

VETERANS' STORIES

Case Studies from the Improving Social Networks Study

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ISBN 1 876544 12 0

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P R E F A C E

These stories give veterans, war widows, and carers the opportunity to speak for themselves about their lives. The stories present their experiences of ageing and the difficulties which can prevent them from maintaining their connections with other people. The surveys in the study (see the separate Research Report) found that some veterans and war widows were at risk of losing their networks as they became older. Health problems, loss of mobility, difficulties with transport, and a lack of information were identified as the main risk factors.

These case studies were carried out as part of the Improving Social Networks (ISN) study. The ISN program was established after the Baume Report, *A Fair Go*, identified social isolation as a priority concern for the ageing veteran community. The study aimed to explore veterans' social relationships and the impact which going to war had on their patterns of friendship and support. It also aimed to further develop Department of Veterans' Affairs policies directed towards assisting veterans who are at risk of being socially isolated.

The people interviewed for these case studies were selected from the Longitudinal Survey of respondents to the DVA 1994 Client and Carer Survey. The 26 stories published here include: 6 Vietnam and Younger Veterans, 10 World War II veterans, 7 war widows, and 3 carers. The sample selection and measures used are contained in the separate Research Report. Face to face interviews were conducted during 1996 in all states of Australia by the researchers, Dr. Elizabeth Brooke and Ian Gardner.

The interviews covered the person's early life, war experiences, health, social activities, recent life changes, and service use. The rich stories that emerged from these interviews attest to the

importance of the war experiences for veterans' lives, as well as the diversity of veterans as individuals. The stories present the ageing experiences of the older veterans, carers, and war widows. The stories of Vietnam and Younger Veterans similarly reveal issues that are related to the nature of their distinctive war experiences in Vietnam, Korea and Malaya.

Foremost we would like to thank all of the veterans who gave their time to tell us about their experiences and contribute to the project.

The case studies from the interviews begin with Vietnam and Younger veterans, followed by World War II veterans, war widows, and carers.

VIETNAM AND YOUNGER VETERANS

'Daryl' — Vietnam veteran, South Australia

'Daryl', who is in his fifties, has three adult children who live interstate. He is currently employed in a managerial position in the hospitality industry. Prior to going to Vietnam he was in the regular army and worked as an officer in the food services area. He went to Vietnam in his mid thirties and was responsible for army catering. After returning from Vietnam he underwent a period of disorientation and heavy alcohol consumption. He was relocated three months later without his family to an Australian army base. He retired from the army in 1985.

Since his return to Australia, he has not wanted to socialise with other Vietnam veterans and avoids dwelling on past war experiences. Although he was not engaged in active combat, he saw atrocities and a high percentage of men in the small unit to which he was attached were killed. He does not seek out other veterans, although his best friend with whom he was in Vietnam, is a regular army officer. As a regular army officer, he identified with career officers rather than Vietnam veterans ex-service organisations. His hospitality job takes up a great deal of energy and his recreation consists of walking with his wife.

As a member of the regular army he experienced himself as cut off from civilian society, as 'when you try to explain your experiences to civilians they don't understand'. He occasionally attends an officers mess and talks with career army officers. He still retains strong memories of Vietnam, which he does not want to explore and considers that his life was changed irrevocably after going to Vietnam. This assignment differed from his other army experiences due to the different culture, the high mortality rate in his unit and

his period of extreme disorientation when he returned to Australia. He wants to live in the present rather than the past. This veteran has resumed civilian life and does not want to participate in organisations which remind him of his time in Vietnam.

‘John’—Vietnam veteran, Western Australia

‘John’ is in his fifties, and has recently become unemployed. His wife is employed as a nurse and they have two teenage sons. He joined the regular army in 1967 immediately prior to going to Vietnam and stayed in the army until 1980. After his time in Vietnam he was stationed in Malaya and then spent nine years in New Guinea. He has been diagnosed as having Post Traumatic Stress Disorder (PTSD) by a psychiatrist. He also has severe back problems, which are responsible for his current inability to work. He is concerned that he may not be able to maintain employment in the future.

