pride of the fleet, so to speak. The flagship. It was like the sinking of the *Titanic*. Considering the carnage, I thought there may have been 20, 30 or even 40 deaths, and it seemed like a miracle when I found out that only eight people had died in the crash, including the Southern Aurora driver who was already dead.

Even all these years later, I've never forgotten that day. In a way, it has haunted me my whole life, and even now it still affects me. Even the name Violet Town - such a pretty name - has forever been stained by the terrible events.



The aftermath of the Southern Aurora disaster at Violet Town on 7 February 1969

S316, the locomotive, which was hauling the *Southern Aurora*, turned over and caught fire. In the background, the remains of the northbound goods train, including burnt out cars, are an eerie reminder of the extreme violence of the collision.

Doug Brockfield, Rescuer



Foreword: Life Liners

In 1987, legislation was enacted that raised weight-lifting requirements for women, enabling them to join the Victorian Ambulance Services as paramedics. This change of legislation also heralded the end of a century of a male-only bastion. It also introduced significant challenges, as many women faced a difficult path integrating into a historically male-dominated profession. In this era women were still fighting for equality, and against industrial and commercial unfairness in employment. And, as predicted, there would be varying degrees of both resistance, and acceptance by male counterparts towards women joining their male domain.

As was the same case in the former all male ambulance workforce with recruits, most female recruits would succeed, some would fail, and a very small group of women would excel beyond all expectation, despite the barriers placed before them. In the same time period that females entered paramedicine, many ambulance service career paths were unfolding. Ambulance Service Victoria was undergoing a revised paramedic training procedure and criterion; paramedical qualifications were to become tertiary based. Also in this time frame, MICA was expanding. Air Ambulance Service 'Fixed Wing' division, which commenced in 1962, was diversifying its operation and later contributed to regional patient access to city based medical services. And in the foreseeable future the ambulance service would divide to operate as an emergency service only.

Prompted by evidence of lives saved by the Peninsula Ambulance Service helicopter in the 1970s, "*The Angel of Mercy*," in 1986 MAS collaborated with VicPol to trial the Rotary Air Ambulance division. They used VicPol helicopters and MICA specialist paramedics to rescue emergency patients from locations that were remote or hard to access, and this again demonstrated helicopters' proven life-saving abilities. Following the success of this initiative, Air Ambulance Victoria separated from VicPol to establish its own Rotary Air Ambulance Division. Initially operating helicopter '495,' the Rotary Division ultimately expanded to operate five Bell long-range helicopters from five strategic locations across Victoria. The new air division was titled HEMS, *Helicopter Emergency Medical Service*. HEMS 1,2,3,4, and 5, operated with approximately 40 specially trained MICA flight paramedics, and due to the rigorous and demanding physical strength requirements, HEMS for a period of time became a male-dominated sector of the Victorian Ambulance Service.

Earlier in this Foreword, mention was made of a '*very small group of women who would excel beyond all expectation*.' It is with this sentiment that the introduction to 'Life Liners' commences, highlighting one exemplary woman who distinguished herself and subsequently attained the highest pre-hospital qualification in ambulance services. The stamina, courage, and determination of this woman combined with her lifetime ambition would not be satisfied until a career was found that would offer and satisfy her ability and desire for personal trial. And it was at this point in her life that she set about in earnest to reach out for this elusive goal.

Michaela Malcolm is a woman that is attracted to challenge, and for her these challenges essentially must be demanding and rigorous to test her skills and acquired expertise to an extreme, and also under difficult circumstances in a hostile environment. In 2025 Michaela participated in the 'Mallee Blast,' a gruelling cross country 500 km bike ride, from Swan Hill to Torquay, and she was the only competing female in this contest to finish. This achievement bears testimony to Michaela's tenacity, physical tolerance, and stamina. The entry process for a MICA flight paramedic in the ASV Air Division HEMS, is best described as 'formidable', involving rigorous testing of many of her qualities and much more. It pushed top applicants to, and beyond, their physical and mental limits, and would trial Michaela's personal resilience, and to this end, many hopefuls would test, and many would fail!

However, for Michaela it brought her closer to her life goals; as someone raised in the country, she understood that rural residents often face greater healthcare challenges than their city counterparts. Also, as a team player, Michaela had a desire to be part of a group that could bring high clinical care to these communities, particularly in the role of search and rescue, and winch retrievals. She also had great respect for a number of her clinical mentors who worked with Air Ambulance. The description of the work that these members carried out together with the personal satisfaction and reward experienced being in this role, inspired Michaela even more to become an operational member of this esteemed helicopter team.

Michaela travelled the skies with confidence and camaraderie from her male HEMS counterparts, matching every one of their specialised skills. After several years in this position, she attained the highest clinical qualification in pre-hospital care and was subsequently appointed a Clinical Support Officer (CSO) within Ambulance Victoria. Michaela Malcolm has set a distinguished precedent for women seeking careers in our highly respected profession. Also, her achievements place her amidst the pioneering women creating our state ambulance history, Michaela has now proudly been entered into the Victorian ambulance history archives.

'Our destiny is not gifted to us; It is the ultimate reward for courageous effort' Peter Dent



Life Liners

I was raised in the country, on a big bush block near beautiful Marysville, gateway to the Yarra Valley, with my parents and younger brother. Dad was a director of an outdoor education camp for a private school, Mum was a school teacher, and it was here that we lived. It was a wonderful place to grow up – bush tracks, horses, rock-climbing, bushwalking, skiing etc. I was always out in the bush doing something different. In hindsight I believe that it gave me an appreciation of how people work in difficult or challenging circumstances. On attaining my VCE, I progressed to Monash University to complete a Bachelor of Science with a major in physiology and an interest in sport psychology.



Michaela Malcolm

It was felt that by applying for the Metropolitan Ambulance Service (MAS), I could accomplish a combination of my interest in human physiology and involvement in relatively independent hands-on and satisfying work.

I commenced with MAS in 2003 studying a Diploma of Paramedic Studies at the Frankston campus of Monash University. There were about 20 people in our group with ages ranging from 25-45 and a variation of backgrounds including tradies, a hairdresser and an occupational therapist. This was a fantastic group, and we had a lot of fun. The course was conducted over 3 years with intermittent time at uni and time on road with a Clinical Instructor. (C.I.) My first posting was at Mount Waverley branch with the Team Manager, Bryan MacDonald. Others at the branch in this timeframe included Ron Lazones, Han Wei Lee, Tony Beer, (the late) Graham Maddern and Brian Russo. I also spent some time with CI Andrew Whyatt working around the Bayside area.

