



Newsletter

May 2020

RDMA & BLMA's Joint Newsletter



"Value Our Veterans"
<http://anzacportal.dva.gov.au/veterans/stories/roy-cornford>

See Where We Work & Live
 P20. Roy Cornford

[HTTPS://WWW.FACEBOOK.COM/REDCLIFFEANDDISTRICTMEDICALASSOCIATION/](https://www.facebook.com/redcliffeanddistrictmedicalassociation/)

RDMA President's Report Dr Kimberley Bondeson

It is the month of May, 2020, and we are still in the middle of a COVID 19 pandemic. Australia has been incredibly lucky to date, we have 7011 confirmed cases, 98 deaths, and 6303 recovered. Worldwide, there is approximately 4,500,000 cases, and 303,300 deaths. The numbers are steadily increasing worldwide, some countries are worse affected than others. Sweden and Brazil have not introduced lockdown measures, and the death rate in Sweden is reported to be 10 times that of other European countries, and their economy is suffering just as much as if they are introduced a lockdown and closed the economy down. We don't have any figures from Brazil at this stage.

This virus is incredibly contagious. A recent report published in the Proceeding of the National Academy of Sciences found that one minute of loud speech can produce over 1000 coronavirus containing droplets, which can linger in the air for more than 8 minutes. (National Academy of Sciences, May 2020). A nursing home in Rockhampton has today just gone into lockdown, one of the nurses went to work unwell, and has now tested positive for coronavirus. The public hospitals in Queensland were planning for a surge of Coronavirus patients, but this surge did not occur, which is a blessing, and elective surgery is being carefully triaged and planned.

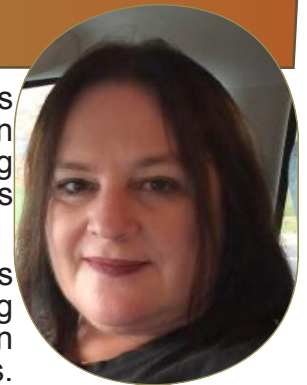
There is still a shortage of Personal Protective Equipment (PPE), so this is putting constraints on what can be done. Provision is being made for ongoing Covid 19 patients, but in Australia, it is expected that the health system is, and will continue to cope with this pandemic. On the Workfront, my own practice to date, has not had any positive coronavirus cases, but I suspect that this will change in the future, as the lockdown is lifted. Today they are allowing 10 people in a restaurant at a time, and non-essential travel up to 150kms. I have worked out that this will allow travel from the Redcliffe Peninsular to either Toowoomba or Noosa. The weather is glorious, a chill in the air and beautiful sunshine during


the day. The local Markets at Redcliffe were open on the weekend, and according to one of my patients, was packed.

Unfortunately, there was no social distancing being practiced by the population attending the markets. Another one of my patients who works at Cosco, told me they are only supposed to allow 750 people in at a time, but when they opened the other morning, they were swamped by 940 people in the first 45 minutes, with long ques to get into the warehouse. She found this exhausting, and people were not social distancing inside the premises, with some objecting to being directed by the staff to do so.

Research on how the Covid 19 virus works is slowly been revealed. Work is going on towards making a vaccine, all over the world. The way medicine is been practiced in Australia, and the rest of the world, is changing on a daily basis. Telehealth is here, and probably to stay. We are expecting a second wave of coronavirus infections, as the restrictions on the community are lifted, so we need to remain vigilant, and continue to practice social distancing and hygiene.

Kimberley Bondeson





RDMA & BLMA's Joint Newsletter

Welcome from

Dr Robert (Bob) Brown

President Brisbane Local Medical Association

Note: Doctors in Training
 RDMA Membership is Free
 RDMA & BLMA Meeting Dates Page 2.



QML Pathology

Specialists in Private Pathology since the 1920s

NORTH LAKES LABORATORY
 Partnering with Redcliffe District Medical Association for over 30 years.

The Redcliffe & District Local Medical Association sincerely thanks QML Pathology for the distribution of the monthly newsletter.

RDMA Executive Contacts:

President:

Dr Kimberley Bondeson
Ph: 3284 9777



Vice President & AMAQ Councillor:

Dr Wayne Herdy
Ph: 5491 5666



Secretary:

Dr Geoff Hawson
E: reception@cancersecondopinion.com.au



Treasurer:

Dr Peter Stephenson
Ph: 3886 6889



Co-Meetings' Conveners

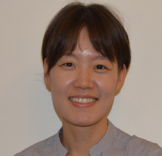
Ph:3049 4444
Ms Anna Wozniak
M: 0466480315



Email: qml_rdma@qml.com.au

Ph:3049 4444

Ms Amelia Hong
M: 0466480315



Email: qml_rdma@qml.com.au

Newsletter Editor Dr Wayne Herdy
Newsletter Publisher. M: 0408 714 984
Email:RDMAnews@gmail.com

Advertising information is on RDMA's website
www.redcliffedoctorsmedicalassociation.org/

BLMA Executive Contacts:

President:

Dr Robert (Bob) Brown
Ph: 3265 3111
E: drbbrown@bigpond.com



Vice President

Dr Paul Bryan
Ph: 3261 7000
E: paul.bryan@uqconnect.edu.au



Secretary:

Dr Ian Hadwin
Ph: 3359 7879
E: hadmed@powerup.com.au



Treasurer & Meeting Convener

Dr Graham McNally
Ph: 3265 3111
E:gmcnally1@optusnet.com.au



RDMA 2020 MEETING DATES:

For all queries contact Anna Wozniak or Amelia Hong Meeting Convener: Phone: (07) 3049 4444

CPD Points Attendance Certificate Available
Venue: Golden Ox Restaurant, Redcliffe

Time: 7.00 pm for 7.30 pm

Tuesday	February	25th
Wednesday	March	25th
Tuesday	April	28th
Wednesday	May	27th
Tuesday	June	30th
Wednesday	July	29th
ANNUAL GENERAL MEETING - AGM		
Tuesday	August	25th
Wednesday	September	30th
Tuesday	October	27th
NETWORKING MEETING		
Friday	November	20th

NEWSLETTER DEADLINE

Advertising & Contribution **15th June 20**

Email: RDMAnews@gmail.com

W: www.redcliffedoctorsmedicalassociation.org/

BLMA 2020 MEETING DATES:

For all queries contact Graham McNally Meeting Convener: Phone: (07) 3265 3111
Email: gmcnally1@optusnet.com.au

W: <https://www.brisbanelma.org/>

CPD Points Attendance Certificate Available
Venue: Riverview Restaurant, Bris

Kingsford Smith Dr & Hunt St in Hamilton

Time: 6.30 pm for 7.00 pm

ANNUAL GENERAL MEETING - AGM		
1	February	11th
2	April	14th
3	June	9th
4	August	11th
5	October	13th
NETWORKING MEETING		
6	November	27th

