

We promised never to tell!! Confusions from the Medical Tent

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ABSTRACT

Sydney's Gay and Lesbian Mardi Gras Medical Team has been and is in a unique space not only nationally but internationally, as the team provides a first line medical service within the confines of a particular environment. Majority of the time the space is a 12sq metre tent with an aluminium trailer transporting all the equipment. However, the medical team has set the bench mark for mass gathering within a specific space, all night dance parties, for the gay, lesbian, transgender, transsexual, bisexual community and their straight friends.

This paper will explore the myths and stories behind the flaps of the medical tent and share some of the secrets that puts the Sydney Gay and Lesbian Mardi Gras Medical team at the centre of gay events and perceived to be the experts in this particular field of primary health care globally and influential in regards to strategies for dance parties and raves.

Throughout the paper personal narratives will be told to highlight the seriousness, complexities of care, fun and the humour within the space that is Mardi Gras medical. Much of which is central to the success of our communities dance parties even though the location of our space and the team are on the periphery of the actual event. The periphery ensures that there is a future for the central body and event.

INTRODUCTION

Over the past three decades Sydney's Gay and Lesbian community has responded to the changes in our communities and looked after its' own needs. This has not been more obvious than at dance parties and community gatherings, where there has been a medical team in attendance. The medical team hears constantly from those who pop in for a chat, cup of tea, a bex

and a little lie down, that we do a great job and the gay community loves you. But has anyone ever thought what happens behind those magical fabric walls of a medical tent in such a confined space and where the team has been, going or wants to be.

Mardi Gras and the other gay community organisations, owe much of the success of the medical team to those who in the early to mid 1980's, who could see that our community needed looking after at events and pulled together a team of volunteers consisting of nurses, doctors, paramedics and first aiders who would give up some of their night to support other patrons. This of course was at the start of the HIV and AIDS crisis in our community and many of the patrons wanted to attend 'just one more party' and be part of the space that is Mardi Gras. The community greatly appreciates those with the good insight, judgement and foresight to establish a service that no other community had or has to the same extent that we in our community have had to ensure our safety.

WHAT IS MARDI GRAS MEDICAL

Mardi Gras medical is a first line medical service that supports the gay, lesbian, bisexual, transgender, transsexual and queer community at specific events. The medical team is unique in our own space as the medical team is the only specific voluntary medical team which provides this type of service nationally and internationally. Other gay organised events outside of Sydney, use the services of commercial or community organisations, which are not part of the gay community and do not understand the complexities of the gay community in particular the specific needs at dance parties.

There is no formal prediction of space requirements, number of volunteers required for events or specific requirements for Mardi Gras Medical. However, over the past 2 decades the needs have been established particularly within the last 6 years, using the New South Wales Government Guidelines for Dance Partiesⁱ. These guidelines state that there should be a percentage of First Aid personnel per number of party patrons and first aid stations. However, the medical team has established its own space and ratio of volunteers which are in portion to the number of estimated party patrons and footprint of the event:

For events less than 2000 patrons a one to two bed first line medical centre,

Greater than 2000 four to five beds are used

In regards to actual volunteers, the numbers vary between 4 and 12 per shift with 4 to 5 shifts per night. The exception to this ratio is Fair Day where there are slightly higher numbers of volunteers with roaming medical teams across the park responding to any medical emergencies, as well as the static medical centre.

The boring bits (statistics) could and should be mentioned; believe it or not the medical team has kept a record of the number of events, patrons attending the medical tent, transfers to hospital and the types of presentations. Data collection has been through documentation of presentation to the medical tent and manually reviewing the data and developing the statistics from the data collected. We have had two unobtrusive reviews conducted within the past five years and an analysis of the data collected for the event from 2000 until early 2004, which was presented at an international emergency medical conference.

