

THE ROYAL FLYING DOCTOR SERVICE IN THE KIMBERLEY

On 3 November, our speaker was Peter Howe, the Chief Executive Officer of the Royal Flying Doctor Service, Western Operations. Peter has only had 12 months with RFDS and was previously in hospital administration. He stressed that, despite recent changes in operation and representation, the RFDS still does much work in the Kimberley region.

Firstly, Peter outlined the history of the organisation. It was all started by Rev John Flynn, called later "Flynn of the Inland" who, after the first world war, discussed with an airman friend the possibility of bringing a medical service to the people of the inland and outback. This Aerial Medical Service began at Cloncurry on 15 May 1928. An aircraft and pilot were provided by QANTAS, along with servicing and support facilities. This first plane was a De Havilland Fox Moth DH50A with room for a single stretcher. It was run by the Australian Inland Mission until the 1930s, when the name was changed to the Flying Doctor Service. In 1955, the service obtained the royal decree from the Queen.

The Flying Doctor Service was begun in Melbourne in 1934 and the people there chose to include the Kimberley both as a worthy cause and because they had no real outback areas of their own. The first base in the Kimberley was opened in August 1935 at Wyndham.

Mr W J B Reeve was in command of medical flight no. 1 to Halls Creek airstrip to pick up a patient with a badly crushed hand. It was such an historic occasion that almost all the populace turned out to meet the plane, called Dunbar Hooper. The patient was flown to Wyndham for an x-ray with Dr Ralph Cato. This trip, done on 19 August 1935, would have taken two to three days if done overland at that time. The second medical emergency in the Kimberley was at Forrest River Mission, which is 50 miles from Wyndham as the crow flies. By land, a desperate Aboriginal runner took 23 hours to deliver the message and summon the pilot and doctor.

The RFDS extended its operations to Port Hedland in June 1936 and to the Eastern Goldfields in May 1937. In August 1948, a new radio transmitter was installed at Wyndham and, in July 1955, a second Kimberley base was established in Derby and opened by the then Governor-General, Sir William Slim.

Since then, due to progress, many changes have occurred. The services became a single entity called RFDS Western Operations, conceived in 1994 and begun in July 1995, with bases at Jandakot, Meekatharra, Port Hedland, Derby and Kalgoorlie. Many long-serving employees were not happy about this but enormous integration was required and it is now all much more efficient.

The service range is still the same. This is:

1. Emergencies, medical
2. Clinics in 54 locations
3. Radio medical consultations
4. Inter-hospital transfers (single largest area of activity)
5. Medical chests for mining, station and other isolated locations
6. Radio support for School of the Air
7. HF radio monitoring. The use of HF has dwindled greatly due to the introduction of mobile phones and satellite phones. Queensland and South Australia have withdrawn their HF radio operations completely.

Charter operators now do the clinics, leaving the RFDS aircraft free for emergencies only. 70% of all flights operate to Jandakot. Each of the five bases has five pilots, five flight nurses and three doctors (except Derby). The planes are larger these days and three new Beechcraft Kingair aircraft from America have just been delivered.

Peter provided us with statistics for the year 1998-99 to demonstrate the amount of work covered. The Derby crew shifted 691 patients including 642 from the Kimberley. They did one flight in the Goldfields, three into Midwest, 21 out of the Pilbara and 12 undefined, possibly bringing people back from Perth. Of the Kimberley cases, 202 were injuries and poisonings, 136 infections, 45 cardiacs, 49 digestive, 44 pregnancies, 21 mental, 27 skin and 27 muscular-skeletal cases. A total of 5172 patients were carried in that year in all of Western Australia. Of these, 211 were primary evacuations and 559 were inter-hospital transfers. In the future, the RFDS hopes to be using Darwin more because it is closer than Perth for the Kimberley cases.

Peter referred to the popular misconception that the RFDS favours the Aborigines. Of the patients, 30% are Aboriginal, 66% Caucasian and 1.9% tourists of all nationalities. Nobody is charged but if patients are covered by insurance, this is claimed. Only overseas people without reciprocal agreement will be billed.

Funding is always a problem and never enough, so the RFDS relies heavily on public donations and support. It gets \$8.0 million from the State Government for inter-hospital transfers and will gain \$6.5 million from Commonwealth Government for primary health services. School of the Air gets funding from the Education Department. The State Government's support is not enough to cover all costs for inter-hospital transfers. RFDS collects \$1.8 million from insurance claims and the rest comes from public support. Total operating costs in 1999/2000 will be around \$19.25 million.

The Commonwealth used to give dollar for dollar with the State, but no longer, therefore RFDS needs to raise funds from the community, both for operations and the capital costs of new aircraft. A new aircraft costs \$4.5 million to put into operation so money is always a problem. On this note, Peter completed his very interesting talk. The 44 members present applauded him and he answered questions before our President presented a Kimberley Society cheque for \$300.00 for RFDS and a bottle of wine for Peter. Supper concluded the evening.

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