

Speech given by Dianne Coon (VAOAT) at the Ambulance 2020 Forum, held on 5th February 2008

If you call an ambulance in Fingal, along the Esk Highway or on the Elephant Pass, you will get a swift response from the local Avoca, St Marys or St Helens volunteer crews. The Paramedic from Campbell Town or Scamander may also be involved, generally accompanied by a volunteer. If you need help in the Central Highlands the volunteer groups from Bothwell, Miena or Wayatinah will respond, and then work with Paramedics based in New Norfolk, Deloraine or Campbell Town to get you to hospital. If you are sick in the Huon Valley the response might be volunteer only - such as near Dover or Bruny Island - or a mixed crew of volunteer and Paramedic based in Kingston and Huonville stations. South of Hobart the volunteers on the Tasman peninsula will work with the Paramedic/volunteer crew at Sorell to transport you to hospital. If you crash your plane on King and Flinders Islands expect to see the volunteer crews working closely with the island's medical staff. If you call an ambulance in Strahan you will get me and my volunteer colleagues, backed up by a Paramedic based in Zeehan. There are many similar arrangements around the state.

Tasmania is in an unusual if not unique position of having such a high reliance on volunteers in rural areas. There are **23** volunteer-only stations and **14** locations where volunteers operate alongside salaried Paramedics. Currently, about **500** Tasmanians have undergone the extensive training and are qualified to provide ambulance care and transport. **Outside of the major cities, the Ambulance Service would grind to a halt without volunteers.**

This situation has resulted from various historical and geographical circumstances, but most importantly, from lack of funds to pay salaried staff. In order to provide an appropriate and timely response on the fringes of cities the Tasmanian Ambulance Service has created a model of salaried and volunteer teams which requires commitment from the volunteers and patience and flexibility from the career staff. Lots of lives have been saved by these arrangements, and I congratulate all of the people involved - they have served the Tasmanian community extraordinarily well.

But the world moves on. Our populations are changing in distribution, age, health status, and in their expectations of their emergency services. At the same time, in all aspects of society volunteer resources are being stretched to breaking point, and ambulance volunteers are no different. In particular, our high level first aid and emergency response skills are valued by the mining industry, and many former volunteers are working long hours in mines and no longer available to their communities. **There are more and more cases being done by less and less volunteers. It cannot continue.**

The Ambulance Service needs a significant injection of money, followed by a reliable and predictable income stream to help us to train and support volunteers, as well as buying new ambulances and providing many more salaried staff to plug the obvious gaps that should not and cannot be filled by volunteers. We should not have to apply to outside sources for funds to provide driver training for volunteers, as we had to do recently.

We congratulate the government on recognizing the parlous state of the Ambulance Service's finances, and making moves to put the Service on a better financial footing. **But the proposed Ambulance Usage Fee is not the way.**

Rural and remote Tasmanians have particular reason to be concerned about the Government's proposed arrangements. We have been unable to obtain any information on whether there will be a differential charge for distance, or for the use of helicopters or air ambulances, but if the experience in other states is any guide, there definitely will be. For instance, Victoria has on occasion charged ambulance usage fees up to \$10,000.00. So, if you experience chest pain in Strahan, the safest and most operationally sensible way to get you to hospital is via air ambulance, but at goodness knows what cost under the new system. This is both terrifying to rural people and incredibly discriminatory; just make sure you break your ankle near Hobart and not on the main street of Zeehan, because the difference that the government will ask you to pay may be several thousands of dollars.

I know I speak for my volunteer colleagues when I say that I joined the ambulance service to help my community, not to be the cause of a financial transaction when they are at their most vulnerable. Often we cannot make people better, or even make their pain go away, but we can take the pressure off. We can hold their hand, reduce their pain, explain to their families what is happening, make them more comfortable, and get them as quickly as possible to help. **It's a powerful symbol that a person would get up in the middle of the night and - for no pay - go to the aid of someone who is sick or in trouble. It says *You are not alone. You are part of a society which cares.* Receipt books, quotes and estimates, or financial haggling should never be part of this process.**

We are particularly worried about the older people in our community. As one lady eloquently explained to me: "I was brought up in the depression and never use credit. If I can't pay for something I will not order it." Time and again pensioners and older people - statistically the most likely to need an ambulance - tell us they cannot afford the new fee, or the insurance premium. In the circumstance that they are considered 'uninsured' they simply will not call an ambulance, relying instead on friends, family or perhaps just waiting at home in pain and distress feeling powerless to ask for help. **People will die in that system.**

One of my great rewards in ambulance is to see the fear disappear from people's eyes and be replaced by a look of relief and gratitude; the system the government is proposing is likely to mean that our arrival will increase the person's concern and distress.

I give my labour free. It is the ultimate insult that the government then charges my neighbour a significant fee for services for which I ask and receive no payment. And in small communities the issues become even more difficult and complex: distressed people unable to afford the fee will visit the homes of ambulance volunteers and ask for 'off the books' assistance, or there will be significant pressure when collecting patient information. Let me tell you, it's a tough enough job at the best of times trying to professionally and assertively handle people who are sick, in pain or under the influence of substances, let alone with the added complication of a potentially crippling financial charge. I know a lot of volunteers for whom this will be the last straw; their commitment to serving their communities will finally be outweighed by their outrage at being pawns in a money collecting exercise. **And so, in small and remote areas where placing permanent salaried ambulance officers is not a logistical option, the ambulance response will be further stretched, reduced or even halted altogether. And the communities will suffer.**

There is a better way. **The Ambulance Service needs more money NOW.** Let's raise funds for it equitably, predictably and in ways that make people confident and cared for, not frightened and hesitant.

I am proud to have been a volunteer ambulance officer for 12 years. I have saved a few lives, and there are a few we could not save. But there are many more people who have received comfort, care and dignity from the attendance of volunteer ambulance officers like me. I believe that volunteering is an expression of society at its best. Let's not do anything that destroys that ideal.