In subsequent years, I worked through Melbourne as a Senior Reserve Paramedic. Mount Waverley had been a sheltered introduction to ambulance, so getting around other suburbs of Melbourne was a real eye opener particularly the Western suburbs. I enjoyed the variety of the reserve role – the multiculturalism and the diversity of Melbourne. It was an enlightening experience and a privilege to go into people's homes and see things many others would not have the opportunity to see. I recall the huge vegetable gardens of the Italians and Greeks, the shy Afghani children, the amazing Vietnamese kitchens, the homes of people with little money and others who were very wealthy. My role involved working with incredible paramedics, each with various experiences and a range of personalities, and the situation gave way to a lot of laughs on long 14 hour plus night shifts.

In 2009, my family lost their Marysville home in entirety, during the catastrophic 'Black Saturday 2008/9 Bushfires'. As a result my career was sidelined for a period of time. In 2012, I enrolled in the MICA course at Monash University, which led to my attaining a 'Master of Specialist Paramedic Practice'. I completed my CI time at MICA 15 in Bundoora with Toby St Clair and Phil Morey and then MICA 8 in Ringwood with Bart Creswell. I teamed at MICA 8 for a number of years. It was a great branch with Mongo TM at the time, Glenice Winter A/TM and great mentor/role models with others at the branch Kev Nugent, Peter Watts (Wattsy), Edda Courtney, Deb Norbury, Adrian Schwarz being the main stalwarts.



Michaela in the air.

I completed my SRU (Single Response Unit) training at MICA 5 in Box Hill under the guidance of the legendary Glen Bail, a renowned hard taskmaster. This next level was a 3-month process and rightfully scrutinized in the extreme. At the completion of my SRU accreditation, I sought a month at a rural location for a variation of duties and also to gain rural experience in my role. On application to Rosters, I was offered either Wodonga or Cobram branches. I had no knowledge of either location, so Rosters suggested Wodonga as it was not an 'on call' station. As it turned out I had a great month, with the Wodonga staff being incredibly open and generous. These factors influenced me to accept the position of the Wodonga SRU. I was sad to leave MICA 8, but I was ready to move on and learn something new. Rural SRU was an eye opener, often no second MICA, independent intubation, pre-hospital thrombolysis, prolonged patient care and interactions with Air Ambulance and NSW paramedics. And it was here that I spent most of my downtime at the branch preparing for a potential application for Air Ambulance Victoria (AAV).

I applied for AAV in 2017. At that time the approximate selection process was 6 months, and it felt rigorous. It involved a clinical exam, panel interview, physical testing (abseiling at height/acrophobia testing, load hike test (40+kg), and swim testing (distance and underwater both in uniform and boots) and the highly feared scenario. Each section, when completed, resulted in waiting for a phone call to advise if you had successfully

progressed to the next stage. I now like to utilise this scenario in my role as a CSO to point out that most of us find our challenges tough regardless of where we are in our careers. The scenario involved waiting, actually pacing, in a shed for a number of hours before being given a briefing, checking an ambulance and being dispatched to a case. While I was waiting to go into the scenario a colleague told me that I had a target on my back because I was female. All this happened at the MFB training ground in Craigieburn, I was taken to the incident location in an ambulance where I found about 30 people standing and observing me. There were multiple people with clipboards, I was miked up and people were filming the incident, there was a real building fire with one patient (a well-made up actor) to be managed. The scenario was designed to assess scene control, clinical management, teamwork and working under significant duress. A friend at the scenario later said she saw my legs shaking, I was incredibly nervous; however I had often spent hours and hours driving across Melbourne with other applicants to train for that moment, and I was glad to get it over and done with.

The highlight of my career came when I received a phone call at the end of that six months' period to say I had been successful! Three other applicants were in my group - Sarah Wells, Andrew Osborn and Simon Lynch, a top group with a variety of personalities. From here we all started the Grad Cert of Aeromedical Retrieval at Monash, and we were most fortunate to have some of AV's top educators to train us how to be MICA Flight Paramedics - Darren Hodge, Toby St Clair, Nick Roder, and Shaun Whitmore. I was able to complete some 'Extended Care' modules concurrently to complete my Master of Specialist Paramedic Practice. Towards the end of the course we spent a lot of time at Essendon AAV completing aviation specific requirements.



Beginning the winch descent

I couldn't sleep the night before my first shift on HEMS, and arrived at Essendon base at 0550, about an hour before my start time. Although a case came in at about 0620 for a two-car head on collision. Before I knew it, I was on the aircraft with my CI, crewman and pilot and flying off to my first HEMS case, no time to be nervous, I was trying to do up my helmet and think about the guidelines. Sarah Wells and her CI were also dispatched to the same case for a second patient. We landed in a paddock near the scene, two cars had collided head on at high speed, my patient was extensively trapped, unconscious with multiple injuries. The second patient was badly injured but out of the vehicle in an ambulance.



Landing at HEMS3 MICA MCA case.

Under the guidance of my CI we intubated, performed my first thoracostomy and gave blood to our patient before flying him into Melbourne. It was an incredible start to my new job. Over the next few months I was fortunate to go to a wide range of patients whilst under the guidance of a CI before I was qualified and out on my own. Just prior to qualification, we completed our winch training. This is my favourite part of the job. We trained on land (day and night) and water winching (day) - land I loved, water not so much.

We had also completed the Helicopter Underwater Escape Training (HUET) which I didn't particularly like. This involved being turned upside down in a cage similar to a helicopter in a pool with multiple iterations of escape including being blindfolded whilst upside down in the water. I enjoyed the winch training because it was very particular. There were strict processes and safety procedures and a high level of attention to detail required by everyone involved to keep the aircraft, crew and patient safe. I enjoyed the intensity and physical challenge of winching and the balance between logistical and clinical decision making.

The group also took part in snow awareness training at Mt Buller where over a few days we learned how to manoeuvre in the environment safely using snowshoes, arrest falls, care for patients and build snow caves. A few days in the Cathedral Range was spent completing the Personal Preservation Course where we walked around in the bush with heavy packs revising how to navigate, search, care for patients over prolonged periods, interact within a multi-agency team and set up shelters.



Crew In the snow at Mt Buller

I don't actually remember my first job by myself on the aircraft. I think it must have been fairly straightforward, which I would have appreciated. However, about three weeks post qualification I was dispatched to a male in his thirties who had been crushed by the chassis of a very large quarry truck south east of Melbourne. We landed in the quarry. I opened up the ambulance door to find the patient on the stretcher. My first thought was 'this bloke is about to die'. He was awake, but unable to talk, with a severe crush injury to his chest. His oxygen levels were low and his heart rate was very high. A group of great paramedics, including the legend CSO Gary Robertson, was on scene and together we set up to intubate the patient. Pneumotach's (needles) were placed into the patient's chest in an attempt to alleviate some of the pressure and the suspected lung collapse. The intubating procedure was high risk given his uncorrectable low oxygen levels and severe chest injury and I wasn't sure he would survive the procedure, but he was going to die if we didn't do it.

