

Family speaks to World Socialist Web Site

# Unanswered questions surround the suicide of Australian paramedic Tony Jenkins

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6 September 2018

On April 9, 2018, Tony Jenkins, a 28-year veteran paramedic with New South Wales Ambulance (NSWA) in the Newcastle region, north of Sydney, was between jobs when he and his ambulance partner were called to Tighes Hill, NSW sector headquarters. Both men realised this meant they would be summoned to a meeting, but had no knowledge of its purpose. On arrival at around 4:30 p.m., only Tony was called into the meeting, which was conducted by two senior NSW Ambulance managers in the Newcastle area.

No prior notice of the meeting had been given to Tony and, despite the fact that his partner was waiting outside, the two managers held the meeting without any witness present, and without any minutes or recording being taken. In the course of the 90-minute proceedings, Tony was accused of stealing and self-medicating Fentanyl, a powerful opioid used for pain relief.

According to the two managers, Tony immediately confessed and expressed his relief that he could now obtain help. At 6:20 p.m., one of the managers drove Tony to his car, which was parked at the Belmont Ambulance Station. Just 10 minutes later, at 6:30 p.m., Tony was captured on CCTV at the local hardware store, where he purchased a number of items that he later used to take his life. His empty car was seen at 8:15 p.m. at the boatshed, where his body was later found. In other words, within less than two hours of his meeting with management, Tony was dead.

While his heartbroken family were shocked at NSW's claims that Tony had stolen Fentanyl and was using it to self-medicate, they assumed it had been proven. It was only after the autopsy and toxicology results revealed there was no Fentanyl, alcohol or other drug in his system that they began to challenge the official version of events. Some five months later, they have received no concrete evidence that Tony had stolen or self-medicated with Fentanyl.

The Jenkins family recently spoke to the *World Socialist Web Site* about Tony's life and his death, along with the many unanswered questions surrounding his last hours.

Tony's wife, Sharon, described her late husband as a "giver not a taker." He was, she said, "such a kind person, whose joy came from helping others." She described him as "a joyful person, who would laugh hysterically," a father who enthusiastically helped his two daughters with their houses and lives, and a paramedic who was known to check on his neighbours and acquaintances in the area if he thought they were experiencing problems.

His daughters, Kim and Cidney, explained that their father had been in the police force for 18 months prior to becoming a paramedic. He had changed his profession so that "he could do good and play a positive role."

During the discussion, the family revealed Tony to be an experienced

and dedicated paramedic, who had developed conscious mechanisms for dealing with the stresses associated with his profession. He took leave, for example, every three months to ensure he would be able to cope. He, his wife Sharon and daughter Cidney, were due to fly out to Bali within four weeks of his death, and he and Sharon had booked and paid the \$12,000 for a longer trip to Italy in August.

Tony, the family recounted, was a man who spoke to them about his feelings, and about those experiences on the job that affected him. He had regular medical check-ups and, according to his doctor, was not suffering depression. He was not a heavy drinker and would, his daughter said, have "one beer but did not drink on a daily basis." His behaviour at home had not changed and he was looking forward to his overseas trips.

While, as the family made clear, "Tony loved his life," was part of a close, loving and supportive family, and enjoyed hobbies, including boating, he was deeply committed to his profession. That commitment did not include blind acceptance of practices that he identified as endangering paramedics, either physically or psychologically. He tenaciously fought to improve the conditions under which he and his colleagues worked. He would, on arriving home at the end of each shift, sit down at his laptop, write reports and log issues that had arisen during the day.

He was particularly concerned about the lack of information and often incorrect data provided to paramedics when they were called to a job. On more than one occasion, he and his partner had arrived at a scene to be confronted with a knife-wielding assailant.

Tony, along with an increasing number of paramedics, had been assaulted while carrying out his job. He had requested a police escort after being instructed to pick up an ICE addict—a request that was refused—and therefore he would not carry out the instruction. He had campaigned for better rosters and defended a female paramedic against bullying.

His daughter Kim described discovering a "mountain of correspondence" Tony had written to management about various issues, when they opened his locker after his death. But the correspondence also indicated that he had felt he was "fighting a losing battle." The correspondence ended in 2004, when incident reporting became digitised. The family have asked for his entire Incident Information Management System (IIMS) file, as they believe management has not supplied them with all his correspondence.

There is no evidence that Tony received any support in his campaign to defend the health and safety of paramedics, either from the Health Services Union (HSU) or the Australian Paramedics Association (APA). It is particularly noteworthy that neither organisation has made a public statement about the veteran paramedic's death, or provided representations for the family in their dealings with NSW.

One can only conclude that the picture painted of Tony by his family is at complete odds with that advanced by NSW, i.e., that he was a drug

addict and Fentanyl thief. Tony's family—Sharon, Kim, Cidney and Sharon's sister, Belinda—and others have fought for answers from the ambulance service to explain the contradiction.