‘John’ does not identify with Vietnam veterans as a group, but has two close friendships with other Vietnam veterans whom he met ten years ago. He considers that they have a bond which people who have not been to Vietnam cannot share, and that they ‘would do anything at all to help each other out’. It is only in the last couple of years that he has been able to go to Vietnam Veterans Association meetings. He has describes it as difficult to go to a Vietnam veterans organisation as it is ‘too close to home’. He has joined the local RSL and held an official position. He considers that the RSL is supportive and that “you could call at any time and that people would be there for you” as he commented. “The biggest thing is talking to someone who’s been through the experience’.

His chronic back pain makes it difficult to work and even sit in one place. He sees a psychiatrist regularly which assists him to talk about his experiences in Vietnam. He cannot live in densely populated areas and finds that a visit to the nearest city is stressful. He considers that his war experiences have isolated him from others and that ‘people can get so far but no closer’. His friends have moved to a remote area but he still sees them monthly.

This case raises the question of the future of Vietnam veterans affected by PTSD. He would consider a potential carers as a counsellor for Vietnam veterans but does not have future employment plans as his back pain is severe.

‘Peter’—Vietnam veteran, New South Wales

‘Peter’ is a career army officer with a professional background who lives with his wife in a rural area of NSW. Both are seriously ill and this army officer has several different types of cancer; he has undergone episodes of receiving palliative care. He was born in Queensland and shifted to a large town as a boy. He has been in the army for 30 years and has moved frequently, having lived in 13 houses in 10 years. He has served in England, Malaya and New Guinea. He belongs to special veteran organisations such as the Royal Australian Engineers Corps support networks.

His career commitment to the army and mobility have enabled him to develop a network of social relationships from his different postings. He does not share the feeling of anger which he says many Vietnam veterans have, and considers that his work in Vietnam was productive and resulted in a great deal of building construction. He has a sense of legitimacy and pride about his role in Vietnam as a construction engineer. He identifies with veterans located in higher echelons of the army and has continued friendships with many officers. He writes letters and telephones many of these people who are spread around the world. People from the church, which he calls a ‘second family’ have brought him wood for the winter, as he uses a wood burning stove.

He has several relationships with other Vietnam veterans and is a former president of the RSL. His networks include friends from the army and church friendships, which he has developed within and outside Australia. His main form of communication is by telephone as he lives in a rural area. He has maintained close bonds with other veterans who have serious, often terminal illnesses. Church members provided palliative care for him when he was extremely ill, and also assisted him by driving him to the doctor. Transport to the nearest

regional hospital is important as he cannot drive and he uses public transport when he goes for treatment. He is assisted every week by domiciliary nurses who work in palliative care and he values their assistance enormously.

This man exemplifies a Vietnam veteran who identifies with positive aspects of relationships formed during the Vietnam war. He maintains friendships with career officers in the upper echelons of the army and does not want to be organised to join veteran organisations. He has attempted to involve Vietnam veterans in the RSL, however, he is aware that some Vietnam veterans may not want to be contacted.

‘Steve’—Vietnam veteran, Victoria

‘Steve’ was conscripted in 1966 and served a term of one year in Vietnam. He lives with his wife and grown up son and daughter, who has a baby. He left school at 15 and joined the tramways in an administrative job. His networks were mainly formed from his participation in football and cricket clubs.

‘Steve’ perceived Vietnam as an interruption to normal life. He considered that he did the job which he considered he had to do when his number came up. He had an administrative role in Vietnam and was not involved in active combat. His view of the army and his term in Vietnam was affected by the disappointing treatment he received on his return. He was put onto a normal flight from Sydney to Melbourne on his return and did not undergo debriefing. He considers that he was treated ‘as a number’ and that there was no attempt by the army or DVA to connect him with his network within the unit.

He did not maintain contact with other people in the unit and considers that he ‘bottles up’ his feelings. He still feels nervous about his time in Vietnam and does not talk about this to anyone, including his wife and family. He considers that it is probably ‘too late’ for this. He has been diagnosed as having stress related illnesses but has not claimed compensation from DVA.

On his return to Australia he wanted to return to normal life and resumed his job with the tramways. He was required to attend Watsonia Barracks every six months after his return, to be marked off in a roll-call. He was bitter about the fact that on the week-end in which he was to be married he was not allowed to take time off for his honeymoon but had to report to the barracks on the Monday morning. He has not wanted to renew relationships with people from his unit, most of whom live inter-state. His participation in sporting clubs declined as he developed problems with his back.