“This was not going to plan, with very low oxygen levels, I considered a second intubation attempt”

The medications were given and the patient was intubated. All seemed to go ok except we couldn't get an adequate CO2 reading which indicates the tube is correctly placed in the trachea. This was unexpected as the tube was seen to go into the trachea. Process at that time dictated removal of the tube, which we did, with my stress levels now increasing significantly. This was not going to plan and with very low oxygen levels, I considered a second intubation attempt could result in his death. Instead, an intubating LMA was placed and an endotracheal tube inserted through it. I had never used this device before, except in the training room, but it seemed to provide a slightly better result than earlier. It would have to make do. The patient was sedated and paralysed and thoracostomy done (cuts into the chest wall and a finger inserted to help reduce air and reinflate a collapsed lung). I remember a big 'whoosh' of air on one side. I attached the ventilator which was continually alarming and was not providing adequate volume. At this stage, multiple unexpected incidents had occurred and I was very conscious of time on scene with a critically unwell trauma patient. A lot of logistical and clinical issues were running through my head and I made the decision to 'load and go' despite the patient's instability and my inability to troubleshoot some of these issues.

I told Gary Robertson he was coming with me to help; he was briefed and the patient loaded. The hospital was notified and the short flight was taken up with Gary manually ventilating the patient while I had my fingers in his chest every few minutes to let the build-up of air escape. The patient arrived at the hospital with oxygen saturations of around 50%, a dangerously low level and I was surprised he had survived the flight. Turns out he had a large hole in his right main bronchus which was causing large amounts of air to build up in his chest instead of inflating his lung. The patient survived and after a long stint in ICU after surgery, eventually went



Michaela on a winch job.

home to his young family. Gary and I visited him in hospital and we couldn't believe he was alive. Most people with those injuries don't survive to hospital, and he was an interesting case-study at the Alfred Hospital. Gary and I were able to meet the patient and his family on a number of occasions, and his case is one that I will never forget.

During my time at Essendon base, I did my first winch job. I was chuffed that my crewie, Anna Gilson (the only female crewie at that time) was looking after me. The period during a winch retrieval is focused and very structured. The pilot's attention is absolute on maintaining the hover with constant input from the crewie while they

are also responsible for the safe dispatch and retrieval of the MFP/patient. I had always thought finding people in snow would be relatively easy. Not true, the two tiny dots on the side of Mt Feathertop were our target. There was a short timeframe as weather was an issue. I love the snow but was also aware I get cold very easily. I had thermals under my flight suit and wet weather gear over the top, then my harness weighed down with radios and the sat. phone, way too much! Out I went! It was a spectacular view. Two essentially uninjured but hypothermic patients were winched from the snow separately and flown to nearby Wangaratta for assessment.

All my winch jobs are very memorable to me - into the bush at Mt Disappointment for an injured motorbike rider turned into an overnight stay with Police Search and Rescue. This was a winch on Billy Goats Bluff Track in Gippsland, in the dark, for a cardiac patient, then into the bush in the Yarra Ranges for a motorcyclist and another bike rider with abdominal injuries near Reefton. A highlight was being winched by Lordy onto the side of the Cathedral Range, my home mountain since I was a little girl, for a patient who had fallen a long distance through rocks.

I took a position at HEMS 3 at Bendigo and was fortunate to work alongside some excellent pilots and crewies. The work at the regional base was generally more isolated and cases tended to be less well resourced. I did some of my most difficult cases at HEMS 3 and I loved the challenge of difficult work. Steve Sault, a well-known HEMS 3 character, provided great friendship and mentorship at the time, as he does to many. It is difficult to describe the level of camaraderie between the crew on an aircraft particularly when working hard for long periods of time. The crewies at HEMS 3 were standouts. One such crewie, Brett Whyte received a commendation for his incredible assistance to me at a case involving a paediatric chest injured patient in NSW where we had no other MICA assistance. The child needed RSI, thoracostomy and blood and the ALS Paramedics, Brett and even the pilot, all worked hard to help me. The case took many hours, and Brett was instrumental in efficiently setting up equipment for me in a clinical situation not dissimilar to the patient described earlier. The child survived after a prolonged stay in ICU at RCH and returned home many weeks later. I was humbled when an ALS paramedic involved in the case subsequently nominated me, and I was a runner up, in AV's Clinical Excellence Awards (trumped by TeleHealth!).



Michaela and Sarah Wells water winch training at Sandringham.

I transferred to Essendon base where HEMS 1 and HEMS 5 run out of. I was fortunate to work as a CI for an MFP intern Eliesha Alberty when she started – we were the first all-female CI/intern crew at AAV.

In 2024 I took a CSO position within Hume. I had applied for the statewide EOI out of interest for future career planning. Unexpectedly I received a call offering me a number of potential positions. I had always loved working in north east Vic and my plan had been to one day live and work in the region, the work life balance a priority later in my career. I was in an unexpected situation and not one I could turn down. I took the Hume 3 CSO position on the spot. At the time I was given the impression I could work both as an MFP and CSO, disappointingly, this did not eventuate.

I have enjoyed moving to Beechworth and working as a CSO. The region covers the mountains Falls Creek, Mount Buller and Hotham, Mt Beauty, Bright, Myrtleford, Wangaratta, Benalla and Mansfield - geographically large - and is subsequently very busy – but spot on for me. The CSO position entails providing mentorship, support, and guidance to paramedics and volunteers in the field, and also facilitates and delivers statewide clinical and operational education programs. As well, a CSO undertakes clinical audits to ensure adherence to standards and best practices. And integrated into this agenda, acting as a subject matter expert to improve clinical outcomes, such as those for cardiac arrest. I enjoy working within a rural community and bringing my experience to cases on the ground. The region's ALS and MICA paramedics are excellent to work alongside, and they have been very kind to me as I've found my way in the new role. Like most paramedics, we find it hard to summarise our careers and experiences, and it is often colleagues that recount the best anecdotes of us. This is just a small part of my experience. There are a lot of personal and memorable moments that I have left out, but overall I have been witness to incredible care, camaraderie, births and deaths, long nights, isolation, fear, excitement and exhaustion. It is a huge privilege to be invited into people's lives when they need help and I am very thankful I have had the opportunity to be a paramedic.



Team planning injured patient's winch to helicopter



Michaela calling in the aircraft for a winch off the Cathedral Mountains



HEMS night search Yarra Ranges

Unusual BBA Cases

No doubt most members can relate to this topic, and in this case we would like to have the details of your experience to share with our Beacon readers. Many BBA's can present drama, humour, or a combination of many factors. So please send your account through to Barb, she is experienced! The first of these cases:

A **maternity case** with some oddity occurred within the mountains of the Great Divide at Dartmouth in the construction period of the Dartmouth Dam. The ambulance officer, Max (Hoss) Beeson was a former VCAS colleague prior to his transfer to North East Victoria District Ambulance Service at Wangaratta. Stationed at Wangaratta H.Q. Max's position required him at times to be located relieving at areas such as the Dartmouth Dam construction site in the 1970/80s. On one wet and cold wintery night, whilst relieving at Dartmouth Dam, Max received a call from the resident medical officer, *Doctor Dunlop* at 2230 hours. Dr Dunlop requested Max to accompany him and attend a maternity case that was apparently in the bush miles from the Dartmouth ambulance base. After a challenging journey through adverse weather conditions and along winding rural roads, Max and Doctor Dunlop eventually located a couple residing in an abandoned and dilapidated abattoir.

