

# THE AGE

Technology

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## To hell and beyond

By **Gary Tippet**

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So many nights Dave Holland sits alone in his strip of concrete back yard, counts the stars and thinks back to his escape. Wondering if he ever really got away.

Three years on, sleep still comes uneasily. His head hits the pillow and he flashes back: Caught up in the spinning and metallic screaming and the wet cracklepop sound of tearing flesh. The coppery tang of blood. The thing dragging him closer. The fear and the pain.

When sleep does take him, so do the nightmares. His partner's daughter, 11-year-old Xenia, getting trapped and torn. Or his heeler-collie cross Pushkin being pulled apart. He watches helpless, heart racing, as the parts somehow reassemble and the tortured dog sits there licking its terrible wounds.

And he shudders awake, grabs his smokes and goes back to the night.

Daylight offers little rest. Too many sounds trigger the flashbacks: Each March the angry, high-combustion howl of Grand Prix cars circling the park a couple of blocks behind his home; ambulance and police sirens along Kerferd Road; construction work; the rattle and clatter of trains; a car revving too close.

He remembers the first time he got back in a tram. The doors hissed shut and the tram jerked forward with the metal-on-metal grinding of wheels on track and he began to hyperventilate. He was sweating and pacing up and down the tram and people were staring. Every whir and vibration was drilling through his feet, along his spine and into his skull and he was back there again. Trapped in the machine.

DAVE didn't like the thing from the start. It was an EVH 1750 Scout drill rig mounted in a tilt-frame on the tray of a green Toyota. It used a 20HP petrol engine to drive its lengths of 75 millimetre auger. But already this morning, he'd decided it was little better than a post-hole digger. It just wouldn't tell him what he needed to know.

Dave understood soil. Since he was a little boy he'd absorbed it from his father. Dr John Holland was a civil engineer, teacher, geotechnical soil technician, specialist in "clay-heave" and one of the originators of the floating slab technique of housing foundation. By the time Dave was a teenager, his dad had him out with a hand auger doing soil tests on subdivisions across Melbourne.

Dave had studied commerce and accounting and worked for seven years as an events manager and caterer, but kept up his "trade" doing tests with his late father's company. The science of dirt was almost imprinted in him. Show him a handful of clay, he reckoned, and he could tell you where it came from, the depth you'd dug it out and probably its loading capacity.

He'd study the stuff by sight and smell. Roll a piece between finger and thumb to gauge its elasticity. Mix it with a bit of spit to determine its consistency. He'd even stick a chunk in his mouth and chew to get a sense of its composition.

But that Friday morning, February 6, 2004, he was relying on the truck-mounted rig on a site at the new Waterways Estate at Braeside.

He was trying to find the depth at which the added fill met the natural ground, but two pits he'd bored to five metres were inconclusive. The ideal would be to take samples every 200mm, but the rig was underpowered and the auger couldn't be withdrawn. So he was depending on what was known as "spin test", watching the dirt as it spewed out of the hole and looking for changes.

When that didn't work he tried a hand auger. He dug two metres but still couldn't break through the fill, so returned to the rig to bore a fourth hole. This time he felt he was getting somewhere. The spin technique wasn't showing him enough, but there was one more test he could try.

At the plane where fill sits on the natural soil, remnant vegetable matter - grass, reeds or roots - slowly rots and decays. Dave knew that when you broke into that level there was often a pong of sulphur. He bent down beside the spinning auger and sniffed.

He was two metres tall, lean, but with a powerful upper body developed over two decades of digging. He wore his straight black hair in a pony-tail that hung just below his shoulders, but at work he folded and rolled it into a bun that sat on the back of his head like a small fist.

It was just 9am, but already oven hot. He was bathed in sweat, mixed with black, peaty dirt. The dessicating wind gusted and skittered across the empty subdivision. It must have flicked a little of his hair out of its bun and as he straightened he felt a couple of tiny tugs as a few strands blew into the orbit of the auger.

Then it grabbed the rest. Dave's head slammed sideways into the unguarded drill. He felt it bounce once against the rotating auger and his right ear began to rip away.