He does not maintain relationships outside his family and does not have any special friends. However, he was disillusioned with the army on his return and is unwilling to talk about Vietnam. His major concern is that he receive more information on entitlements, including loans and pharmaceutical benefits. He considers that when he returned he should have received information on his options and benefits, and that his whole attitude would have been different. As he said, 'I am a retired serviceman. Why aren't I receiving information? It's a business and you would expect a business to inform clients. If I'm entitled to something surely I should be notified of changes'.

'Norm'—Vietnam veteran, rural Tasmania

'Norm', in his early fifties, is married and has two children. He is fit and active and receives a disability pension (10% incapacity) because of headaches resulting from war stress.

He was born in Hobart and grew up close to where he is now living. After leaving school he worked as a clerk in a local industry. He was conscripted for Vietnam and served there for 6 months. Though he worked mainly as a barman at the army base he was required to do some patrols. He said that there was no particular incident during his time in Vietnam that affected his health, but that it was more 'the pressure of being there.' He did not re-sign with the army for another six months service when it was offered at the end of his conscription period.

The war did not affect family or social relationships but it did mean a change of employment as his original job was not kept (as it was supposed to be as he was a conscript) while he was in Vietnam. He obtained a clerical job with another company in the area after returning from Vietnam. After working there a while he left and went through a two year period of odd jobs (building and renovating) and unemployment before buying some trucks and starting his current transport business.

He married after returning from Vietnam and he and his wife have two children aged in their 20s. Both his wife and their unmarried son work in the transport business. Their daughter lives close by and she has one child.

He has strong feelings about his treatment on returning from Vietnam. He described the trip back from Vietnam as being particularly hurtful. They were flown back at night and the soldiers returning to Tasmania were left to fend for themselves at the airport with no food or support while they waited all night for a connecting flight to Hobart. The only help they got was from airport staff who gave them some food for breakfast.

He has enduring feelings of hurt and disappointment from the rejection by society of the people who served in Vietnam. The welcome home rally went some way in overcoming these feelings. It was very important in providing some message of acceptance in Australia. He does not think anything else needs to be done, the passing of time is improving attitudes in the general population and in the RSLs. He says that the local RSL is very open to Vietnam veterans and understands their needs.

He is a member of the local RSL and goes there occasionally but it is not a major part of his social life. He would like to participate in more social activities but the demands of the business have cut into many of his activities (e.g., sport) and leave him less time and energy for socialising. He said that probably the main thing that would allow him more social activities would be to sell his business.

'Stan' – Korean veteran, Victoria

'Stan' is on TPI benefits and was born in 1932 in Melbourne and grew up in Gippsland. He lives with his wife, who is ten years younger than he and they have two adult children who live in other suburbs of Melbourne. He has been wounded and also has asthma, some hearing loss, and osteoarthritis.

The family moved back to Melbourne from Gippsland when he was fifteen. Before the war he worked for the railways but complained that they were always on strike so that he had no pay. He decided to enlist when a cousin praised the advantages of service overseas. He joined the regular army in 1950 for a six year term which he spent in Korea and in Malaya.

When he returned he found that he had lost the camaraderie which he experienced sharing a room with 100 others. He considers that the war changed his life and commented on 'the shattered lives through war' and the homelessness he saw. He suffers from PTSD and has a vivid recall of events. There was no debriefing after he was discharged and 7 days later he was a civilian. After the war he was employed as a builder. He changed jobs several times, working as a chauffeur and then for the electricity authority. He retired in 1990 at the age of sixty and took a redundancy package.

He has maintained contact with a number of veterans from Korea and telephones several who live inter-state. He writes for a veterans magazine and wants to document the history of veterans who served in Korea. Korean veterans often ring him after his articles come out and tell him that they would like to be able to contact members of his battalion. He would like some procedure introduced so that the veterans from these wars could maintain contact if they wished to.

He believes that Korea is called the 'Forgotten War' as it is not taught in schools. He also considers that many regular soldiers do not know about Korean battles, by comparison with his knowledge of battles in World War II. While the VVA (Vietnam Veterans Association) has a high profile he considers that the Korean Veterans Association, to which he belongs, has a far lower profile and less

support. He belongs to the RSL 'largely to keep abreast of what's going on' which he perceives as a 'place where you congregate and have a few drinks'.