The patient lay naked, in labour, on the floor of a cold room with only an open fire burning, and in appalling, and unhygienic conditions. A movie camera had been set in place to film the birthing process, which big Max, being 'no nonsense Max'! immediately despatched from the room together with the camera operator. After providing make-shift sterile conditions, Doctor Dunlop and Max successfully delivered a healthy baby girl, the birth requiring an episiotomy. They arranged a Wodonga ambulance to meet at a civilised point out of the wilderness and convey the mother and baby to an Albury maternity hospital, to enable the ambulance and Doctor Dunlop to return to cover the Dam emergency requirements. During the handover, Dr. Dunlop expressed concerns about the wellbeing of the new baby and mother if they were to return to live at the old, rundown abattoir's squalid conditions.

This particular B.B.A. case was a real stress elevator, however possibly due to circumstances that may have occurred with our patient many years prior. We received a case at Lilydale for Box Hill and District Hospital maternity and on arrival our patient was lying on the bed in labour. The family were of Polish or Czechoslovakian nationality and there was a language barrier, especially with the patient. As soon as our patient sighted us both in a dark blue uniform and cap, she immediately had a panic attack, the husband informed us that she envisaged us as the Gestapo. This poor woman, her husband comforted her and tried to settle her down, and to assist, we removed our tunics, caps and ties to look more unofficial, and then I had a predicament; The patient's water had broken and she was in late labour, however she was too stressed to co-operate with me. Eventually, we were able to place our patient into the ambulance, and though not ideal given the circumstances, but considering the potential urgent work space required, her husband sat in the front cabin with my colleague. Moving off for Box Hill Hospital, the mother-to-be and I were isolated in the back, as the Chrysler Royal ambulance was not a walk-through ambulance, and after a very short distance in transit, the pending birth rapidly progressed to delivery. It was clear that the baby's head was presenting; however, despite my comforting actions, the patient was unwilling to remove or allow the removal of her underwear, which increased my level of stress. I requested my colleague to stop and bring her husband into the back of the ambulance with both of us. There I explained the imminent and critical situation to him. Her husband quickly took on the underwear task, which required him to be quite firm with his wife, then relieved, I delivered a lovely baby girl. The new mother's fear was immediately transformed to composure and I suspect gratitude when I passed her a towel-clad little daughter, and this gave me a great sense of satisfaction. Although I couldn't help but wonder afterwards what events this poor woman had experienced in the past that created the absolute panic with our presence.



Trial Public Opening Sundays

Ambulance Victoria Museum will **Trial** opening to the public on the **last** Sunday of each month from February 2026. The opening period will be **4 hours: 1000 - 1400 hrs.** Admission is a voluntary donation.

Dates for the next six (6) Sundays: **March 29. April 26. May 31. June 28. July 26. August 30. - 2026.**

Former Ambulance Service personnel will be on duty to answer your questions of past years in our proud Victorian ambulance history * There is so much to see and learn * 28 magnificently restored various vintage ambulances * Vintage equipment * Memorabilia * Bring along family and friends * History information boards of ambulance major incidents ** New Helicopter Rescue (HEMS) display model and background of Ambulance Victoria's renowned helicopter emergency and rescue teams. **SEE BACK COVER OVERVIEW**



The History of Air Ambulance Victoria

The Beginning: On May 1, 1962, a new Aero Commander Shrike aeroplane was flown from the USA to operate for a 12-month trial as Victoria's first air ambulance. This aircraft operated out of Moorabbin Airport. After the trial period, Air Ambulance began in earnest.

Nicholas Skyways transported 12 patients in the first year and 30 the next, at an initial cost of 4/- (40c) a mile. The average flying time was almost three hours per patient. Many were workers injured on the Snowy Mountains Hydro-Electric Scheme, requiring advanced medical treatment at major teaching hospitals in Melbourne. Critics believed the service would quickly flounder, unable to match the economics of road ambulance. Instead, operations became more cost-effective with greater utilisation and careful flight planning.

Nearly 200 patients a year were being transported by 1965, and a Beechcraft Twin Bonanza aircraft was placed on permanent standby as an ambulance. The role of the air service expanded and became part of the general-purpose ambulance transport system. Nurses were hired as full-time flight attendants and patients requiring routine transport for on-going specialist treatment became the major users of the service. A second aircraft was brought into online service within months. However, the Air Ambulance early days were not without tragedy. At 1418 hours, on October 19, 1970, an Air Ambulance, a Beech D50-B, collided mid-air with a Bell 47G-B32 helicopter, four miles west of Moorabbin. Flight nurse *Helen Isabelle Lang* and pilot *Peter Raymond Stone* were both tragically killed, along with the three occupants of the helicopter. Both aircraft were destroyed on ground impact. On September 3, 1986, flight nurse *Deleine Bury*, and pilot *Bill Sur* lost their lives when a Cessna 404 Air Ambulance, carrying four patients, crashed just after take-off from Essendon Airport. All six on board were killed instantly.



King Air B200 Fixed-wing Air Ambulance.



Transferring an air ambulance patient to road ambulance

Memories of Nursing in the Pioneering Days of Air Ambulance: Written by Rona Halliwell

The Air Ambulance service in Victoria commenced in 1962 and I joined in 1970 as a part time nurse working on call at weekends and I soon increased to working weekdays as well.

There were two aircraft, both Beechcraft Twin Bonanzas, owned by Nicholas Skyways and flying from Moorabbin. There were three full time nurses and several part timers. The aircraft carried four patients, two seated and two stretchers, with a pilot and the nurse. They were twin engine and not pressurized, which often caused problems with the patients. After reaching 5000ft patients were liable to fit, bleed, or experience other problems according to their conditions. The nurses could request that the pilot fly lower, if safe, in these cases. Our medical equipment consisted of an OxyViva (oxygen and suction). Whatever else the patient required would be given to us when the patient was transferred. Doctors didn't travel with us and we relied purely on our own nursing experience to get us through.

My orientation consisted of joining a pilot and nurse on a routine flight, flying patients home to the country after treatment in Melbourne. An easy job I thought. How wrong I was! For my first flight, I was called out late one Sunday night. I checked my equipment and boarded the aircraft. We were to fly to King Island to pick up a patient with abdominal pain. About fifteen minutes from Moorabbin, we hit a severe storm and I was terrified! I felt sick and sat wondering how I could leave this job and still save face! We loaded the patient, a lovely lady, and took off into a very peaceful sky. The patient travelled well, and I was grateful for the uneventful flight. Once safely back on the ground I decided that the job would be perfect for me after all. In 1971 Air ambulance moved to Essendon and the staff and aircraft were expanded.