INSIDE THIS ISSUE:

- P 01:** RDMA President's Report & Where We Work and Live
- P 02:** Date Claimers and Executive Team Contacts
- P 03:** Contents and Classifieds
- P 04:** AMAQ Branch Councillor's Report; North Coast Area, Dr Wayne Herdy
- P 05:** RDMA's Next Meeting Invite
- P 06:** ASADA President's Report; Dr Geoffrey Hawson
- P 07:** AMAQ Branch Councillor's Report; Greater Brisbane Area, Dr Kimberley Bondeson
- P 08:** AMAQ President & CEO Update
- P 11:** QML COVID Drive Through Collection Sites and Contacts
- P 12:** Corona - Does the End Justify the Means? By Dr Mal Mohanlal
- P 14:** Media: Greater Support Needed to Protect Health of Aboriginal & Torres Strait Islander People Beyond COVID 19 Pandemic
- P 15:** Media: Mental Health Expert a Crucial Addition to Chief Medical Officer (CMO) Team
- P 16:** Travel Article by Cheryl Ryan.
- P 17:** Poole Group Update
- P 18:** MEDIA: AMA Commends National Cabinet on Cautious Approach to Lifting COVID-19 Restrictions
- P 19:** Membership Subscription
- P 20:** Where We Work and Live: Roy Cornford

The team behind your result



QML Pathology has spent more than 90 years servicing Queensland and northern New South Wales medical practitioners and patients.

Our continuous innovation and vast testing capacity across Haematology, Biochemistry, Endocrinology, Microbiology, Histopathology, Cytopathology, Immunology, Cytogenetics and Cardiology, has made us a leader in our field, a position we do not take lightly.

With over 600 collection centres supported by exceptional Pathologists, highly trained scientific and medical staff as well as a substantial courier network, we are able to deliver an extensive, reliable, quality service.

PUB/MR/1435_V1_Jun17

qml.com.au  **QML Pathology**
Specialists in Private Pathology since the 1920s

Competitive Advertising Rates:

- Full page A4: \$560.00
Half page A5: \$330.00
Qtr page A6: \$260.00
Business Card size (new): \$70.00
Advertorials: \$260.00
Inserts: \$260.00

The preferred A5 size is Landscape Format. and A4 size is in Portrait Format.

Please note the following discounts:

- ▶ 10% discount for 3 or more placements
- ▶ 20% discount for 11 placements (1 year)
- ▶ Payments required within 10 working days or discounts will be removed unless a payment plan is outlined at the outset.

CLASSIFIEDS

Classifieds subject to the Editor's discretion.

- ▶ No charge to current RDMA members.
- ▶ Non-members \$55.00

If you would like to advertise in the next month's newsletter please email RDMAnews@gmail.com in one of the preferred formats (either a pdf or jpeg). Advertisers' complimentary articles must be in the same size as adverts. Members Articles are limited to an A4 page with approximately 800 words.

AMAQ BRANCH COUNCILLOR REPORT DR WAYNE HERDY, NORTH COAST COUNCILLOR



A TIME FOR EVERY PURPOSE UNDER HEAVEN.

The current divisive debate about COVID today has been whether the social restrictions are being lifted too early. The debate is a balance between early return to economic (and employment) normality, i.e. the populist political pressure point, vs the risk of exacerbation of the current epidemic or a second wave of infection.

Australia has had a very low infection rate. IF the antibodies post-infection is protective against re-infection (and that remains speculative), countries with high infection rates will have relatively low numbers of susceptible victims to sustain a second wave. Australia will not have any degree of herd immunity. We will have enough non-immune numbers in our communities to sustain a second wave of epidemic.

Early experience of lifting restrictions has illustrated human frailty. Australian beaches are rife with breaches of social distancing. London tubes are crowded. American shopping malls are bustling. Given an inch, the public has taken a mile.

Surveys reveal that most Australians think the restrictions are being lifted too early. Time will tell.

BACK TO THE FUTURE.

There is universal agreement about one thing. When the COVID crisis is over, the world will never be the same.

Focussing on our own navels, what aspects of medical care will never be the same? I have a terrible record of being a futurologist, so I'll stay on the safe ground of reflecting on telephone consultations.

In private care, the most interesting response to the crisis was that the government finally relented to authorize Medicare benefits for telephone consultations. In hospital practice, telephone consultations were also adopted. Without having access to real data, my sense

is that telecons were less widely practised in hospital outpatients than in private care, but does it matter?

The first question is – are telephone consultations here to stay? Introduced as an emergency measure, they can be just as easily withdrawn. When there is no longer an “emergency”, of course.

But the patients love them. It is now easier to get access to a doctor, you don't have to travel to a consultation room, you still have to wait but instead of the miserable waiting room you can be home watching TV, out shopping or doing things that are more pleasant than looking at other sick people in a room decorated with signs about illnesses you hope to never have. If patients love telecons, then it will be politically hazardous to discontinue them.

Doctors are ambivalent but mostly accepting of telecons. My personal experience is that the worst aspect of telecons is the patient whose phone doesn't work properly. A lot of patients just won't answer their phones if the incoming caller is unidentified. Receptionists dislike them because of the double-handling of information and the need to fax/email and mail scripts to a disparate number of pharmacies, hoping they get it right every time.

The second question is – are telephone consultations effective?

Doctors mostly don't like telecons. You miss so many non-verbal items of information when the patient is not in the room with you. The College of GP's has openly expressed what we all fear, that vital acute signs will be missed and patients will suffer. Chronic disease management just cannot be done without clapping eyes on the patient reasonably frequently. The doomsayers predict – quite credibly - that, with reduced face-to-face assessments and abbreviated chronic disease monitoring, the death rate

NEXT MEETING DATE 27TH MAY 2020

Monthly Meeting

Redcliffe & District Medical Association Inc.

AMAQ BRANCH COUNCILLOR REPORT

DR WAYNE HERDY, NORTH COAST COUNCILLOR *CONTINUED FROM PAGE 4*

from substandard medical care will exceed the number who would have died had the coronavirus been allowed to run rampant. How embarrassing will it be if this prediction is wrong, if our CDM patients survive just as well without our close surveillance, proving that a third of our consultations have been a waste of time. My view? Australia has one of the longest life expectancies in the world, because we vaccinate and because generations of GP's have practised good preventive medicine in chronic disease. Face-to-face preventive medicine, measuring and recording the biological parameters that we can't measure over the phone. I think the College is correct – there will be more deaths because we have relaxed our grip on long-term disease management.

A third question could be – are telecons open to misuse?