His social networks have been increased by his experience in the army and his wish to maintain contact with veterans. He has a close friend who is an ex-Korean army veteran who also breeds cats, who would come and assist him if he were ill. He wants to go back to Korea to visit the areas he fought in and see parts of Japan in which he was stationed. He also would like to become involved in a historical project to rewrite Korean war history.

WORLD WAR II VETERANS

'Jim'—World War II veteran, New South Wales

'Jim' is in his eighties and suffers from health problems such as bronchitis, emphysema, and back injuries. He has been a widower since 1978 and does not have any children. He was born in England in the 1920s and migrated to Australia as a child of nine with his parents and brother. The family moved to a large NSW country town in the 1930s where he worked in a textile mill until the war.

He married several years before the war and continued to work in the textile mill. When war broke out he volunteered for service in the army but the textile mill refused to let him go as he was in a designated war industry. His recollection of the meaning of his war experience was that it interrupted his role as a newly married man. His prized achievement is that after he returned from the war he built a timber shop and dwelling which is still standing.

After the war he moved again to a country town in Queensland where he took up some land as a soldier settler. He found readjusting to civilian life difficult after the war, and was disappointed with life as he could not get a job. Several years later he decided that it was difficult making a living on the farm and he moved to the city to be a truck driver. None of his friendships survived his post-war jobs.

His health problems and his restricted mobility have led to him becoming virtually housebound. A nurse comes daily to assist him to shower, puts cream on him and assists him to dress. He recently was hospitalised due to his emphysema and since his return from hospital pays \$20 a month for home help.

He has a life history of few ongoing relationships which have survived his moves and his predisposition to be a 'loner'. He has an independent and stoical outlook and mentioned only one close friend

from the army with whom he maintained a friendship until the friend died in the mid 1970s. He is a skilled craftsman and spends much of his time at home woodworking. He goes for a drink at the RSL a few times a week in the mornings when it is relatively smoke free. He has developed a particular friendship with another widower at the RSL who drives him to do his shopping. This veteran is his only source of assistance as he has no family.

His lifelong pattern of few social relationships continues. He has a current dearth of assistance with his disabilities and would like DVA to ring him and check on him to see how he is going as a form of care management. He would also like a person, who shares his interests and activities, to visit him.

‘Fred’ – World War II veteran, rural Victoria

‘Fred’ is a Gold Card holder and lives with his wife in a unit behind his son’s house in a small country town in Victoria. He has had several heart operations, has diabetes and high blood pressure. The couple have four adult children who are married and have formed their own families. Their children also live in rural areas, with two living in Victoria and the other two children living in other states. The couple moved to live behind a son’s house so that he could assist them with any emergency.

‘Fred’ was born in an inner city suburb of Melbourne in the 1920s and moved to an adjoining suburb at the age of 12 where he stayed until war broke out. Before the war he worked in the boot trade. His recollection of his social activities before the war is that he was very sociable and went to dances with friends ‘seven nights a week’. This period of his youth coincided with the pre-war years.

When ‘Fred’ returned from the war he ‘couldn’t settle down’ and worked in a number of factory jobs. He considers that the war changed his life irrevocably and that he ‘couldn’t be bothered doing anything’ after the war. Two years after he returned from the war he married and lived in the inner city until 1975. The couple then moved to live in the country town in order to find work where he worked as a postman for nine years before his retirement in 1984.

'Fred' considers that his history of moodiness and nerves resulted from the war. He has a post-traumatic stress disorder diagnosis from a doctor to whom he was referred by DVA and considers that 'war nerves' were responsible for his difficulties in re-adjusting after the war. He has never discussed his war experiences with either his wife or children, but thinks about these experiences daily. He has not sought out other veterans, as he wants to forget rather than relive his war experiences. Many from his unit were from inter-state and he lost contact with them after the war. He was a member of an RSL branch in a nearby town and he visited the RSL for a night out. As he no longer can drive at night he has not gone to meetings for about a year. He also suffers from partial incontinence and is embarrassed to go to the toilet in a public venue.

The couple have not retained relationships from their earlier rural locations. By moving to live behind their son's house, the couple have chosen security and close family support. An exception is one older couple who are neighbours whom they can call on for assistance. Fred sees himself 'as a bit of a loner' who 'likes to keep to himself a bit'.