On one occasion, we were flying over Shepparton preparing to land. We had one stretcher patient and two seated patients. The pilot motioned me up to his seat to tell me he didn't think the wheels had come down and

could I radio to the Ambos on the ground for them to check and see as we flew over if they were engaged. I promptly did this, and they replied that they couldn't see our landing gear. I then had to prepare the patients for a wheels-up landing. I placed the two seated patients into crash position and after much reassurance we were prepared. We landed and as it happened with wheels down after all and our patients were none the worse for the experience.

Landing at country airports was often scary. Many of the strips were not sealed, causing many problems. I can remember one flight when prior to take-off we became bogged in the mud and had to wait for a tractor to come and pull us out. I always took a thermos, so we all had a bit of a party while we waited as the patients, luckily, were not urgent. Bendigo was challenging if we had to fly in at dawn. It was usually over-run with kangaroos. We had to do a circuit to buzz them off the strip before final approach, praying like mad that they didn't come back. Mansfield airport was a similar experience but with sheep! Landing and take-off on the one way, sloping strip at Apollo Bay, with power lines at the end, was also a hair-raising experience. The first time I landed there the doctor came running out brandishing a fire extinguisher which didn't fill me with much confidence! At one small township, I clearly remember being met at night by a smoky fire at the end of the strip to guide the pilot as to the direction of the wind. As the locals heard the aircraft approaching, they ran up the grass strip placing flares on either side. On our departure, everyone on the ground waved us off, relieved that the patient was in good care.

In my early flying career one very dark and stormy night we were on our way to King Island to pick up a patient to return him to Melbourne. I was seated behind the pilot and with no patients on board at this stage. All of a sudden smoke started streaming out of the controls. The pilot became very busy at the controls, and I sat terrified unable to say a word which would not have helped anyway. I thought that this would be the end. After several minutes that seemed like hours everything settled down and the pilot became once again quite relaxed - emergency over and then he turned to me and said "you see there was all this bloody smoke" we both laughed and that was the end of the drama. I never did get to find out what was the cause of the smoke.

We transported many routine patients coming to Melbourne for ongoing treatments and returning at the end of the day. We got to know these people well and it was great to be able to support them one-on-one and give them some special care. We had to be prepared at all times to fly to any destination to pick up urgent patients, many with life-threatening conditions. Some of the patients I transported were burns victims, leg and arm amputees, cardiac patients, and babies in humidity cribs to name a few. There were also a number of horrific car and boating accidents causing a wide range of injuries. Nurses maintained radio contact with the ground ambulance service to coordinate arrival times, alert of any change in patient condition and in case there was a need to divert to a more urgent case. This enabled patients to arrive at a major hospital in much less time than a road trip would entail. But there were many, many times when I thought my patient would not make it to Melbourne. I think that lots of prayers and hard work managed to get them safely to their destinations. Occasionally I was fortunate enough to return a patient home after bringing them to Melbourne, often in an unconscious state. Of course, they didn't recognise me but seeing them again in good health gave me great pleasure. When I was a permanent part timer there were no restrictions on the number of hours I could fly. This particular day started out as any other routine day. I was up early to tackle the hour's drive from my house to Essendon airport to return four patients on the 90-minute flight to Mildura and bring three more from Mildura to Melbourne for treatment. No problems there - all patients delivered, and I was on my way home arriving about lunch time. I had just settled down when the phone rang (no mobiles then). It was Air Ambulance informing me there was an urgent patient to be brought from Mildura and could I please come back and do the flight. I agreed and drove back again to Essendon.

On the return flight from Mildura there were no major problems with the patient who was delivered successfully to the Ambulance Officers, in Melbourne. I drove home tired and satisfied with my day's work behind me and quite ready to sit, relax and enjoy my well-deserved dinner. The phone rang again, and it was - you guessed it - Air Ambulance again saying we are desperate there is another urgent patient in Mildura, and we are unable to get a nurse to do the trip, could I please, please HELP!! So, I once again set off on my rescue mission and on arrival at Mildura I found my patient was a desperately ill baby who needed all my nursing skills to try and keep her stable. The flight home from Mildura felt endless, but once we landed in Melbourne, I was relieved to hand over my little charge. I drove home carefully in the wee small hours of the morning very grateful to fall straight into bed.

Finally, I would like to pay tribute to the pilots and nurses in the team who worked so diligently to provide expertise and care to all the patients they transported over the years. Looking back, I feel privileged to have been one of the pioneer nurses of Air Ambulance. It was hard work, heartbreaking at times, but also very rewarding. It is fulfilling to see how the Air Ambulance service has continued to develop from strength to strength from such humble beginnings.

Rona Halliwell

Assault on the Metropolitan Ambulance Service 1993-95

This comprehensive account is written by Steve Thomas the director of the SBS documentary "Errands of Mercy" 1998. Steve's personal perspective as a non-ambulance staff member regarding the Kennett/Firman restructure of the Metropolitan Ambulance Service during 1993-1995 are honest, forthright, and directly to the point. His views as a service outsider reveal a perception of the stress placed on the operation of MAS, and the risk to the Victorian public, Steve also notes the devastation of career personnel, and the long term disruption and damage to the service overall. His account, which emphasises the poorly planned actions of the government at that time, is essential reading for everyone working in the ambulance sector. Also it is hoped that outcome of this disastrous restructure of a state Emergency Service will serve as a disastrous lesson to all future politicians. The Beacon is grateful to Steve Thomas for the opportunity to share this account (unabridged) with our readers.

Ed.

'Errands of Mercy' is a one hour documentary about the Melbourne Metropolitan Ambulance Service (MAS) which was made by Annamax Media (an independent production company run by Producer Penny Robins) and completed in 1998 for SBS Television (it was first broadcast throughout Australia on 8th September that year). In the film we set out to examine the effects on the MAS workforce of the wide sweeping and radical, socioeconomic reforms that had been initiated several years earlier by the then Victorian Government led by Jeff Kennett.

I have been asked to reflect on my personal impressions as an observer and director of the documentary travelling over a period of several months with Ambulance Officers and MICA Paramedics as well as spending time with management at MAS headquarters. I find that, as in the documentary, it is not possible to do this without also reflecting on aspects of the reform process itself. This is because there are basic ways the reforms carried out either undermined or contradicted the very qualities which, at the time, were sought by MAS in its recruits and which certainly described the ambos and paramedics that we got to know through filming.

In 1997 MAS had been constantly in the news, with public concern about emergency response times, 'horror stories' about ambulances arriving too late and the so-called 'Intergraph affair' at a peak. There was an intense focus on the organisation from the media, the Opposition, the State Auditor General and others. MAS was simultaneously undergoing several official enquiries of different types by different bodies. Pressure on management and the 'troops in the field' was intense and had been so for a long time.