AFTERWARDS, in hospital, he met so many people who told him they remembered nothing of the events that put them there. The moment of the car crash or fall; being trapped in wreckage; the ambulance and emergency room; and, especially, the pain, fear and blood. None of it. It was self-protection: their minds telling them there were things they never needed to know.

Dave can't say how much he envies them. Because he has total recall.

When it happened, it took seconds. But in his memory and flashbacks it goes forever, like an interior movie run in surround sound and cruel slow-motion so he doesn't miss a detail:

As his hair knotted tighter, he'd stretched for the controls. The lever that controlled the auger did not operate as hold-to-run, so the drill had kept rotating even while his hands were off it. He couldn't reach the emergency stop button. "At that moment I experienced total terror," he says. "I believed there was nothing I could do and I was going to die."

"I'm slammed into the rig and it's turning full-pelt . . . I don't know what was louder: the sound of the engine screaming or the sound of flesh and tendons tearing."

"I knew my ear had just been torn off. At this stage it was still connected at the base of the ear lobe and hanging down by a thread of skin."

Dave was in a red haze of pain but knew he had to get some sort of control. He twisted his body to bring himself face-on to the rig as it dragged him upwards. A patch of skin between his right ear and eye ripped away. He felt the auger catch a nerve - "this gristly thing" - beside the ear and pluck it out.

His face was millimetres from the spinning metal and somehow he noticed its edges were marred by sharp nicks and dents. "I remember, in slow-motion, a splinter piece of metal protruding off the auger and piercing into my right eye and slicing across the eye ball."

All he could think to do was pull until his hair broke. He lowered his head until it was banging into the auger and it was gouging a crater the size of a 20-cent coin into his skull. He braced himself: "I've got my palms on both edges of the staff, I've got one foot up on the rig and I'm pushing off with every bit of strength I had. I'm putting everything into it.

"In my mind's eye I'm trying to break the hair. But the first thing that went was the back of the scalp. I felt it go. I heard a tear and then felt this extraordinary cold chill and I started to realise my scalp was coming off."

At that moment, Dave heard two short, sharp cracks from near the base of his skull. They reverberated down his back and he knew he'd just broken his neck.

For years one of the things he most feared was becoming quadriplegic and now it seemed to be happening. But somehow he was still standing.

"When I think back to it I recall the degrees of pain and wonder why I was still functioning," he says. "I'm no special man: I pale and run and hide from pain the same as anyone else. But I had no choice. I guess I put the remaining fear away and kept pulling."

It was either that or, as he says now, get turned into mashed potato.

"I remember putting in a hell-mission of strength. I heard another tear and my head could move a little. I was still pushing, there was a loud tear and the whole scalp ripped from the back forward and I was looking at the inside of my own face as it pulled away from my skull to the end of my nose."

As he jerked free, Dave spun in a semi-circle. He was determined to stay on his feet because if he went to ground, he suspected, he wouldn't get up.

Blood was spurting from his skull and what was left of his face seemed to droop loosely over his cheekbones. He pulled it up so he could see. When he turned back, his scalp was flapping on the rotating auger.

"Oh f---," he whispered. "Oh f---! Oh f---!"

TILER Osama Kerbej was on his mobile phone when he saw the stranger coming. The man was very tall and he was holding his head like he thought it was about to fall off. He was moving slowly, moaning, weaving from side to side like a drunk and didn't seem to know where he was going.

His head was a glistening red mess. Small fountains of arterial blood were arcing from the top of his skull, running down his face and onto his shirt.

To Dave it was like looking through heavy pink rain running down a window. There would be moments of clarity then it would curtain over again. He didn't know how long he'd been following the sound of the tradesman talking on his phone, but when he got there, even through his pain and confusion, he was struck by how calm the man was.

"Gotta go," Kerbej said. "No. Gotta go now." Then he was at Dave's side, saying "Y'right mate?"

For the first time in what seemed such a long time, Dave began to believe he was going to make it. Kerbej was already back on his phone, dialing 000. Dave dropped to one knee, so hard he cracked a kneebone. Then slowly, carefully, he tipped on his side and lay still.