Several years earlier, 'Fred' attended an RSL branch in a neighbouring township, but since his health has declined he has given this up. While he does not actively seek out social activities, if a bus trip were organised by a veteran group he would be interested in going.

'Norm' – World War II veteran, rural New South Wales

'Norm' and his wife live in a rural area outside the nearest town which is 10 kilometres away. They have two adult children, a boy and a girl, who both live in other states. 'Norm' has been diagnosed by a DVA doctor as suffering from PTSD.

Before the war, 'Norm' was an apprentice painter and decorator and he joined the army at 16. His back was seriously injured in an army training accident in Australia. He considers that he was never

compensated for this accident and that the army hushed it up. This physical injury prior to going to the front line influenced his attitude to the army and he considers that his life was changed henceforth.

After the war, he drove a truck as his back injuries impeded him from continuing his trade as a painter. Several moves between rural areas have depleted his networks: one move from southern NSW where he grew up, to the north coast where he married, several years after the war. A few years later, the couple moved from there, as he found it too busy, to a much smaller rural township.

'Norm's' post-war experience is common to that of Vietnam veterans, in that he felt he had a claim for recognition which was considered to be illegitimate. He also could not find work as there were not sufficient jobs to go round. He has suffered back injuries due to his war service and had to give up working in 1955 due to these injuries.

He considered that 'everyone was friends before the war' but that things had changed after the war. Most of his friends in his unit were killed and the unit was small. He does not want to re-establish relationships with surviving veterans from his unit and does not want to join the RSL as he 'can't stand crowds'. He considers that 'you make friends and then you lose them' and he commented that he lost a lot of friends in the war. His withdrawal has affected his wife who depends on him to drive her into town so that she can meet other people.

'Norm' states that he wants to put the war behind him and to forget it. He perceives that he has no present or future to look forward to because of his back injury and wants nothing to do with his past. He would, however, like assistance with home maintenance, particularly lawn mowing, which he cannot do, and painting his house. He also would appreciate his wood being chopped as he cannot do this. His wife would like to belong to a group for carers of veterans suffering from post-traumatic stress disorder.

'Doug' – World War II veteran, Tasmania

'Doug' lives alone and has been a widower for three years. He has an adult daughter who lives several kilometres away. His health was affected by a stroke eleven months earlier and when he returned from hospital he began to receive community services. He recently shifted house and lives in a new neighbourhood several kilometres from his previous home.

During the war 'Doug' volunteered for the army with a group of young men from his local area. He was stationed in Darwin and did not serve overseas. He considers that the war didn't make a difference to his life, and after the war he returned to the same job, as a woolclasser, which he held before the war. He was a former state table tennis champion and this aspect of his life history rather than his war experiences stands out as a seminal marker of his own achievements.

Since his stroke, 'Doug's' main goal has been to regain mobility and he has ceased membership of sporting associations. He is not a member of an ex-service organisation and does not wish to maintain social relationships with veterans, despite several of them living close by. Since his move he had become isolated in his neighbourhood and depends on his daughter, 'Iris', to visit him.

'Beryl', his wife, had her own network of friends and since her death he has retained contact with few of them. He has informally assisted a TPI pensioner whom he met through a sports organisation with home maintenance. He is selective in which recreational clubs he prefers to attend. For example, he would attend a bowling club which was located across the bay, whose members he regarded highly, rather than a local bowling club. He also prefers to attend the Portside Club, which has members of all ages, rather than mix only with people of his own age.

Transport assistance would be required if 'Doug' were to attend the bowling club on the other side of the bay as he cannot drive at night, due to sight difficulties. He would like a transport solution which provided for his individualised transport requirements.

'Stanislav'—World War II veteran from a Non-English Speaking Background, New South Wales

'Stanislav', in his eighties, fought in the British Army and received military honours (MBE). He was wounded in Dunkirk and his war injuries have impaired his mobility throughout his life. He also has had cancer and is less mobile due to this illness, relying on a frame to walk. He has a disability pension from the British army and receives 100% pension from DVA. 'Ina', his Polish wife, is seven years younger than he is. Both are housebound, and his wife who cares for him, is his primary contact point with the outside world.

'Stanislav's' sense of his life changed drastically after being in the British army as a European collaborator. He asserts that he is Australian and does not want to mix exclusively within a small Polish community. His pre-war Polish networks were cut off by migration after the war and he sees himself as Australian.