This huge public focus was a direct result of the swift and comprehensive reforms to MAS demanded by the incoming Kennett Government in 1993 and which, according to the Auditor-General, were made 'with little regard' for the resultant impact on the workforce or the quality of service to the community. These events are now past history and have, with respect to the Intergraph contracting process, finally resulted in a Royal Commission.

When we started filming in late 1997 the reform process was still working its way down to permeate every aspect of the job and Intergraph was a year or so into operating the AMP DS (Advanced Medical Priority Dispatch System) at MAS's behest. The workforce (or those remaining after severe cuts to numbers and the outsourcing of non-emergency transport to private contractors) had been through four years of what many, among both management and workforce, had no compunction in describing to us as 'severe trauma' (and these are people who know what trauma means!).

The current aspect of reform under development when we started filming was that of 'performance measurement' - a common management tool for eking more out of an already strained system. This was a predictable roll-on from the 'economic rationalist' reforms already made.

A major, underlying intention of economic rationalism is to break down craft processes that employ a highly trained, and therefore relatively expensive workforce, into smaller, less-skilled components requiring less qualified and therefore cheaper workers. Usually allied with this approach is the introduction of new technology. In MAS's case an obvious example of such reform was the computerisation (and privatisation) of the call-taking process.

Through the introduction of computers (installed and operated by Intergraph) and a standardised system of case prioritisation based on statistical data (AMPDS), the Service was able, in one move, to virtually clear the control room of ambulance officers (the Government believed the union had 'captured' the Service through its 'nerve centre') and employed lesser qualified, less costly call-takers. The latter are telephonists trained in the computer prioritisation procedure and with no medical knowledge. Indeed, they must have no medical knowledge because the key to performance measurement of the call-taking system is absolute compliance to the question/answer protocol rather than attempting any diagnosis or making decisions based on individual experience or 'gut instinct' (i.e. intuition).

The operation of AMPDS was a constant and unanimous source of complaint among the ambos and paramedics that we worked with. Whilst management maintained that it was a matter of fine tuning the system, the workforce on the end of the call-taking process had little confidence in it, as the documentary shows. Firstly, they had to deal with the frustrations resulting from what seemed pretty obvious to everyone (except possibly management), which was that the new system was over responding. A medically unqualified call-taker cannot refuse an ambulance; they can only prioritise it. In earlier days however, often experienced and intuitively skilled ambos manning the phones would weed out inappropriate, malicious or malingering calls and deal with them person to person on the phone.

Of course such action can be risky, especially in our increasingly litigious society. Statistical probability is a good defence in court but then, as we know, individuals are not mere statistics.

Secondly, the ambos and paramedics we travelled with perceived the new dispatch protocol ('the grid') as inflexible. Again, management believed it was a matter of tuning the system over time but ambos saw it as a system into which they could no longer have any input. As one paramedic says in the documentary, "CAD is supposed to be Computer Aided Dispatch but I think we've moved to a system where it's computer *absolute* dispatch".

This seems to me to be a clear example of the reforms working against the very nature of the workforce for whom they were intended. That is to say (and we had long discussions during our research with those involved in the selection and training of recruits) ambulance trainees are selected precisely for their ability or potential to act independently, take initiative without supervision and use intuitive thinking and experience in situations where life or death decisions have to be made in a flash and without resort to higher authority. These are the very qualities which, it seemed to me, ambos and paramedics were starting to feel were being taken away from them. The new system was actually requiring them to put aside those skills at certain moments, something they naturally felt was very hard to do.

Once the call-taking procedure was standardised and rendered 'measurable' rather than simply prone to the (apparently) idiosyncratic decision-making of individuals, it was only a matter of time before the same would start to happen to the job itself. The economic rationalist argument goes that only by objective measurement can greater efficiency gains be made (which are themselves measured so that the cross-bar can be raised another notch or two and performance 'improved' even further, ad infinitum). Of course, the question of how you 'measure' (i.e. quantify) the subtle qualities of patient care is a tricky one, so the easy place to put the focus is on those aspects of the job which are measurable, for example, response times.

The particular measurement being introduced during filming was that of 'at hospital times'; the idea being that the less time crews spent at hospitals the more they would be available for jobs (thus making up for what others simply diagnosed as a shortage of vehicles). What management didn't seem to acknowledge is that from the perspective of ambos and paramedics, time spent at hospital is often time spent doing important but unmeasurable things - cleaning up, debriefing, assisting pressured hospital staff, or relaxing for a moment with fellow ambos from other teams.

As one paramedic put it in the documentary, after delivering a patient to hospital "you sometimes need that five or ten minutes breather just to get ready for the next assault". The result of having this 'time out' chipped away is probably long-term, stress build-up, which is ultimately, if in a less direct way, counterproductive to an effective service. The other impact on any workforce of constant 'time and motion' measurement is that they don't feel management trusts them anymore. And yet, trustworthiness and reliability are also among the essential, selected qualities of the ambulance worker which, I might say from my small observations, seemed to be present in abundance!

Perhaps what these ambos and paramedics were reacting to (if unconsciously) by their resistance to aspects of the new ambulance system, a resistance which management found frustrating and unreasonable, are the very symptoms which many of us react against in our contemporary society - the dominance of rationalism over all else. One gets a sense that the system is increasingly in the hands of the statisticians, the data men, the shufflers of computer printout. Indeed, I still cannot watch 'Errands of Mercy' without getting the feeling of two worlds, a galaxy apart - one characterised by the shuffling of paper, a tantra of acronyms and the juggling of figures; the other characterised by direct physical contact, the conveying of reassurance and the holding of hands.

Indeed, the observation made by many ambos and paramedics was that "management has forgotten what it's like to be on the road". Of course, many of the new breed of managers have never been on the road. Another signifier of economic rationalist thinking is that you don't need to have been a teacher to run a school, or a doctor to run a hospital, better to have an engineer or an accountant. This complaint may or may not be true, but certainly one worries (well I worry, and perhaps ambos worry too) that by a process of bracket creep or

osmosis the kind of mechanistic approach favoured at Headquarters (presumably because it's demanded by those who hold the purse strings) will seep into the jobs and very beings of ambulance workers, at the expense of other human qualities.

What threatens to be lost or put aside in this process are, for example, notions of empathy and intuition, long seen as valuable qualities in the caring professions dealing with complex human beings. Unfortunately, the ability to relate to others, put oneself in their shoes or listen to one's 'gut instinct' backed by experience are not reducible to analysis via pie charts and percentages. In movie-myth terms, Darth Vader, the voice of reason and 'common sense' is getting the upper hand over Luke Skywalker who represents qualities of the heart, of intuitive action and of feeling. What I, your average patient, wants from an ambo at least as much as medical skills is a modicum of sympathy and reassurance, i.e. those basic qualities of human kindness. Indeed, however polite the voice on the end of the telephone might be when I ring '000', I don't want to talk to a computer. I want to talk to someone who understands how I'm feeling. But then, maybe I'm old-fashioned.