After he'd pulled away from the drill he'd been lost in confusion. He'd gone to the rig controls to turn it off, but couldn't remember how. "For months afterward I was heartbroken about that," he remembers, "because someone else could have got hurt."

He opened the truck door and grabbed his mobile then stood staring at it: "I've got it in my hand but I don't know how to use it . . . I can't function, I don't know where I am or what I am."

But he knew he had to get help before he bled to death. His neck was swelling and he was scared that if pressed against his spine he would be paralysed. And he knew that something had snapped high up in his neck: "We all got told at school that if you break your back or your neck, you don't walk. But here I am still standing, all alone in the middle of a paddock, blood spraying out of my head . . . and if I don't walk, I don't live."

In the distance he could hear a radio and someone talking on a phone. He remembered there were tradies working on a new house nearby. "So I walked," he says.

Dave was frightened that a sudden jerk could snap his spine so he focused on keeping his head balanced squarely over his shoulders. Later he would compare it to balancing a basketball on a finger, but says now it was more like a deportment school model learning posture with a book balanced on her head.

He had help. As he carefully stepped out, he felt a hand come down on his shoulder. Afterwards, a priest suggested it was the hand of God, but Dave thought that too easy an explanation: "Then I remembered my father having hands that were bigger than life. That hand on my shoulder could have been nobody else's but his."

"I know it sounds funny. The mind plays games with you and maybe that was my way of getting through that 50 metres. But I felt I was being assisted, I felt at last someone was helping me."

SO much blood and so many flies. That's the image MICA paramedic Barry Bates keeps from that morning.

The call came about 9.15am, the first job of the shift. Both Bates and his partner Andrew Black had just returned from leave and when they pulled up Dave was lying on his back, ambulance officers David Jones and Elizabeth Pisasale already working on him.

"He was lying on the ground and there were flies hovering over his face," he recalls. "He was covered in blood, it was sprayed all over his shirt. He had very graphic, horrific injuries, like something you'd see in a cowboys and indians western movie, but worse."

For a moment, Bates feared Dave was beyond saving: "You could see the beads of white in his eyes - the stare someone gets when they're facing death. And we pretty much knew from then on that it was going to be a hard run."

"David was in so much pain that he couldn't talk, didn't scream. He just didn't have the energy. He was moaning but was almost beyond that. You can be here one second and gone the next and I think David, at that point, was probably thinking 'This is it.'"

The way Dave remembers it, he'd already gone. "I don't know that I died and they brought me back," he says. "But I found out what life was that day . . . I lost a bit of time and in that time something happened."

"What I saw that day was very, very beautiful. I guess from the moment I hit that bitumen I couldn't tell you what my name was. I felt what it is to be me peel off like an orange skin."

He had an image of a cloud, slightly grey, and he was becoming part of it. After studying Buddhism for 10 years, he finds that perplexing: In the Tibetan Book of the Dead, a grey cloud symbolises hell, but there was no way in this world - or the next - that he was in hell.

"I was surrounded by people who cared and I could feel it. I knew what each of them was thinking," he says.

Then he gives a self-deprecating smile and adds: "Bear in mind that by this time they'd given me the absolute maximum dose of morphine possible. So near-death experience, morphine-induced, shock - God knows what it was. But whatever it was, it came to me at the moment it was required, because it took away my fear."

In fact, says Bates, they'd given him enough morphine "to drop a horse". An intravenous line was put into his arm and he was given Hartmann's Fluid, a solution similar to human plasma. The gaping wound over his skull was washed with saline and moist dressings applied. Because of the likelihood of spinal injuries, they put him in a Vertabrace cervical collar then strapped him to a hard board for full spinal immobilisation.

Matt de Graves, a senior inspector with WorkSafe Victoria, pulled up just as Dave was being loaded in the ambulance. He introduced himself to Senior Constable Duncan McKenzie, from Mordialloc Police, and his partner Constable Greg Pajor. They'd arrived not long after the first ambulance and were appalled at his injuries. His skull was exposed, like a bright red egg in an eggcup.

"We see a lot," says McKenzie. "But you don't see something like that every day. You remember it, is the best way to describe it. You remember it and you never forget it."