'Stanislav' has strong symbolic connections with veterans and heads the Polish contingent on Anzac Day. He has been a member of the RSL since the war and goes to the RSL club monthly when he feels well enough. He considers that members of European contingents who fought with the British are often isolated and that their history needs to be recorded. 'They've been in the war and have lost their identities if they are not contacted'. He recommended that they tell their stories which could be lost otherwise. These people are scattered often in rural locations and unaware of the whereabouts of veterans of the same nationality who fought with the Allies. The eighty to eighty-five year olds are dying and will soon be gone, 'You've got to find them. Don't let them go without the knowledge. There are very few of them left'.

Since the war, he has established social networks within the RSL, consisting mainly of senior RSL office holders. After the war, his war decorations assisted him to relocate in Australia and establish a career as an eminent engineer. His wife would appreciate contact with other people outside the home such as a non-English speaking carers group for people caring for veterans.

'Stanislav' would like to identify other European veterans who fought with the Allies in World War II and create social networks based on their common histories. He likes the idea of oral history projects based on European veterans' experiences during the war and also on settlement in Australia. Another intervention would be to set up Telelink for particular groups of veterans from non-English speaking backgrounds. He also suggests monitoring and being 'looked after' by DVA who could telephone or be visited by a DVA person to see how he is going.

'Keith' – World War II veteran, Queensland

'Keith', in his mid-eighties, has a wife who was in intensive care in a Brisbane hospital. 'Keith' had recently been in hospital himself for serious kidney illness. His own health preoccupations and the health of his wife are critical at this time. He has received assistance from a Community Aged Care Package since returning from hospital. This formal assistance allows him to manage at home as his meals are made and he has a daily visit from the Blue Nurses due to his kidney illness.

'Keith' was born in Brisbane and went to the university where he studied law. Prior to the war he belonged to the army reserves and participated in training in the 1920s. He spoke of using horses to pull heavy artillery along. During the war he was an officer and served in many theatres of war in the islands north of Australia. His key identification is with his particular infantry unit and he has joined the anti-tank association.

'Keith' has retained some relationships from the war, particularly with other veterans who are interested in war history. He said that occasionally he sees some of them, but that many are not alive. He is aware of the importance of health problems for his generation of veterans and commented, 'Some have wives that are looking after them and others look after their wives'. He has cumulatively retained social networks, firstly as a pre-war student and after the war as a leading lawyer and businessman. He also has maintained some

relationships from the war by telephoning and writing to other veterans. He contributes to a veterans' magazine and has a strong interest in the history of the war.

'Keith' would like to locate other members of his regiment and would like to keep in contact. He considers that these memories are important to share with others. He would utilise a Telelink service to enable veterans who are housebound to communicate with one another.

'Tom'—World War II veteran, Western Australia

'Tom' is a seventy-five year old widower who lives alone. His wife died of cancer twelve years earlier. He has one son and two daughters from his marriage, and young grandchildren. He has major health problems, having suffered two heart attacks and a stroke. A key issue for him is that he has lost interest in life. His health problems that severely limit his mobility have probably contributed to this loss of interest.

Before the war he grew up in Sydney, at the time of the depression. He left school when he was sixteen years old and started work at a clothing factory as a messenger boy. He remained there for two years and then in 1941 joined the de Havilland aircraft office. This was a reserved occupation so he had to wait until he was twenty-one and then, with his mother's permission, joined the Navy.

During the war he worked in boom defence. This meant he moved around Australia: Darwin, Sydney, Cairns, and eventually to Perth. He met his wife in Perth and married in 1945, although he remained in the Navy until discharged in 1946. He and his wife moved to Sydney after the war. Initially, he found it difficult to get work because he had no trade, but thought 'over East' he would have more luck. He found work as a painter 1946-1949. In 1949 he and his wife moved back to Perth, mainly because his wife wanted to move nearer her family. He regrets leaving Sydney, his original home, as his relationships with his workmates were disrupted.

'Tom' currently lives in an area where most of his contemporaries have died. He does not feel part of the neighbourhood community any more. There is one remaining neighbour whom he knows, and she does his shopping for him. Apart from her, the newer neighbours are 'rich, with BMWs' and he does not feel that he has anything in common with them. His children telephone regularly but several days can elapse before he sees anyone to have a face-to-face conversation. He spends his time listening to the radio and watching television.