I'll touch only superficially on whether telecons can be misused by doctors. The phenomenon of the six-minute consultation exposed what commercial medicine will do to exploit the Medicare rules.

Are they misused by patients? Inevitably the answer is yes.

Inescapably, there will be some patients who are essentially lazy. They are just as happy to request endless repeats of their anti-hypertensive medications without coming within cooe of a sphygmomanometer.

But there are some who exercise more street cunning. My own experience has been that

a cohort of dependant and needy patients now make a lot more appointments than they used to, and about less important issues. For those patients who overuse the privilege of telecons, I have introduced a policy that every second consultation still has to be a face-to-face. My practice is idiosyncratic because I manage so many drug addicts. Addicts would happily support a marketplace in which they only had to phone up to place their shopping list once a month without being subjected to anything resembling a clinical scrutiny. But it is not only addicts who are happy to just phone to place their orders as if we were a takeaway or home-delivery fast-food chain. The message is that doctors have to exercise careful discretion about how we allow our patients to use telecons as a substitute for real clinical contact.

So, when we get back to the future, will telecons still be part of our normal medical practice. I think they will be. I hope that they will be used as an efficiency measure, to supplement and expand good medical practice. I hope they will not become a tool of the dilettante, a lazy way of conducting a diminished quality of clinical care, a substitute for real hands-on clinical assessment.

And what else is going to be different about medical practice in the post-COVID era? I do not share as many genes with Nostradamus as I would like. I invite my readers to write or phone to offer your considered opinions and speculations about the next evolutionary step forwards.

Wayne Herdy

AUSTALIAN SENIOR ACTIVE DOCTORS ASSOCIATION

DR GEOFF HAWSON, ASADA PRESIDENT AND RDMA SECRETARY



ASADA Progress May 2020

Over the last 2 months, during the COVID 19 pandemic, ASADA has been actively promoting a Senior Active Doctor registration category to enable retired doctors to assist with community need and to retain senior doctors who are transitioning to retirement. You might be aware of several media appearances of myself on TV, radio and in print, as well as news articles featuring comments from ASADA and RDMA members, including Kimberley.

Our goals have been to:

- Advocate for the reinstatement and expansion of the limited practice registration category that exists in current Qld legislation (but not enabled) to encompass a Senior Active Doctor Category so that those who have come out of retirement are not discarded and those in the process of retiring can continue to contribute their services.
- Ensure that older doctors are not required to work in the front line during the pandemic.
- Communicate with members of Qld LMAs about the process of applying for a Q-Health job as well as volunteering as a retired doctor. Links to the relevant pages of Q-Health were disseminated to members.

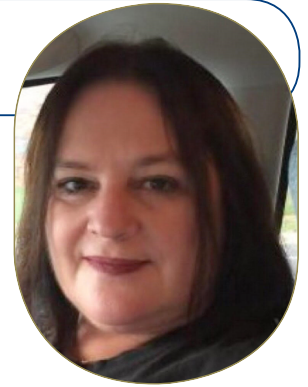
We have had meetings with the Deputy Director General of Health and Ros Bates, the Opposition health spokesperson. Whilst initial discussions were promising, two events have meant that the government has delayed their response – 1) AHPRA's decision to reinstate registration for doctors who have retired in the last 3 years and 2) the flattening of the curve. In relation to the latter, one doctor received a letter of reply stating that because of "planning & preparation, the flattening of the curve has meant that Q-Health has been able to avoid significant surge and can manage cases within the current health system". Hence demand for additional doctors has been very limited.

ASADA is now preparing for the long haul and will continue campaigning on behalf of senior doctors. As AMAQ retired doctor representative, I sought and was granted AMAQ Council approval for a working party to develop a registration model to present to the Qld Government. I am currently in the process of establishing the working party and this will operate alongside ASADA's efforts.

As the Qld election nears, we will be calling on all members to let their electoral candidates know of our concerns and the need for a Senior Active Doctor registration category. This year we also have AMAQ elections as well as AMA Federal elections. Please ask the candidates before you vote what their position is on senior doctors and take note of the response before you vote.

As you may be aware, media campaigns are expensive. We are aiming to grow the membership base of ASADA and to support members through meetings, a bulletin/journal and events. **If you are not currently a member of ASADA, I encourage you to support our campaign by becoming a member and/or donor.** All assistance is greatly appreciated. Forms can be downloaded at www.asada.net.au or you can email me at ASADA_Secretary@outlook.com and I will send you the forms.

Regards,
Geoff Hawson
ASADA President
RDMA Secretary
AMAQ Council Retired Doctor Representative



**DR STANLEY LEVINE PATHOLOGY – “AN OXFORD
UNIVERSITY VACCINE WILL BE AVAILABLE BY
SEPTEMBER 2020 – IT IS AGAINST THE VIRAL
S-PROTEIN OF THE SARS-CoV-2
AND
ELECTIVE SURGERY IN AUSTRALIA**

AMAQ Councillor Report – May 2020

Vaccine by September 2020

According to Dr Stanley Levine Pathology – “an Oxford University Vaccine will be available by September 2020 – it is against the viral S-protein of the SARS-CoV-2.

It has produced antibodies and clear immunological and clinical protection and widespread immunoresponse against the virus in monkeys.

It is now in human trials.

In the USA, according to Anthony S. Fauci, MD, Director of National Institute of Allergy and Infectious Disease stated on the 12 May 2020 at a hearing of Senate, Health Education, Labour and Pension Committee, there is occurring in the USA a “Production at Risk” of a vaccination against Covid 19.

I am a little confused what this means?

Do they have a potential vaccine or not?

Dr Fauci has stated that USA manufacturers will keep producing Covid 19 vaccine doses in anticipation of approval.

We will just have to keep watching this space to see what evolves.

In Australia, there is ongoing research for a vaccine, but to date, no formal announcements.

Elective Surgery in Australia

There has been a gradual and progressive increase in elective surgery, where safe and appropriate, where there are adequate supplies of PPE (Personal protective equipment).

Again, there is not much detail about what is happening, and certainly in my patients it is only emergency surgery that is been performed at the public hospitals so far.

AMA Federal Elections

AMA Federal Elections may well go ahead later this year, via teleconferencing.

The AMA federal is in the process of changing their bylaws, to allow this to occur.

Keep watching your emails for notifications.

AMAQ is in the process of its own elections, and the results for contested positions will be out on 22nd May, 2020.

Dr Chris Perry has been elected un-opposed as President, and Dr Bavahuna Manoharan as Vice-President, and our own Dr Geoffrey Hawson as the Retired Doctors Representative.

Congratulations to you all.