On average between 1.5 and 2% of the patrons attending any of our community's events or parties will present to the medical team for some form of assistance, ranging from party crisis:

"have you a safety pin "my costume is ripped/ my fly is broken and I'm not wearing undies", have you gaffer tap; "no its not for my boyfriend, my heels have broken from walking up Oxford St", "I need to create a cleavage", "what colour spray paint do you have I need to spray my costume where it got ripped and mended with gaff tap (you gave that to me earlier), to life threatening conditions. Fortunately over the past few years the team has not had many life threatening events. The one event that most volunteers working on a particular shift will remember is a man who had taken several tablets (unknown) whose body temperature had risen to 42^o degrees and was continuing to rise. The team packed him in ice and had him transferred very quickly to hospital. He made a very quick recovery and was out partying within a few days, not on any substances we hoped.

In the last six years there have been approximately 4,500 presentations to the static medical tent and the team has provided volunteers at just over than 40 events. There have been 85 patrons who have required transfers to local hospitals by the NSW Ambulance service. As these patrons have been medically compromised and their ultimate safety could not be maintained by the team within our confine space or they required more intensive specialist care, which could not be provided by our first line medical management team. The types of conditions include excessive intake of unknown substances (this is up to your imagination to fill in the blanks, excessive heat and dehydration, seizures, bony injuries, and cardiac problems). Touching the ever-ready piece of wood no one has been that compromised that the team have never lost anyone at an event. How could anyone forget to mention the one patron who was going into labour (not on the dance floor); yes there are midwives amongst us. (Not much call for them at the 2002 Gay Games Black Party- male only).

The medical team through keeping records has been able to predict the number of presentations to our space. Unlike other providers of first aid service who cannot clearly predict the type of patrons the medical team has a very clear understanding of the party patrons. Arbon in his article identifies some of the unpredictable issues for medical coverage at mass gatheringsⁱⁱ. As previously states between 1.5 and 2% of all party patrons will attend the medical team of which 1% will require transportation to hospital for more advanced medical support. The number of patrons transferred is less than those predicted and reported from other mass gatheringsⁱⁱⁱ.

The results from the unobtrusive reviews were that the medical team is unique and provides a service that is unmatched by any other group due to the variety of presentations and the uniqueness of the events catered for by Mardi Gras Medical. There are other first aid providers that offer a service but the level of experience does not compare to NMG Medical team. As the team has developed over many years, there is a body of knowledge and level expertise in regards to the management drug and alcohol issues, party crisis, and situational stress, first line medical management outside of the hospital environment or through the ambulance service. The team maintains a professional approach, ensuring confidentiality and works closely with other service providers (the licensee, the local emergency departments, NSW Ambulance Service and NSW Police).

The medical team maintains a non-judgement approach to the assessment and treatment of any patron attending the medical space. This could mean excluding any authority figures such as

security officers, licensee or police officers from within the confines of the medical tent/room or environment similar to NSW health facilities. This ensures the medical team have an exclusive space, which protects patron and maintains a safe and confidential environment. This exclusive space promotes harm reduction and enables the identification of presenting problems, which are paramount for the safe treatment of any patron who is medically compromised and if there is an authority figure question there may be reluctance to divulge information.

Each year there are new and willing volunteers joining the medical team and some more experienced and worn out (I just want to party this year) volunteers taking a break, they will come back when they have had too much partying. At the start of each season there are approximately 150 medical volunteers who will provide assistance at fair day, party, parade and what else is going on at the time (we could be available if an envelope was being opened and someone thought we should be there). Without these dedicated and committed volunteers these events may not be as safe. Unlike the majority of first aid service providers the skill mix is set at a higher level. All volunteers are trained nurses or doctors registered in NSW, paramedics and volunteers with senior first aid certificates. 80% of the volunteers are registered nurses with extensive backgrounds predominately with a trauma, intensive care, emergency or mental health background. Compared to other organisation whose volunteers are predominately first aiders with minimal health professional backgrounds^{iv}. Over the past few years all registrations and certificates have been checked for originality and appropriate qualifications to ensure that everyone is properly trained to support our community also to ensure the team does not compromise the insurance policy.