The feeling, experienced by workers in many jobs, of being no longer valued (except in terms of what can be produced and how quickly, represented reductively in percentiles and ratios) affects us all. It particularly affects ambulance workers because of the kind of people they are. That is, (and this is my observation) they are generally proud of what they do and they know the conditions required to do it well. These include the need to be alert and to know that they can depend on their mate and their vehicle. Instead, we found them often tired from the effects of delayed meal breaks caused by being sent on (in their opinion) inappropriate jobs or to plug the gaps in the privatised, non-emergency sector; worried by rumours of management plans which would shake up working rosters and locations and might force paramedics to travel one-up instead of two; and nervous about the roadworthiness of vehicles now maintained by outside contractors trying to make a buck in a competitive world) instead of being doted on by ambulance service mechanics. All of this was aggravated by a general sense of being 'kept in the dark' and a residue of bad blood between management and workforce left from the earlier period of 'downsizing and outsourcing'.

During filming, as I watched ambos and paramedics at their work with that jaw-dropping mixture of awe, envy and respect which the rest of us reserve for the caring professions (and which the caring professions 'pooh pooh' while they tell us 'it's just a job' - although we don't believe them), it struck me more than once that as a society we rely on the fact that, no matter what's done to it, we can always depend on the dedication of a caring workforce. And no-one more so than the ambos - who, it became crystal clear as we travelled with them, are the last line of defence, picking up those misfortunates who fall through the ever more gaping holes in the welfare net caused largely by our economic priorities.

Although the pay is relatively good, no ambo told us they were in it solely for the money (or for the resulting disruption to their family lives caused by endless shiftwork). Admittedly, no-one seems to like a bit of excitement more than your average ambo (not having enough of it during the week, many seem to go out looking for it in all sorts of hazardous occupations on weekends!). However, it came across very strongly in the way that our subjects behaved that basically most do the job because they want to help people. Indeed, as we filmed, it became apparent that anyone only interested in excitement or money wouldn't last. The key to being an ambo seems to be the ability to deal with long periods of humdrum work which with one beep of a cellphone can turn into a terrifying crisis of life or death!

I wonder how long my description of the qualities we observed among ambulance workers will last? By 1998 it seemed to be the case that as morale was sapped and individuals burned out so the workforce was leaking experience by attrition. As was pointed out to me then, whereas a few years earlier the service record of MAS workers would have been ten to twenty years it was becoming increasingly unusual to find anyone who'd been around for more than four or five. Some felt that the workforce was losing both its collective experience and memory. The cynics believed this process suited those behind the reforms - because soon there'd be no-one around to remember how things used to be or that indeed, things were ever any different.

As time passes, maybe the psychology of ambulance officers and paramedics will change. Perhaps they will be selected less for those attributes discussed above (which it was put to us by more than one manager tends only to lead to 'unmanageability') and more for the ability to fit into the requirements of the new system. What the long-term effect of such a shift on 'quality of care' might be is yet to be discovered.

Of course, ambulance 'culture' shouldn't be unchanging. Those who remember the male dominated, militaristic days of the Service know that change is often necessary. But it's the question of what kind of change is desirable that should be debated. It's that debate which 'Errands of Mercy' was intended to stimulate, not just about ambulance but in relation to the general direction of our society in (dare I use the term) 'the new millennium'.

Fifty Five Years On...

In the last Beacon “Spring” edition we featured an article titled ‘*Yesterday’s Men.*’ The topic focused in part on VicPol member, Ret. Inspector *Ross Smith*, APM. and the West Gate Bridge Disaster. Following is an extract and lift from The Beacon, No 16, ‘2020 West Gate Bridge Disaster’ feature.



Yesterday’s Men. (Final)



Initially, Ross Smith and I became acquainted in the process of my obtaining accounts of other emergency services personnel that attended the West Gate Bridge Disaster 1970. Ross responded to a Retired Police Ass. (RPA Vic.) Website post and request to assist my research for The Beacon feature of the ‘West Gate Bridge Disaster 50th Anniversary 2020’. At the time West Gate fell, Ross was 22 years of age and stationed at Footscray. He provided me with his personal account as one of the first two VicPol Const. to attend the West Gate Disaster scene (Beacon edition 16, ‘Spring’ 2020 lift, and accompanying). Since our primary contact in 2020, Ross and I tended to keep in touch, and a remote friendship developed. At times, our conversation drifts back to the events of that tragic long afternoon of October 15, 1970. Then a couple of years ago, Ross emailed me the inset B/W photo incidentally. I responded by email, advising Ross that coincidentally I was the Ambo in the photo., Ross emailed back and stated that he was one of the two uniformed police in the photo! We were totally unaware of this previously, and we have not met face-to-face again since that photo was taken in 1970 This is an amazing coincidence from that tragic day over 50 years ago, that in destiny was brought to light.



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

A first responding Victoria Police member - Personal account Const. Ross Smith



Just short of my 17th birthday I joined Victoria Police as *Police Cadet Ross Smith* on 1.2.1966. At the age of 17 years 6 months, I graduated as a Constable of Police, and following 12 months at Russell Street transferred to General Duties at Footscray Police Station in late 1969. In only a short space of time I quickly experienced death in varying circumstances, serious road related crashes, injuries, death, criminal violence, anti- social encounters and attacks on Police. A quick learning curve for a country lad arriving in the big city of Melbourne. In those days Footscray and the western suburbs were renowned for a shortage of Police numbers. Regularly working one up you learnt to build a strong character, otherwise an aspired police career would not survive the challenges.

On the 15th October 1970, whilst working alone on the Footscray Divisional Van, I was about to be confronted with a disaster of such a magnitude or nature no-one had experienced in Victorian history. At about 11.50am I received a message that the West Gate Bridge (in part) had collapsed and I was to attend. It was a court day. I was the only one available at Footscray. I hurriedly left the Police Station and travelled the 4-5 kilometers under emergency light and siren south down Hyde Street, which ran directly to and beneath the Westgate Bridge. I was there in minutes.

As I left the Police Station, I can still recall hearing ships docked along the Yarra River sounding their fog horns. This was deafening. It was only afterwards that I related such noise and response to their (ships) proximity to the massive bridge collapse. As I crossed Francis Street, a Mobile Traffic Police member was in the process of blocking off that intersection, closing off access to the collapse scene, only allowing emergency vehicles entry. The disaster was straight ahead and clearly visible to me. A massive section of the bridge had collapsed with smoke billowing upwards. Understandably, my adrenalin was pumping and I clearly remember bringing the Police vehicle to a halt just short of the bridge towering over me as I hurriedly judged whether it was safe for me to pass under. I made a quick decision to put the foot down and get (beneath) to the other side where I needed to be to access the scene on the ground.