Dr Kimberley Bondeson



**Dr Dilip Dhupelia,
President AMA Queensland
and
Jane Schmitt,
CEO AMA Queensland**



PPE access for Queensland doctors

As the Government gradually eases restrictions, we know access to personal protection equipment (PPE) continues to be a critical issue for some of our members.

We are pleased to advise that we have partnered with AMA Western Australia to expedite the PPE availability to all AMA Queensland members.

AMA WA Medical Products has established good supply lines and Queensland doctors will now have access to their stock.

A dedicated ordering process for Queensland doctors has been established and, as an added benefit, members will receive a 5 per cent discount on the first order for any products on the PPE page.

Access the PPE ordering platform at <https://amamedicalproducts.com.au/collections/covid-19-pandemic-ppe> and enter the special discount code "AMAQLD".

Reintroducing activity into the private sector

With COVID-19 measures currently successfully flattening the curve, AMA Queensland has been focusing on how the healthcare system emerges from COVID-19 and on the need to reintroduce activity into the private sector, provided COVID-19 numbers remain low and all medical practitioners have access to appropriate PPE.

To continue our advocacy for members affected by the COVID-19 crisis and following the success of our first webinar with Queensland Health and Queensland's private hospital providers on April 8, AMA Queensland hosted two further webinars which focused on the steps needed for the gradual resumption of elective surgery in Queensland.

Following strong advocacy from the AMA, the Government announced a phased return to non-urgent elective surgery from 27 April.

Since the first tranche of elective activity recommencement started, AMA Queensland has had an increasing number of member enquiries regarding how the additional capacity will be distributed, coupled with concerns regarding lack of transparency and equity in the distribution process.

While we acknowledge the important conditions and risks regarding ICU capacity, PPE supplies and infection control, a transparent determination process is critical for doctors to ensure their patients have equity of access determined by transparent and equitable clinician decision-making, with patient safety at front of mind. Moreover, all doctors must benefit in part from the allowable increased capacity.

The Australian Health Protection Principle Committee (AHPPC) has released a statement on restoration of elective surgery, including principles for re-introduction of hospital activity, risks and suggested approach for elective surgery.

Continued Page 9

Continued From Page 8

AMA Queensland has written to private operators in Queensland seeking their advice on the distribution process in their facility, including criteria, restrictions, methods of prioritising work/equity, decision-maker, clinician involvement in decision-making and transparency of process.

As we receive responses from operators regarding these issues, we will share this information with members.

AMA Queensland urges doctors not to sign COVID-19 public/private agreements

In April, AMA Queensland developed a set of principles for contracted work undertaken by non-GP Private Specialists under the COVID19 public-private partnership. You can read the AMA Queensland principles at www.amaq.com.au/COVID_19

Furthermore, AMA Queensland flagged several issues of concern regarding these contracts and urged members not to sign the agreements in their current forms. AMA Queensland made it very clear that a fee-for-service model was the appropriate remuneration model, not a time based VMO rate as quoted.

New AMA Member App – Coming soon!

As we continue to look for innovative ways to support our members, we are excited to announce that AMA Queensland is about to launch the first-ever AMA Member app.

The new AMA Member app will open even more opportunities for how we communicate with members. Through the app, you will be able to download workplace resources, renew your membership, register for events, access membership benefits and discounts, and access Queensland Doctors' Community (QDC) - all at the touch of a button.

Never before has technology played such a critical role in helping us be informed and connected. We are in interesting times and now more than ever AMA Queensland is working on new ways to walk beside all members every step of the way.

The AMA app will be live shortly, so keep an eye out for launch details coming soon.

Staying Connected

We wish to thank all members for your tireless efforts and courage in preparing for and managing the COVID-19 pandemic for Queensland.

AMA Queensland will continue to work with you to enable you to continue delivering high quality care to your patients, as we look to emerge from the effects of COVID-19.

You can find daily updates and **FAQs** on our AMA Queensland COVID-19 webpage and engage in discussions with colleagues at Queensland Doctors' Community.

Please contact us for any issues in you practice or hospitals on (07) 3872 2222 or covid19@amaq.com.au

Dr Dilip Dhupelia, President AMA Queensland

Jane Schmitt, CEO AMA Queensland



ALL OUR CLINICS ARE OPEN

and we continue to safely offer our full array of imaging services and interventional procedures during COVID-19.

To find our telehealth e-referrals or to upload your referral securely please visit:

www.qscan.com.au/myresults



Trusted Analysis | Excellence | Compassionate Care

Enquiries 1300 177 226



sports & spinal™

sportsandspinalphysio.com.au



We're open and want to say

THANK YOU

With your support we are proud to continue to provide the Brisbane community with top quality Allied Health Services through the COVID-19 pandemic and beyond.

It is business as usual here at Sports & Spinal - working together for your patients' health!

BRISBANE LOCATIONS:

Chermside | North Lakes | Redcliffe | Springfield | Woolloongabba

Dear Doctors & Staff in Medical Centres,

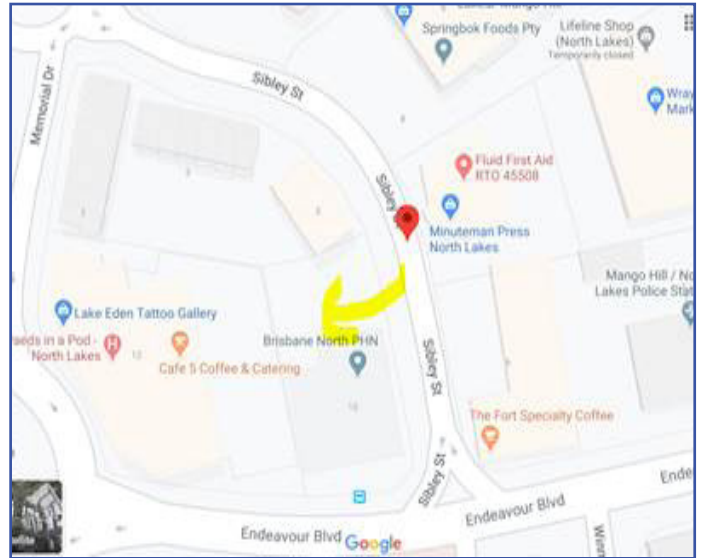
This is a polite reminder of QML North Lakes Drive-Through Covid-19 clinic as I have been increasingly receiving enquiries about this clinic from doctors and patients. This clinic is under our branch lab on carpark, it is easier to access from Sibley Street as per the snip on the left.

QML Drive-Through Covid-19 clinic
10 Endeavour Blvd, North Lakes
(entrance on Sibley St)

8am- 3pm Mon-Fri.

You can email the referrals to CV.19@northlakes@qml.com.au

For more information on other Covid-19 clinics, please refer the attached.