The family has taken minutes of all meetings and discussions with NSWA representatives.

NSWA management has told the family that on the morning of April 9, and before the start of Tony's shift, which began at midday, a paramedic at Belmont ambulance station found a "tampered vial of Fentanyl." No precise explanation has been given as to what, in this case, was meant by "tampered."

At 9 a.m., police were informed that some Fentanyl was missing from the station. An ambulance service inspector was dispatched to carry out audits at Belmont and nearby ambulance stations, including Cardiff, Birmingham Gardens, Toronto and Boolaroo.

The family was told that the audits revealed that, altogether, 40 vials of Fentanyl had been tampered with in the stations. Since daily audits of the medication safes are carried out in each station, no-one has been able to explain to Tony's family how or when he could have accessed and tampered with such a large number of vials.

While Tony had worked on the day shift the previous day, he had been off work for the previous five days. "Irregular" use of Tony's pin access code to the medication safe was cited as the reason suspicion had fallen on him. "Irregular use" meant that Tony's pin had been used up to 75 minutes prior to his shifts, a scenario strenuously disputed by his family. It is not clear whether anyone else's pin access code has been investigated. Sharon has repeatedly asked for a report on Tony's pin access code usage, but no-one has given it to her.

Curiously, the number of vials allegedly tampered with has changed over the five months since Tony's suicide. On April 10, managers, including one who had conducted the NSWA's final meeting with Tony, informed the family that he had stolen 40 vials. By May 24, the number had been reduced to 16, and now stands at 25 across three stations.

What is not disputed is that within little more than eight hours of the discovery of the initial tampered vial, NSWA had reported the crime to the police, carried out audits at multiple stations, compiled the results, identified the alleged perpetrator and convened a meeting to confront him. The meeting, conducted at breakneck speed, breached established staff-management meeting protocols and has revealed serious inconsistencies.

The final meeting between NSWA and Tony Jenkins involved allegations of criminal activity and possible charges. Yet, extraordinarily, the family was informed that it was a "chit chat," not a misconduct meeting, and that Tony was not suspected of wrongdoing. The managers reported that they were surprised by Tony's "confession," which contradicts the assertion that he was identified through the "irregular" use of his pin access code.

For the family, what ultimately transpired at that final meeting is still unknown. But if what the two managers allege is to be believed—that Tony confessed to drug addiction and theft—they were clearly dealing with a troubled and traumatised person who required treatment and help. Yet neither NSWA Human Resources (HR), nor the chief psychology unit, nor any member of the NSWA executive, was contacted for advice.

The only notes of the meeting were written after Tony's suicide and these were finally handed over to Sharon Jenkins on July 24, after multiple requests and following a protest by both Sharon and Cidney outside Hamilton Ambulance station to demand their release.

According to the managers' notes, "Tony thanked me for making him feel safe" and "hugged me." The managers say he was relieved that his addiction had been discovered and that he intended to go to Warners Bay Hospital the next day for treatment. Yet no sick leave form was filled out and HR was not informed. The two-page note states, in part, that "Anthony ... was in positive spirits and making forward plans for seeking active treatment."

An unopened text, sent by another senior manager to Tony's phone at 7:46 p.m. on April 9, the day of Tony's suicide, provides a different perspective. It said, in part: "I want you to know we're here to support you, we are here if you need us, please don't feel you are alone." If Tony was "in positive spirits" and "relieved that help was now possible" why would such a text be necessary?

The family strongly believes that at least some NSWA managers were aware of Tony's distress due to the allegations made at his final meeting with NSWA. However, even though this text went unanswered, no-one from NSWA bothered to alert his family, or to call to check whether he was home, or to simply speak to him to see whether he was okay.

By 2 a.m. on April 10, some four hours after his shift ended and when her husband had not returned from work, a frantically worried Sharon made 19 separate phone calls to NSWA numbers to locate him. Every one of them went unanswered. She finally rang the John Hunter Hospital to speak to paramedics in the emergency ward, who told her "there has been an incident." She was told a manager would call her, but none did.

At 7 a.m. on April 10, NSWA managers came to the Jenkins' home to inform his family of Tony's death.

More than 20 weeks later, WorkCover has yet to complete its investigation into Tony's death and a promised "independent investigation" has not commenced. A Root Cause Analysis report (a NSWA internal report) has just been finalised, and will apparently be given to the family. But they have still to be informed whether a coronial inquest will be held.

The family is demanding a public inquest and the removal of the managers who conducted that last fateful meeting.

As Sharon's sister, Belinda, commented: "Something has to be done about what happened, and has to be seen to be done. Because if it isn't, then every other paramedic is twice as vulnerable. If nothing comes of this, who can ever put their hand up again when they are not well?"

*The authors also recommend:*

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