I arrived at the scene as did another Police member, Constable *John McNaughton* from Kingsville Police. We were the first two police at the scene. The scene was hectic to say the least. Witnesses from nearby factories, and workers from the actual bridge construction were going everywhere. It was obvious many people had been seriously injured and many deaths would result. Everyone knew what was required. I don't believe there was panic. Workers were trapped, injured and needed help. Shock was very apparent. There were no portable radios or mobile phones. Together with John, we were assisted by workers onto the fallen bridge and made our way to where the bridge had buckled or broken in the centre of the span. This is where whatever and who remained on the bridge had, by the mere force of the collapse, been cannoned down into an open steel fracture, split apart as I recall. There was fire, oil, fuel, twisted steel and injured workers groaning. Dead bodies were visible.



Constable Ross Smith nearest in shirt sleeves

we had momentarily stopped, looking up at the bridge. A belief was raised that the bridge may further collapse. We were done if it had. You will see me in a shirt, my hands were covered in grease, oil and yes, blood. No gloves provided in those days, nor contemplated.

Other emergency services, fire and ambulance were arriving and coming on to the collapsed "bridge". Later I became aware the impact had thrown workers off the bridge, trapping others beneath the massive structure. A terrible scene. I found myself down amongst the huge, twisted steel girders lifting and retrieving injured workers back out to stretchers. Others then moving them off the site for medical treatment. I was there for several hours. The time failed to register with me. With adrenalin pumping, the importance of the role the team of emergency workers, construction workers and nearby workers needed no clarification. We all just did our absolute best to rescue, provide medical

assistance, and evacuate these poor souls. The picture shows

Something I should say at this time is there was much I saw and experienced on that day which I specifically blocked out of my mind. It was my way of dealing and coping with such a horrific event. It did take some time later for me to cope. However hard I tried there was one particular body I have never been able to erase from my mind. It remains with me to this day.

Those bridge workers were helpless in the circumstances. 'Lambs to the slaughter,' as they say. The ones who survived were privy to their own miracle. The task of recovering all bodies trapped beneath the massive steel section was going to take much planning and further time. Upon finishing duty later that day I returned home. Living with two other police members, and me alone at home, I opened my take-away Chinese meal I had collected on the way. I looked at it and put it away. Following the experiences of that day I had no appetite for the food. Not even a beer. That would come later and form part of how such experiences were coped with along the journey of policing. "The informal de-brief". Whilst only a junior Constable in 1970, I had little, if any, training in emergency response. This is understandable, and with the development of Emergency Management, so much has been introduced since, and is still developing today. My recollection back then there was no welfare support offered. Nor did I look for any. The pace of policing in the western suburbs was such you dealt with today, and tomorrow was another day. Another challenge! That was what policing was all about for a young 21-year-old.

I remained a Police member for 46 years, eventually retiring in 2012 following my involvement in Black Saturday 2009 Bush Fires. I was done. In later years I have privately returned to the site of the West Gate Bridge collapse and paid tribute to those impacted, reflecting upon that day in 1970. The West Gate Bridge Disaster somehow enabled me to build a determination to survive many experiences and everyday challenges to Policing, and other "First Responder" incidents.

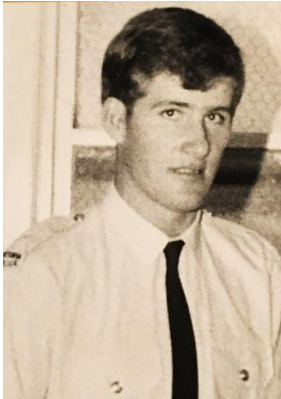
Today welfare and extensive support mechanisms have been introduced and provided for our Emergency Service personnel. Thank God!

Ross Smith APM.

Inspector (Retired) – Victoria Police - 15594

Cont. next page

Just prior to Christmas this year, on December 14, 2025, Barb and I travelled to Wangaratta, and at around 1200hrs at the Wangaratta RSL Club, *Ross Smith* and I finally met again after fifty five years, this was a moving reunion. To meet again with an emergency services colleague that I had worked with, and an individual who shared the challenges that the West Gate Disaster presented for all involved. Also who had played an active role in the extensive rescue operation that occurred on that day. Unfortunately, Ross's wife *Jenn* was unable to attend, due to a temporary illness. However Barb, Ross, and I enjoyed a meal, a yarn, and a good laugh together over a two and a half hour period, in a ranging and enjoyable conversation.



Ross Smith - 1970



Peter Dent - 1970



Ross and Peter - 55 years on.

For Ross Smith and I, the reunion from over five decades ago, closes a special chapter of West Gate in both of our lives, and no doubt leaves us richer or poorer for the experiences on that Spring day in 1970. It also brings to conclusion my accounts of this dreadful disaster that have been documented for our state ambulance history. However, as it will be for every attendee at West Gate Bridge Disaster, the memories will remain forever.



Vale: Heather Margaret Redpath 1948 - 2026



It is with sadness that we announce the passing of our esteemed AHSV member *Heather Redpath*, beloved wife and soulmate of *Bill Redpath*.

Bill is a long term volunteer member of our Museum mechanical maintenance team. Heather, a former nurse, had been courageously battling a terminal disease for a long period of time. And it was Heather's courage, in the face of adversity and an inevitable outcome, that gained her the exceptional respect and admiration of her fellow AHSV members at our museum. Heather will always be remembered with affection as an inspiration to everyone who knew her, and even during her greatest challenges she continued to care for others.

Our sincere sympathy is extended to Bill and his family.

'Sweet is the sleep that ends all suffering'

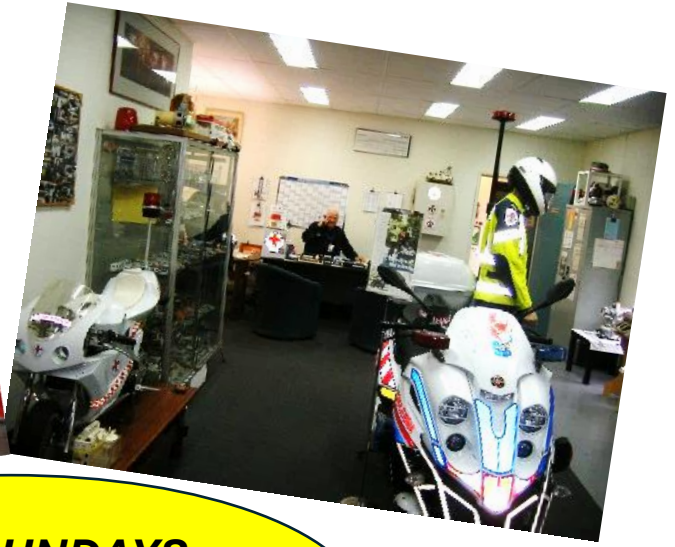


Words of Wisdom

There is no man-made creation in our world that can compete with the great forces of nature. When nature deploys her great destructive powers, man can but endure and look on.

Peter Dent

Our Museum Today



**OPEN SUNDAYS
MONTHLY
SEE DETAILS INSIDE**



“Capturing and Proudly Preserving our State Ambulance History”