Coronavirus (COVID-19) Collection Sites

Patient must bring completed request form or Dr can send completed request form to email address listed.

BRISBANE AND LOGAN

Acacia Ridge (Drive-through)
Elizabeth Street Shopping Centre
(rear carpark), 28 Elizabeth St
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.AcaciaRidge@qml.com.au

Banyo (Drive-through)
183 Tufnell Rd
Hrs: 08:00 - 15:00 M-F (excl. PH)
E: CV19.Banyo@qml.com.au

Chermside
Chermside Specialist Centre
Cnr Gympie Rd & Wallace St
Hrs: 08:30 - 17:30 M-F (excl. PH)
SAT & SUN 8:00 - 11:00
E: CV19.Chermside@qml.com.au

Cleveland (Drive-through)
Redlands RSL
8 Passage St (In undercover carpark -
Entry via Middle St)
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.Cleveland@qml.com.au

Kenmore (Drive-through)
Kenmore Village Shopping Centre
(Rear Carpark), Brookfield Rd
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.Kenmore@qml.com.au

Morayfield
Health Hub Medical Centre
Respiratory Clinic Isolation Area
(Not inside QML Pathology)
19 Dickson Rd
Hrs: 08:00 - 20:00 Daily
E: CV19.Morayfield@qml.com.au

Mount Gravatt
The Piazza, Shop 6, 1428 Logan Rd
Hrs: 06:00 - 18:00 M-F
08:00-12:00 SAT, 08:00 - 11:00 SUN
E: CV19.MtGravatt@qml.com.au

Murarie (Drive-through)
QML Pathology Central Laboratory
11 Riverview Place
Metroplex on Gateway
Hrs: 07:00 - 17:00 M-F (excl. PH)
SATURDAY 8:00 - 13:00
E: CV19.Murarie@qml.com.au

North Lakes (Drive-through)
10 Endeavour Blvd
(Driveway entrance on Sibley St)
Hrs: 08:00 - 15:00 M-F (excl. PH)
E: CV19.NorthLakes@qml.com.au

IPSWICH & TOOWOOMBA

Ipswich (Drive-through)
Ipswich Incinerator Theatre
15 Burley Griffin Dr
Hrs: 08:00 - 15:30 M-F (excl. PH)
E: CV19.Ipswich@qml.com.au

Purga (Drive-through)
Flinders Peak Medical Centre,
355 Ipswich-Boonah Rd
Hrs: 08:30 - 16:00 M-F (excl. PH)
E: CV19.Purga@qml.com.au

Toowoomba (Drive-through)
APPOINTMENT ONLY
Medici Medical Centre, 15 Scott St
Hrs: 08:00 - 15:30 M-F (excl. PH)
Phone: 07 4638 9149 - Option 3
E: CV19.Toowoomba@qml.com.au

Toowoomba (Drive-through)
Toowoomba Show Grounds, Glenvale Rd
Hrs: 08:30 - 15:30 M-F (excl. PH)
E: CV19.Toowoomba@qml.com.au

GOLD COAST & NORTHERN NSW

Byron Bay
Shop 2, 6 Marvel St
Hrs: 08:00 - 15:30 M-F
E: CV19.ByronBay@qml.com.au

Elanora
Shop 3, Saffron St Shops, 2 Saffron St
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.Elanora@qml.com.au

Movie World (Drive-through)
Movie World Car Park
Entertainment Rd, Oxenford
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.MovieWorld@qml.com.au

Tweed Heads (Drive-through)
Tweed Heads Bowls Club
Cnr Wharf & Florence Street
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.TweedHeads@qml.com.au

SUNSHINE COAST & GYMPIE

Gympie
21 Exhibition St
Hrs: 08:00 - 13:00 M-F (excl. PH)
E: CV19.Gympie@qml.com.au

Kawana (Drive-through)
Kawana Sports Precinct Carpark
320 Nicklin Way, Bokarina
Hrs: 08:00 - 15:30 M-F (excl. PH)
E: CV19.SunshineCoast@qml.com.au

Mountain Creek
Mountain Creek Professional Centre
128 Golf Links Rd, Mountain Creek
Hrs: 07:00 - 15:00 M-F (excl. PH)
E: CV19.Mooloolaba@qml.com.au

Noosaville
Mary St Professional Centre
Unit 2, 20 Mary St
Hrs: 09:00 - 15:00 M-F
E: CV19.Noosaville@qml.com.au

WIDE BAY AND KINGAROY

Bundaberg
56 Walker St
Hrs: 07:30 - 15:30 M-F
E: CV19.Bundaberg@qml.com.au

Bundaberg (Drive-through)
Bundaberg Super Park
Athletics Complex - Eva Street (Behind Airport)
Hrs: 09:00 - 14:30 M-F (excl. PH)
E: CV19.bundaberg431@qml.com.au

Hervey Bay (Drive-through)
Hervey Bay Animal Refuge
Dundowan Road - Nikenbah
Hrs: 09:00 - 14:30 M-F (excl. PH)
E: CV19.herveybay@qml.com.au

CENTRAL QUEENSLAND

Mackay
Greenfield Convenience Centre
Shop 4a, Grandview Pde, Mt Pleasant
Hrs: 07:30 - 16:00 M-F (excl. PH)
E: CV19.MtPleasant@qml.com.au

NORTH QUEENSLAND

Townsville
16-18 Oxford St, Hyde Park
Hrs: 07:00 - 18:00 M-F (excl. PH)
E: CV19.Townsville@qml.com.au

FAR NORTH QUEENSLAND

Cairns (Drive-through)
Cairns Regional Council
119-145 Spence St, Portsmith
Hrs: 08:30 - 16:00 M-F (excl. PH)
E: CV19.Cairns@qml.com.au

Cairns
QML Pathology
Cnr Florence & Grafton Sts
Hrs: 06:30 - 18:30 M-F (excl. PH)
E: CV19.Cairns@qml.com.au

Any questions, please let me know.

Amelia Hong,
Medical Liaison Officer-Metro North,
QML Pathology

Level 1, 10 Endeavour Blvd,
North Lakes QLD 4509

Contacts:

M. 0413 760 961

F. 07 3049 2797

E: amelia.hong@qml.com.au

Note: Please check website for reduced hours on public holidays for any sites NOT listed as excl. PH.

Updated: 8 May 2020



CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.

Corona - Does the End Justify the Means?

By Dr Mal Mohanlal

It seems the medical profession has spooked the governments all over the world to take drastic action over the killer coronavirus. Because of bureaucratic thinking, the world leaders had no choice but to go into lockdown and show the world that they were equally concerned and not backward in protecting human lives.