Both de Graves and McKenzie suspected this would probably be a case for the coroner. De Graves paced out the distance to the drill rig, following the bloodstains in the dust. Somehow, almost blind and probably with a fractured neck, Dave had walked 51 metres.

There were hanks of hair all round the rig and a thick loop still knotted on the auger. Blood was splashed on the ground and spattered over the rear of the truck. "What machinery can do to the human body," he says, "there's no other word for it but evil."

He noticed Pisasale and Jones were sifting for something in the dust. They told him that a call had just come through from the MICA van: they'd driven off without Dave's right ear. De Graves called McKenzie and they organised a line search.

After about 10 minutes another call came through. Dave had told Bates where to find it. After he'd pulled free from the auger, the ear had been hanging by a strip of skin and gristle. He pulled it off and tucked it in the breast pocket of his shirt.

De Graves shakes his head: "That was when we began to get the idea that David was a very different, unique individual."

IN 20 years of medicine, half of that in reconstructive and plastic surgery, Richard Bloom had seen some confronting things. But he admits to a sort of double-take at what was on a small table in the Alfred Hospital trauma bay. It was like a raggedy black wig - but with a forehead and eyebrows attached.

"That," he says now, "was pretty spectacular."

Pisasale had been sent to retrieve Dave's scalp from the auger. She'd only been with the ambulance service four months and it was a confronting task: "It was still fully attached, tightly wound around the auger and embedded in mud. I couldn't pull it free so I had to get surgical shears and cut the hair away." She put it in a plastic bag with ice, and sent it with him in the MICA van. But successfully putting it back would be difficult.

In 30 years there have been only 35 successful replantations of a totally avulsed scalp. Avulse means "tear away" and the savagery of such an injury often inflicts massive vascular damage. In Dave's case, as the auger pulled, his blood vessels stretched until they couldn't stretch any more, then snapped, popped and split. Bloom could see a section - running roughly from ear to ear - where they were irreparably mangled.

There was another, more dangerous obstacle. A barrage of x-rays showed Dave had indeed broken his neck. The two uppermost cervical vertebrae in his neck had fractured. He had also snapped his occipital condyle, two small oval nubs of bone under the skull that connect to the spinal column.

They were cracks a hangman could be proud of. A neurosurgeon later told Dave that it was only the third time he had seen such fractures - and the other two victims had been dead.

"A break at that level, you don't become a paraplegic or quadriplegic, you die," explains Bloom. "That's where the respiratory centre is and if you sever the spinal cord at that level you just can't breathe."

Successful replant surgery relies on reconnecting as much blood supply as possible. Bloom needed access to as many veins and arteries as he could reach and to be able to position a microscope to do microsurgery. But Dave had to be totally immobilised. "Imagine the dilemma," says Bloom. "You want to do as many of these vessels as you can, but if you move his neck, even to have a look, you could sever his spinal cord and he doesn't wake up."

In theatre the neurosurgeons would put his head in a Mayfield frame, screwing it into his skull and fixing it to the operating table. Bloom would only be able to replace his forehead and eyebrows, the arc of flesh over his right cheekbone, a crescent under his right eye, and a 5-8 cm strip of his frontal hairline. He could access just two major vessels, the right superficial temporal artery and vein. At best, he had a 50-50 chance of success.

He said as much to Dave, who was awake, lucid and alert. "Incredibly composed," says Bloom. "In fact he was pretty cool about the whole thing . . . Essentially he said to give it our best shot and that he had faith that we would do the right thing."

The operation began around midday. After the forehead and his right ear were reattached, ribbons of tissue-thin skin were shaved from his thigh and grafted across the rear half of his skull. It finished after midnight.

Dave's partner, Louise Taunt, had spent those 12 hours waiting. A teacher at Gilmore Girls College in Footscray, she had been called to the hospital that morning. When she arrived, she was shown to a small waiting room near the trauma centre. A box of tissues was on a table. "So I knew it was something really bad," she says.

