Saving HELIMED: the power of community action in country Victoria

Peter O’Meara, School of Rural Health, Monash University, Terry Houge, MICA Paramedic, HELIMED, Rural Ambulance Victoria

The Gippsland helicopter ambulance service (HELIMED) was first established in the Gippsland region of Victoria in the 1970s. Until recently it the only regionally based service of its type in Victoria. State government budgetary pressures during the 1990s threatened its existence. Despite the pressure to close the service, it is now a thriving part of a state-wide ambulance helicopter service. The ability of the Gippsland regional community to resist and ultimately change government policy in regard to the continued existence of HELIMED is an example of how rural communities can successfully engage in the political and policy processes.

HELIMED provides mobile MICA paramedic ambulance transport and care, and a rescue service that has received extensive media attention in recent years. One of the major benefits of developing the helicopter service in Gippsland was the training of local ambulance paramedics through the MICA system. This later formed the basis for a major expansion of the MICA system throughout the Gippsland Region and other parts of rural and regional Victoria.

Support for HELIMED principally lay within the community and the staff of the service. The then regional ambulance was ambivalent about the service because of its high resource cost and in some cases because it potentially threatened to power of some senior staff (one of the speakers is a former senior manager of the regional ambulance service). HELIMED therefore had “internal enemies” who were threatened from the power shift within the ambulance service that was evolving with the establishment of MICA in rural and regional areas. As a result of these factors, the regional ambulance service took a passive role in the promotion of HELIMED.

In contrast to this passivity, the HELIMED Auxiliary undertook a high profile approach through extensive media coverage and numerous fund-raising events through the region. These activities included swim-a-thons, bike rides, and public duties. The HELIMED Auxiliary co-ordinated these activities with other ambulance branches and ambulance auxiliaries throughout Gippsland. One outcome of these activities was the forging of strong links with local industries (timber, fishing, tourism amongst others) and the regional media.

Since its establishment, HELIMED has faced a number of challenges that have threatened its existence from time to time. One of the most significant was the budgetary pressure placed on the former regional ambulance service by the State government during the mid-1990s to close HELIMED at a saving of approximately $2 million per year. This pressure from the State government was part of a policy position that ambulance services would implement a ten per cent budget cut across the board on top of “productivity savings” already made. It was made clear to senior managers and the region’s committee of management that the budget cuts were non-negotiable. As managers, they were expected to “toe the government line”.


In some ways, the community action campaign to “fight” the proposed closure of HELIMED was a great relief to senior management, who in some cases silently supported the community action campaign. The “Save HELIMED” group capitalised on their earlier fund-raising work, development of strong community and industry links, and the development of a high media profile throughout Gippsland. The disaster that was the Sydney to Hobart Yacht Race in the late-1990s was a stroke of luck for the survival of HELIMED. The performance of the HELIMED crews and the accompanying national and international publicity made the early closure of the service practically impossible.

Despite the direct pressure on the regional ambulance service to close HELIMED during the term of the former state government, the service survived and is now thriving as part of a state-wide ambulance helicopter service managed through the Metropolitan Ambulance Service. The community campaign may have also had a significant role in the election of two of the three independent members of Parliament from Gippsland in the 2000 State election. The Kennett Government fell as a result of their inability to win these key parliamentary seats.

Much of the credit for the survival of HELIMED can be attributed to community support for the service and the willingness of its supporters to take community-based political action. The supporters of HELIMED built on the existing support networks that the HELIMED group had established over many years. This included a strong level of staff and community support for the service, service clubs and industry groups throughout Gippsland, and the regional media. These networks, a great deal of determination and some serendipity in the form of the Sydney to Hobart Yacht Race disaster enabled a loose coalition of supporters to undertake an effective media campaign and to engage in a political lobbying campaign to save HELIMED.

The policy implications of this experience for rural and regional communities are that they cannot assume that existing health services will be maintained without their active support. The positive message from this story is that coalitions of community groups can ensure the survival and enhancement of valued health services if they are united and engage constructively in the political process. Investing in community participation and establishing a public profile before threats become evident is worth the effort. And community groups should not be afraid to engage with and use the political system to advance their cause to either establish or maintain their health services. Well-managed community action can be an effective force in the maintenance of services in rural and regional communities.
PRESENTERS

Peter O'Meara is a lecturer at the School of Rural Health and is involved in both the School’s postgraduate program and its research activities. His professional background includes an ambulance paramedic and senior manager in Victorian rural ambulance services during the “Kennett Years”.

His academic interests lie in health and education policy, program evaluation, pre-hospital care systems and urgent care models. Peter’s PhD from the School of Public Health and Community Medicine at the University of New South Wales was titled “Models of Ambulance Delivery for Rural Victoria”.

Within the School Peter has responsibility for the co-ordination of the School’s provision of Ambulance Medical Officers in Gippsland and is a member of the Gippsland Co-ordinating Committee on Emergency and Critical Care.

Terry Houge is an experienced MICA ambulance paramedic and clinical instructor with Rural Ambulance Victoria, who works on Helimed One based in Gippsland. He was one of the three original ambulance paramedics in Gippsland to undertake and complete MICA training in the early 1990s and has been a mentor to those who have undertaken the course since then.

In addition to his clinical role, he also undertook a very active role in the public campaign to maintain and improve the ambulance helicopter service in Gippsland through his contribution to the Helimed Auxiliary. The Auxiliary has engaged in extensive fund-raising and generally raising community awareness about the service and its achievements.