It did not matter if these steps made millions of people jobless, businesses go broke, airline companies collapse, cruise operators and tourism shut up shop. It did not matter what happened to the economy and what happens to people's lives as a consequence.

The main aim was to save human beings at any cost. How can anyone criticize or argue against such a noble cause?

But how can this horrendous cost be justified when the result at the end is not clear at all? It does not seem to be a rational decision for me.

If the steps taken stopped or eradicated the disease or killed the virus, one could understand the lockdown. But it only slows down the spread of the virus.

Once the lockdown is lifted, like any viral illness, the infection must eventually spread through society, killing many people the way Influenza virus did until individuals developed immunity against it.

Unfortunately, those among us with a weak immune system would undoubtedly be the hardest hit.

In my mind, it is the bureaucratic thinking that has created this problem for us. So what is bureaucratic thinking?

It is simplistic thinking employed by governments, businesses, institutions and professionals all over the world, where one goes by only the letter of the law, not the spirit of the law.

In it, there is no use of ethics, morals or common sense. One is not allowed to think for oneself. All you have to do is follow the preset rules.

It is designed to absolve the person of any complicated thinking or feeling of guilt because if you followed the letter of the law, your actions are always considered correct. No one could blame you if anything went wrong.

It induces bullying and authoritative type of behaviour in some individuals.

So when the doctors first confronted the coronavirus infection, their immediate response was to isolate the people affected by the virus. The medical advice to the government would be to take urgent action.

They warned them that if they did not take immediate action, there would be a massive number of people dead and the medical facilities will not be able to cope.

Please remember the medical profession does not care about what happens to the economy or what happens to people's lives when you have a lockdown. Their only concern is to save human lives.

Now the government is placed in a situation where they are damned if they listened to this advice or damned if they did not. To ignore this advice would be political suicide. They had to show the world that they were more concerned with saving human lives than protecting the economy. They had no choice.

Thus we are now under lockdown with more bureaucratic restrictions and control everywhere.

Politicians are justifying their actions by bragging about flattening the curve of the spread of the virus. You do not have to be a prophet to predict this because we have all stopped socialising.

They are, of course, ignoring the rising curve of

Corona - Does the End Justify the Means?

By Dr Mal Mohanlal *Continued from page 12*

massive unemployment and economic disaster.

It is time they started looking at the economy and what is happening to the people around them.

The lockdown cannot go on forever.

One has to expect the curve to rise once the lockdown is lifted. Are we going to go into lockdown each time a new virus attacks society this way?

Should we not prepare ourselves with more field hospitals, quarantine camps etc. in the future or even now?

The government is continuously listening to the advice from medical experts who can only think in one way, and that is the bureaucratic way.

They cannot think in any other way. These doctors are only concerned with saving lives at any cost. They do not care about the economy or what happens to the people who lose their jobs.

If governments keep listening to these experts, how can we possibly arrive at a sensible approach to dealing with this problem?

Why cannot we isolate people who are susceptible and infectious, and let the rest of the community live their normal life?

Sooner or later, the government has to decide and bite the bullet.

However, please do not become despondent. Every cloud has a silver lining. One has to look upon all this as a positive experience. The enforced self-isolation has made many of us appreciate the meaning of the word freedom.

It has also allowed us to self-reflect and get to know our families better.

But the biggest winner in all this is the environment. In Italy, the canals in Venice have become

clearest in 60 years, and dolphins have been spotted in southern parts.

While in India, Delhi, the most polluted city in the world is experiencing clear blue skies and the Himalayas have become visible in parts 125 km away for the first time in 30 years.

All this has proven the fact that we human beings are the greatest polluters on this planet earth.

We have to take serious note of what we are doing to our world.

Here is also a proof that if everyone got their act together, we could clean up this planet in no time.

As one can see, bureaucratic thinking has great limitations.

If we do not include other considerations in our thinking, we can easily unwarily sidetrack on to a path of self-destruction.

Please read the new second edition of "The Enchanted Time Traveller.

A Book of Self-Knowledge and the Subconscious Mind" with additional chapters and a preface.

You can learn how our perceptions affect our thinking.

Distorted perceptions lead to crooked thinking and crooked thinking lead to adverse actions.

Visit Website: <http://theenchantedtimetraveller.com.au>

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : <http://www.ama.com.au/>



**GREATER SUPPORT NEEDED TO PROTECT THE HEALTH OF
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE BEYOND
COVID-19 PANDEMIC**

The AMA is calling for extra targeted health policy support to help Aboriginal and Torres Strait Islander peoples get through the COVID-19 pandemic.

AMA President, Dr Tony Bartone, said today that the health of Aboriginal and Torres Strait Islander peoples must be a high priority in national COVID-19 recovery measures, given their increased vulnerability due to already higher rates of chronic diseases.

“The AMA has strongly welcomed existing measures to help combat COVID-19 in Australia, but they are nowhere near enough to reduce the risks for Aboriginal and Torres Strait Islander peoples across Australia,” Dr Bartone said.

“Further targeted approaches for Aboriginal and Torres Strait Islander people are needed.

“The AMA recommends a dedicated pool of funding for Aboriginal and Torres Strait Islander communities and organisations to draw on for specified purposes including the procurement of personal protective equipment (PPE), point-of-care tests, staffing and consumables, capital expenditure, isolation and quarantine facilities, and satellite and outreach services to address current service gaps.

“Importantly, the amount of funds allocated for this funding pool should be considered on a needs-basis.

“Given Aboriginal and Torres Strait Islander peoples comprise three per cent of the total population, and the burden of disease is 2.3 times higher than non-Indigenous Australians, it is reasonable for a benchmark amount of around seven per cent of total COVID-19 health funding be earmarked Aboriginal and Torres Strait Islander peoples.

“Testing is absolutely critical, and it must be an urgent priority to ensure that every Aboriginal and Torres Strait Islander health service is provided with testing kits, the associated consumables, and the necessary training.

“The \$58 million retrieval package announced by Minister Wyatt was a great start to acknowledge the unique health service needs of Aboriginal and Torres Strait Islander peoples in remote communities, but more is needed.

“Specialised Indigenous health services and programs that respond to the needs of the majority of Aboriginal and Torres Strait Islander people who live in cities and towns must be made a priority and properly funded to provide greater protections coming out of the pandemic,” Dr Bartone said.

13 May 2020

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Maria Hawthorne 02 6270 5478 / 0427 209 753

CLASSIFIEDS remain FREE for current members & a maximum of 3 placements & not used as advertisements. To place a classified please email: RDMAnews@gmail.com with the details.

DISCLAIMER: Views expressed by the authors or articles in the RDMA Newsletter are not necessarily those of the Association. RDMA Inc accepts no responsibility for errors, omissions or inaccuracies contained therein or for the consequences of any actions as a result of anything publications.