She had only seen Dave for a few minutes before he went to theatre. When he returned he was wrapped in bandages and his neck was in a cervical collar. She couldn't see the line of stitches or the staples holding his bruised half-scalp in place, but he looked terrible.

"On the way home from the hospital I remember I was making sounds, not crying, just making these animal sounds. I don't think I was able to process it," she says.

But she realised she had a daughter to look after and a VCE class to care for. "Everything had to keep going. So I very deliberately compartmentalised and said to myself 'He just had 10 bad minutes'. From the accident to getting help was 10 very bad minutes and then he had morphine - God bless morphine - and then he moved on."

But it was never going to be as simple as that.

DAVE was sick of the smell. It was like someone had left a plate of rotting meat sitting in the corner of the room. But he knew it was him.

For nearly four weeks the nurses and doctors kept coming in and picking at his forehead, looking for signs of re-established blood supply. He didn't understand their optimism, you only had to look at the thing to see it was dying.

"I knew it wasn't going to take to begin with, but now it was black. There were stretches of skin that just looked like a criss-cross of fibreglass, the actual skin was starting to break down. It had the texture of a pig's ear, only darker. They were doing their best to save it and I'm in the background going 'Jesus, look at me. Just get rid of it!'"

Dave had oscillated between elation, acceptance and depression since the operation. He'd fixated on the neurosurgeon's observation about the gravity of his neck fractures and convinced himself that any movement could paralyse him. (For three months he would be scared to sleep, fearful that he would wake trapped in a useless body. "Richard set me straight. He said: 'Forget about that. If something goes wrong you'll be dead. But it's not going to happen!'")

Initially the fractures meant he had to stay in a brace and lie flat on his back. Louise put together a montage of photos and hung them over the bed. Nurse Johnny di Nunzio liked one in particular: "It was him and Louise and I think it was in Nepal. He had this long, flowing hair, a free, happy expression but I couldn't help thinking 'That's gone'. That expression's gone."

They hadn't shown him a mirror for three weeks. When they did, he had to fight back tears. The grafts were red raw, there were staples everywhere and he had picked up a staph infection. Then Louise walked in. It was the first time she had seen him without his dressings. "She got it right in the face," he says. "I really hurt Louise that day. I told her she should leave me. 'You don't want to stay with me, just look at me. Get out while you can'."

Louise remembers him standing naked in the bathroom. "I'm hideous," he told her, and began to cry. "I just remember hugging him. I felt bewildered and wasn't sure how I felt but I wasn't going to turn my back on him or run away. I can't remember what I said but I wasn't going anywhere."

On Friday, March 5, Dave went back to theatre. The replant had failed, so Bloom replaced it with a 10-by-15 centimetre oval of full-thickness skin from his groin. He was happy with that, but the infection was playing havoc with the grafts over the rest of his skull.

"After they tried every drug they could to kill the infection, Richard decided they were going to physically remove it and were going to do it four times a day," he says. "And there began the part I'll never forget - medieval torture."

The medical term is mechanical debridement. The grafts are treated with silver sulphide diazene and covered with a wet dressing which, as it dries, absorbs wound material, infected tissue and exuded fluids. When the dressing is removed, such material is pulled away with it. What's left gets plucked away with surgical forceps. It can be very painful.

Dave was debrided "QID", that is, four times each waking day. "My head was mostly flesh and bone and they were scraping the infection directly off the nerves. I was trying to cut down on the painkillers so tried to meditate throughout the process, but it was horrifying. I would swear and scream. There are bed heads in there that I bent and I would cry like a baby."

He insists that there are nurses who abandoned the profession after experiencing such episodes. Johnny di Nunzio, who dislikes even giving injections but had a rapport with Dave, volunteered to do as many as possible: "I'm flinching and pulling this stuff off and thinking 'You poor bastard'. It must have been hell."

After a week, says Dave, "my mind turned to mush. I didn't know who I was, I just knew nobody was going to touch me. I'd overdosed with pain and I couldn't take any more and I went into a full pain-induced psychosis. I'm convinced it was one of the catalysts for my post-traumatic stress disorder.

"I'd had my scalp ripped off once. Then every day they seemed to do it all over again."