The medical team has over the years enjoyed the privilege of getting support from other organisations and the Mardi Gras organisations. However, it has been the volunteers that have made the biggest contributed and know where to access piece of equipment, yes they know how to beg, borrow and permanently have lent, which ensures the running of the team. Similarly, they know which is the most efficient and up to date equipment that could be of benefit to the team. For those that have never seen inside the tent, Radar, Hot Lips, Hawkeye and Trapper John have nothing on us. The most vital part of the equipment is the trailer, affectionately referred to as Barbie, which was donated by ACON, which appears at times to be more like Dr Who's tardis when all the equipment is pulled out of it.

The team is always looking at getting further assistance and support particularly since the crash of HIH, which has meant the specific medical insurance premium went through the roof. Oh yes the team needs insurance to protect the community and the volunteers, not just public liability but professional liability (medical) insurance. Without the support from community organisation such as Pride, Sydney Leather Pride and ACON through specific donations, the team would not be able to assist meeting the cost of the premium, so thank you to those organisations and New Mardi Gras for ensuring the rest of the insurance is paid for and renewed each year..

As part of the space, which is Mardi Gras Medical, there at times seem to be a language barrier between the volunteers and patrons. Particularly between 3 am and sunrise or the closing of a party, when everyone appeared to be speaking an unrecognisable foreign language or the language of love! The medical

team is extremely fluent in 'E' and understand 'G grunts' that is if the patron is able to utter anything at all. However there have been occasions when patrons are not fluent in anything other than what's happening in their head and they have to move/dance/gyrate/kiss/hug or simply do nothing. This is when the universal language of simply holding them, giving them time, space and fluids comes into play and in the extreme cases a chairperson/president to walk around with them explaining the complexities of running a dance party and community organisation. If the patron is extremely unfortunate or lucky they could end up with a chairperson/president from several organisations and the odd CEO/GM who happen to be there at that time (they do have their uses).

So is there a narrative or two to tell? Many people who know certain members of the team and particularly the medical committee will ask, so how was the night, did you have many, who famous came in, what did they have, how many ambulances, what did they take and did anybody not make it? The answer to most of these questions is sorry we don't kiss and tell but maybe we could be bought for a significant price.

There are however funny stories and unusual requests that may need to be exposed, particularly when the patrons are not part of the space that is uniquely Sydney's gay, lesbian, bisexual, transgender and queer culture, particularly our overseas brothers and sisters.

Before telling a few of these stories it would be good to throw a few questions out there, as these questions highlight some of the myths, notions that makes up the space of medical. Which Drag Queen has never been inside the medical tent? What is the most asked for piece of equipment, medication, item supplied by the team? Which organisation hosting a party has had the most non-eventful medical night? How many John or Sue Smith present to medical and why are they all the same age? Why is everyone 23 who presents to medical?

It is difficult to start exploring the funniest, unusual and/or bizarre stories because each member of the team has at least one story that they believe is the funniest or weirdest or one that makes everyone else green with envy. The later may be the easiest to start with, as there were many male volunteers putting their hand up for this particular request, but the medical coordinator had to pull rank and step up the challenge of the following request during gay games. A very well defined, black athlete wearing just a red leather cod piece presented agitated to medical asking for help, a particular type of intervention; to be sat on stroked and given reassurance that he was fine. This request was catered for however, whilst the member of the team was sat astride this well built and endowed athlete, he continued to gyrate his groin stating I go the Duke "Varsity" with the team member being lifted higher into the air at each mention of Duke "Varsity", one just has to take it like a man so we are told.

Then there was the young naive German boy wanting to ask a sensitive/personal question in very broken English. "I would like one of those things girls use?" What things? "Female products" Can you tell us why and what it is for? "I want to dance all night" How will this help you dance all night? "I have diarrhoea". His request was denied but received some medication the next thing we heard of him he had danced all night without having to battle his way to the toilets etc.

Of course there is always the story relating to the strong muscular (brick shit house) guy who present to medical with nausea and feeling under the weather (rapid onset twenty minutes after arriving at the party). The easiest solution and effective treatment for said man was an injection of maxalon to stop him feeling sick. Problem being muscle man was scared of needles and resisted having an injection by tensing up every muscle in his body. The target was there but it was like trying to get it into a piece of sheet metal hence the needle bent. We still don't know who was the most scared him or the team. He eventually received the injection after lots of reassurance and relaxing of those muscles.