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
Website : <http://www.ama.com.au/>



**MENTAL HEALTH EXPERT A CRUCIAL ADDITION TO CHIEF
MEDICAL OFFICER (CMO) TEAM**

The appointment of Associate Professor Ruth Vine as Australia’s first Deputy Chief Medical Officer (CMO) for Mental Health is a smart move at a time when the significant mental health impacts of the COVID-19 pandemic are becoming evident.

Dr Vine is the former Chief Psychiatrist for Victoria.

AMA President, Dr Tony Bartone, said Dr Vine brings considerable expertise and experience to this challenging role, and will be a key member of the specialist CMO team assisting Professor Brendan Murphy.

Dr Bartone said that the AMA had specifically called for the Government to appoint a mental health specialist to assist Professor Murphy, and Dr Vine is a highly appropriate appointment.

“Dr Vine will have the challenging and much-needed role of managing the mental health responses to COVID-19 as well as the ongoing framework of delivery of mental health care.

“Significantly, this means that, for the first time, mental ill-health will be treated as seriously by the Australian Government as other health presentations, and preventing lives being lost to suicide will be considered equally important as preventing lives lost to the COVID-19 virus directly.

“It also signals that the Government intends to take immediate and large-scale actions to save lives now in the face of the adverse impacts of this pandemic and its after-effects.

“We are expecting to see a rise in mental health problems, and the potential for increased numbers of suicides.

“Enhanced expert clinical advice will be of tremendous benefit as people begin to manage their transition back from pandemic restrictions.

“The AMA is ready immediately to work collaboratively with and support Dr Vine in her important new role,” Dr Bartone said.

13 May 2020

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Maria Hawthorne 02 6270 5478 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow *Australian Medicine* on Twitter: <https://twitter.com/amaausmed>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

QUEBEC, CANADA

The Walled City

by Cheryl Ryan

A charming city beaming with vibrant culture, heavily accented by its French heritage, Quebec is the most popular destination in North America. Its convivial people, beautiful rolling hills, colourful Victorian facades, romantic bistros, and vivacious winter season make it an instant hit amongst travellers. Quebec has something exciting in store for every kind of adventurer there is. Be it getting knee-deep in history, treating the foodie in you with scrumptious delicacies, hanging out with nature or, daredevilry at Quebec's outdoor adventure playground, Quebec will surely be a thrilling entry in your diary!

Fascinating Outdoor Adventure

1. Old Quebec: Captivating ancient architecture, the enchanting Château Frontenac, historic attractions, the unique sight of street performers at the open-air art gallery, Dufferin Terrace overlooking the St. Lawrence River, and Rue du Tresor ...much more awaits you at Old Quebec.
2. Parc de la Chute-Montmorency: Take a gondola ride over the majestic Montmorency Waterfall and feel the force of the roaring waters, as well as relish the beauty of île d'Orléans and the St. Lawrence River. The brave-hearts may try ice climbing up the frozen cliff.
3. île d'Orléans: Its picturesque beauty – resembling Quebec's 19th century countryside – is highlighted by baroque churches, heritage homes and historic farms. While you are at it, indulge in its famous apples, strawberries and blackcurrant liqueurs!
4. Camp out in Portneuf and Laurentians wildlife reserves or, visit the Parc national de la Jacques-Cartier, and enjoy hunting, wildlife watching, mini-rafting, hiking, canoeing, fishing or simply relaxing.
5. Battlefields Park: It is one of the largest and finest urban parks in the world, and hosts many activities like cross-country skiing, and cycling.
6. Vallée Bras-du-Nord: Check out the waterfall, the snaking river, and scenic peaks in this enchanting valley in Portneuf. For a stronger dose of adrenaline, explore the 70 km long grid of tracks, ride a horse, kayak or canoe down the river or, hit the mountain bike paths!
7. Le Massif de Charlevoix: This spectacular mountain overlooking the enchanting St. Lawrence River offers a surreal experience of skiing down its snow-blanketed slopes facing the river!
8. Cap Tourmente National Wildlife Area:



Behold the mesmerizing sea of snow geese that flock the area during spring and autumn. Watch out for over 300 species of birds here. Get your camera and binoculars ready!

Winter Wonderland

Quebec transforms into a magical snow-world during winters, which is ideal for skiing, dogsledding, snow-mobiling, snow fishing, and snowshoeing. The world-renowned Quebec Winter Carnival, Ice Hotel, and Valcartier Vacation Village are other star attractions.

What have we planned for you?

A comprehensive itinerary has been developed to include all the exciting attractions of Quebec.

- Guided trip through Parc de l'Esplanade, along the perimeter of the town walls between the two historic gates – Porte St-Jean and Porte St-Louis – to the Citadelle.
- Visit Parc de la Chute-Montmorency, and Parliament Hill including, Parliament Building, Fontaine de Tournay, and Observatoire de la Capitale
- Organised trip to Old Quebec
- Trip to the Plains of Abraham, and Musée des Plaines d'Abraham
- Tour of the Place-Royale – Quebec's ancient town square, and Musée de la Civilisation – Quebec's finest museum
- Shopping at Rue St-Paul

www.123Travelconferences.com.au

123 TRAVEL CONFERENCE

FLIGHTS • ACCOMMODATION • HOTELS • TOURS • TRAVEL INSURANCE • CRUISES

123TRAVEL

WE'RE PROUD TO BE ATAS travel accredited

PROFESSIONAL CREDIBLE & RELIABLE



Food for Thought?

Before the pandemic empty nesters thought that their children as financial responsibilities were done and dusted and the only remaining item was a wedding down the track.

Then universities closed, retailing jobs disappeared, hospitality jobs disappeared, next minute guess who is at the front door?

Providing for family members whether they be elderly parents, your children, adult children, grand- children or even great grandchildren is always the bedrock for family values.

There are considerable precautions that can be made to ensure that family wealth is retained and protected.

Establishing family structures to fund university life, funding future home deposits, understanding gifting rules or Aged Care rules for Centrelink, having your estate planning ducks in a row are all extremely important matters when things don't go to plan. Having a plan in place for the future is about structuring finances and investments so family wealth is maintained and protected. Doing this ensures that if/when the need arises clear instructions and processes can be followed effectively for your family and your business.

Over the course of the current pandemic a common theme we've seen is the lack of liquidity in family structures and investment portfolios. Even some industry super funds have been caught out without enough liquidity for the rainy day. However the older we get the more prepared we need to be to help family members in times like this. A checklist should include ensuring Power of Attorneys are appointed, having up to date Wills and having the structures and processes in place. Doing this will help you sleep at night when things go pear shaped.