THE GIRL wasn't paying attention when she sat next to him on the tram last year. Then, out of the corner of his eye, Dave saw her suddenly take notice.

Just for a moment she stared at the brownish patch of his forehead; at the deep scar that runs up from his left eye then veers sideways to circumnavigate his skull; the small crater quarried by the auger; the valleys and ridges around his right eye and ear; and the shiny, uneven, pink-spotted dome of his bare cranium. Then she stood up and changed seats.

"And that hurt me," he says.

At the next stop, a trio of unwashed vagrants got on. They sat down and wedged her in, mumbling inanities over the top of her. "I got up enough courage to look across at her. She was looking back and the look on her face was somewhere between compassion and apology, like: 'And look what happened to me now'.

"Karma."

It used to happen all the time. People would stare, avoid or patronise him. He'd suffer petty discrimination. So many times he'd line up in the supermarket queue, wait his turn, and suddenly they're serving the shopper behind, as if he was invisible. "I think it's fear," he says.

"I think they look at me - and, until recently the colour was all pink and grey - and it looks like I've had a frontal lobotomy."

He smiles: "They don't know whether I'm going to dribble or yell at them or go mad and tell them about the weather in China. They're scared of me."

But if they want to be really frightened, they should step inside that head. Experience one of his flashbacks, getting dragged into the spinning machine, the sound of his hair ripping off, the whiplash as he tore free. Or join him in his nightly nightmares.

Those began with a panic attack about three weeks after he left hospital. "Everything's going wrong, you can't breathe, or you're breathing too fast to take in oxygen," he says. "You start to get pins and needles, an edgy sensation. I probably lived in that panic attack for the next four days."

He has learned to control the attacks, but the night terrors sneak up and drag him back. His heart's jumping out of his chest; he feels the pain, the heat, the smell. It's worse when the nightmare takes Louise's daughter Xenia or his dog Pushkin. That shames him. "And you are full-on frightened, with as much fear as in the real world. You are in the real world."

Dave had read the stories about damaged soldiers returning from World War I and Vietnam and knew he needed help. He was referred to psychiatrist Dr John Webber and trauma counsellor Louise Bailey. His intrusive flashbacks, nightmares, teariness, hypervigilance, sleeplessness and avoidance were all symptoms of chronic post-traumatic stress disorder. The drill had scarred his psyche as horribly as his body.

After three years of weekly visits, he and Bailey have dimmed the flashbacks and begun work on his nightmares. Bailey uses a technique called eye movement desensitisation and reprocessing: In essence they replay Dave's internal video of the incident.

"We run the movie through on fast forward then pause it at a crucial point and do a little talking, work it through," she explains. "We have to be very careful because each time I take him through he's living it. But the next time you come back to the scene, it's that little bit less intense."

Often he made it hard for her. After months of morphine, he was determined to minimise medication, but that meant he was continually sleep-deprived and exhausted.

"David is a gentle, very beautiful man with an esoteric belief system about the world, God and Buddha," says Bailey.

"There's a real kindness about him, but there's an amazing stubbornness and determination. That's what helped him survive, he was determined he wasn't going to die. That he can be so strong and stubborn is what's healing him."

In February Dave saw the company he'd been working for, Chadwick Group Holdings Pty Ltd, fined \$30,000 after pleading guilty to failing to provide a safe workplace. Last month he agreed to a compensation settlement. Apart from some volunteer work at the Sacred Heart Mission in St Kilda, he hasn't worked since the incident, but with Matt de Grave's help and inspiration, he is studying for a diploma in Occupational Health and Safety.

"The day I got squashed I changed," says Dave. "I was just a quiet Australian who went out to work one morning and got turned into a different person."

"But it made me better in some ways too. I have a psychological awareness I never had before, I perceive and care about other people's feelings more than I ever did, I don't let the little things bother me. I might be a victim, but I don't want to have a victim mentality."

"On my best days I've come to terms with the way I look. I have no hair, no eyebrows and there's visible scarring over my face and head. But at heart I'm a Buddhist - I understand all things change."

And so, he says, there are many nights when he sits out in his backyard and watches the stars just to enjoy their beauty.