Then there are those boys would can not and will not keep their trousers on either because the trousers are too big, they have lost the will power to keep them up or because they want to attract the attention of the other boys/girls in medical. Well if the team only had a camera we could set up our own porn site. There have been requests to score boys, just like dancing with the stars, out of ten for their manliness and persistence in attempting to attract someone else under the weather in medical.

On one particular occasion a couple came to the team requesting a safety pin as the Velcro fly had been torn out of a particular barman's trousers and his boy friend was assisting doing it up, much to many of the volunteers amazement the only way he could get the material together was with his teeth fortunately it was behind the bed screens, regardless of where you looked it seemed that it was not just the material that was being held.

The team cannot miss the steady stream of drag queens popping in for assistance, normally 'would bee's' or up and coming who have not quite got in right yet. Once again for the ever-ready gaffer tap, for shoes, costumes, a nice new cleavage and will it make me look pretty at 6 am. What is the right answer (that is the six million dollars answer)?

It seems that we have given the boys a hard time but the girls are no better or do they seem to fly under the radar a bit better. No don't you believe it. There are some classic girl stories, which have been relived by the team.

Why is it that every straight girl attending the party seems to start her menstrual cycle the night of a party and forgets to carry a tampon with her!! Yes this is the answer to a previous question, tampons or pads.

There is the girl who turned up in tears at 4 am and very distressed. After a lot of consoling, the member of the team managed to get out of her what the actual problem was. She had come to the party with her 'straight boyfriend' and they were having a great time. But she had lost him when he went to the men's toilet, he never came out (whoops should that have been he came out) and he was nowhere to be found. Eventually he showed up at medical with a new 'best friend' with wet knees. We don't judge but he was not straight after that night.

However the strangest request of all times was at a Mardi Gras party a woman came to the medical tent asking if we had a breast pump as her breast we engorged. She then stated that she had given birth 3 weeks before and was breast-feeding but could not miss a Mardi Gras party. We still don't know where the baby was, hopefully with someone sensible and not hungry. The team still does not have a breast pump as part of our equipment

as the likelihood of requiring one is slim and some of our volunteers know how to relieve engorged breast manually.

There are of course the horrific things that bring tears to the eyes of the most seasoned medical volunteer, which cannot be put to paper. Lets just say they involve body piercing, which were not attached to the body.

Finally there is the steady stream of patrons who just want to say thanks and the team appreciates their gratitude. Many of whom have purposeful walk and stance but occasionally are unable to articulate what they want to say. The sentiment is also appreciated.

These are just a few of our stories, the background to medical team and what the team does for the community. We appreciate the support given to the medical as we support the gay, lesbian, bisexual, transgender, transsexual and queer community of Sydney, next time you see the team at an event remember we are part of this community looking after our own so support us.

Particular thanks goes to the presidents, chairs and co-chairs over the past 7 years of New Mardi Gras, ACON, Pride and Sydney Leather Pride for their support and belief in the medical team without your support the team may have gone when Mardi Gras left Erskineville.

ⁱ New South Wales Government, *Guidelines for Dance Parties*, Sydney (1998).

ⁱⁱ Arbon, P. *Planning Medical Coverage for Mass Gatherings in Australia: What We Currently Know*, Journal of Emergency Nursing, 31, 4 (August 2005): 346-350.

ⁱⁱⁱ Zeitz, K. Kadow-Griffin, C. and Zeitz, C. *Injury occurrences at a mass gathering event*, Journal of Emergency Primary Health Care, 3.1 (2005).

^{iv} Arbon, P. *Planning Medical Coverage for Mass Gatherings in Australia: What We Currently Know*, Journal of Emergency Nursing, 31, 4 (August 2005): 346-350 and Zeitz, K. Kadow-Griffin, C. and Zeitz, C. *Injury occurrences at a mass gathering event*, Journal of Emergency Primary Health Care, 3.1 (2005).