We have recently experienced older parents not having access to cash or to pay accounts because bank branches are closed. The elderly are sometimes also not up to speed with technology and this has left family members to organise payments themselves. The good news is that we have seen lots of older clients adapt to new technology quickly simply because they have had to.

Unfortunately, it takes times like these, to sit back and turn off the noise and focus on family needs. Without weekend sports and the mad running around schools and many working from home, there has never been a better time to review your family's position and ask yourself how you can do family wealth/business better.

If you want to talk feel free to call us.

Article written by Kirk Jarrott, Partner Poole & Partners 07 54379900.



AMA COMMENDS NATIONAL CABINET ON CAUTIOUS APPROACH TO LIFTING COVID-19 RESTRICTIONS

The AMA commends the National Cabinet for continuing to listen to expert medical advice by proposing a cautious, phased, and gradual lifting of COVID-19 restrictions.

AMA President, Dr Bartone, said today that the National Cabinet's three step plan is in line with the AMA's advice and recommendations.

"The gradual lifting of restrictions is welcome, but we must not become complacent.

Patience and vigilance will still be required," Dr Bartone said.

"Limiting house visitors to five, limiting outdoor gatherings to 10, and continuing to work from home if it works for you and your employer are measures that are required in order for lifting some restrictions on shopping and cafes and local travel.

"Of course, it is up to each jurisdiction to make the appropriate considerations based on local information.

"The original decision to close Australia's borders was sensible, with almost two thirds of positive cases having arisen from international travel.

It makes sense to keep Australia's borders closed for some considerable time to come.

"Australia's medical professionals have also responded tremendously to COVID-19 to date, despite extraordinary pressure on their work, their families, and their businesses.

"But too many patients have stopped seeing their doctor.

It is time for people to get back to the doctor to have usual care diagnoses and treatment resumed.

"Private elective surgery, in particular, needs to get going again.

If elective surgery continues to be deferred,

we risk a build-up of untreated conditions.

The lifting of restrictions signals that it is appropriate to expand private elective surgery so patients can get the treatment they need.

"Yet the risk of virus escalation and outbreaks remains.

"We all must continue physical distancing.

We must stay at home if we have any respiratory symptoms.

We must test if COVID-19 symptoms arise.

And we must download and use the COVIDSafe app - it is encouraging that 5.3 million Australians have already done so," Dr Bartone said.

8 May 2020

CONTACT:

John Flannery 02 6270 5477 / 0419 494 761

Maria Hawthorne 02 6270 5478 / 0427 209 753

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow Australian Medicine on Twitter: <https://twitter.com/amaausmed>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>

MEDIA RELEASE MEDIA RELEASE MEDIA RELEASE

REDCLIFFE & DISTRICT MEDICAL ASSOCIATION INC MEMBERSHIP SUBSCRIPTION BENEFITS

ABN: 88 637 858 491



Notice to New and Past Members

Don't waste time! Join now!

CPD Points Certificate Available



Get Your Membership Benefits! Socialise! Broaden your Knowledge!



Dear Doctors

The Redcliffe and District Medical Association Inc. have had another successful year of interesting and educative meetings on a wide variety of medical topics. Show your support for your Local Medical Association to continue the only local convocation for general practitioners and specialists to socialise and to discuss local and national medico-political issues.

This subscription entitles you to ten (10) dinner meetings, a monthly magazine, an informal end of the year Networking Meeting to reconnect with colleagues. Suggestions on topics and speakers are most welcome. Annual subscription is \$120.00. Doctors-in-training and retired doctors are invited to join at no cost.

RDMA SUBSCRIPTION FORM - INTERNET PAYMENT PREFERRED

Treasurer Dr Peter Stephenson Email; GJS2@internode.on.net

ABN 88 637 858 491

1. One Member (July to June: \$120.00; Oct to June: \$90.00; Jan to June; \$60.00; April - June: \$30.00)
2. Two Family Members (\$20.00 Discount each) (\$200 pro rata) (Please include each person's details)
3. Doctors in Training and Retired Doctors: FREE

1. Dr

(First Name)

(Surname)

Email Address:

2. Dr

(First Name)

(Surname)

Email Address:

Practice Address:

Postcode:

Phone:

Fax:

CBA BANK DETAILS: Redcliffe & District Medical Assoc Inc: BSB 064 122 AC: 0090 2422

1. PREFERRED PAYMENT METHOD: INTERNET BANKING

2. PAYMENT BY DEPOSIT SLIP: INCLUDE your name: ie: Dr F Bloggs, RDMA A/C and Date

3. ENCLOSED PAYMENT: (Subscription Form on website, type directly into it and email)

i) Complete Form and Return: C/- QML or RDMA at PO Box 223 Redcliffe 4020

2) Or Emailing to GJS2@internode.on.net

Where We Work and Live

“Value Our Veterans”

<http://anzacportal.dva.gov.au/veterans/stories/roy-cornford>

Roy's Story Part 4

The [USS] Pampanito happened to come up to have a look around and spotted these rafts with people on them. They didn't know who they were or what they were. They came up and they mounted machine guns on the deck and they came over close to one of the rafts.

By this time all the rafts were five and six hundred metres apart, or two kilometres apart, and we're all black with oil of course. One bloke had fair hair and he sung out "You sink us and now you want to shoot us!" And the sailor sung out "Who are you?" And he says "We were Australian and English prisoners of war." And he called back "Well, we'll throw a rope and the man with the white hair only grab it".

He grabbed the rope and they pulled him aboard, and they were smartly satisfied that we were prisoners and they radioed the news, and another submarine surfaced straight away. The submarine that first spotted us, it cruised around picking up prisoners.

It had a crew of 72, and it picked up 73 survivors and I was one of the prisoners that it picked up. I was on the second-last raft that they came to.

We had two rafts joined together and we did have 18 prisoners on the two rafts but eventually when we were picked up there were only nine of us still alive.

!

Pampanito immediately dispatched her precious cargo of Roy and his mates to the US base on the island of Saipan. They were disembarked and immediately admitted to hospital.

From Saipan Island Roy and his fellow survivors



After The War

were returned to Australia by ship, arriving at the port of Brisbane on 18 October 1944.

It was then after further hospital treatment, Roy was discharged from the AIF in May 1945. In civilian life Roy married his wife Joan in 1947 and raising three children. Roy originally worked as an employee of a painting contractor before setting up his own business, which he ran for almost 30 years.

Roy remains an active member of the RSL and following retirement he and his wife Joan established a successful plant nursery and donated all of the profits from 1987 to 2009 to charity. He remains actively involved in community and charity work.

Roy prefers to forget the horrors of his time as a POW, concentrating instead on remembering how he and his mates all helped each other through difficult times and conditions.

The End