He perceives that he is 'not interested in anything now'. He has given up membership of clubs and hobbies since his stroke. He used to be an avid birdwatcher, but this interest has lapsed since his stroke. He does not identify with other veterans as his preferred social group and is not interested in having a 'buddy'.

'Ken' – World War II, Korean, and Vietnam veteran,
New South Wales

'Ken' is aged 74 and fairly fit and mobile, though he does have some difficulty using public transport. He lives alone in a one bedroom unit owned by the TPI Association in an inner suburb of Sydney. 'Ken' and his wife separated in 1963 and their two sons live in Melbourne.

'Ken' was born and raised in the suburb where he now lives. He enlisted for World War II and after being demobbed from the army in 1946 he returned to live and work in the same area as a driver and mechanic.

He was a career soldier who enjoyed the camaraderie of army life and found civilian life boring on his return from war. After World War II he enlisted for the Korean War and continued his career in the army. He subsequently fought in Vietnam where he was promoted to the rank of sergeant. He saw himself as a good soldier and recounted a number of stories of his time in Vietnam where his experience and commitment to the armed forces not only made the time bearable and a challenge, but saved his life. He contrasted his attitude to army life with that of many of the younger soldiers (particularly the conscripts) who lacked this commitment and were more prone to be careless and endanger their own lives and the lives of others.

'Ken' returned from Vietnam before the end of the war after suffering a series of heart attacks. However, he remained in the army, until his late fifties when he retired. During his time in the army after Vietnam, he worked in the ordinance section (stores and transport) and moved around to a number of army bases in Sydney (Randwick and Marrickville) and interstate (Puckapunyal). After his retirement from the army he started his own business and continued working there until his early sixties.

He is very active in the TPI Association and is involved in organising independent housing for older veterans. He said he makes a point of mixing with a range of people and does not want his network to consist only of other veterans. He has contact with many veterans both socially and through the TPI Association and spoke about the 'talkers' and the 'non-talkers'. The talkers only want to talk about the war and become boring, seek out only other veterans to talk to, and are in his view, more likely to develop a drinking problem. The non-talkers keep their feelings inside, they are probably less likely to talk because they had the worst war experiences. His advice to veteran talkers is to widen their interests and interact with other people, not just veterans.

He had a couple of ideas for services to assist veterans. Firstly, in the area of transport, he said there was a need for a combined train/bus/ferry pass. Secondly, he would like to see more money put into better housing for veterans, along the lines of the work the TPI Association is doing. He says he sees a number of veterans, some quite disabled, living in very poor housing circumstances.

'Arch' – World War II veteran, South Australia

'Arch' is an 83 year old man living with his second wife, in a two bedroom house in Adelaide. He rates his health as fair, he has prostate problems and a weak back, and his health has deteriorated over the last five years. He has difficulties with some day to day activities, such as hanging out the washing. He has recently stopped driving and sold their car.

'Arch' grew up in Melbourne. He worked as a clerk before being called up for army service in World war II at the age of 29. He served for short periods at Exmouth and Marble Bar army bases then was transferred to the Melbourne Ordnance Facility. He continued to live in Melbourne after the war where he married. Later, aged in his mid-fifties he moved to Adelaide where he worked as a clerk for a furniture retailer until the age of 69 when he retired. The move to Adelaide led to some loss of his social networks.

His first wife died several years after the war from a heart illness. He married 'Ethel' at the age of 61. The two children from his first marriage live in Melbourne, and the three children from his second marriage live in Adelaide. His activities are significantly influenced by his wife's health (he is her carer), exacerbated by his own declining health. 'Ethel' can't go out because she has arthritis, cancer in her legs, severe asthma and allergies to just about everything. For example, she is allergic to cigarette smoke which means she can't go to most public places and it is difficult to have someone who smokes visit them in their house. Even the smoke picked up on clothes causes a reaction.

He has a fairly low level of social activities and over recent times he has cut back because 'it is not much good without my wife'. Also, if he goes out (e.g., to bingo) and gets smoke on his clothes it triggers his wife's allergic reaction and asthma. He said he wanted more activities but does not go out much although their daughter and her husband live next door. His wife said 'I'm the talker', and he said 'I'm better at listening'. He likes gardening but has had to cut that back too as his health has declined.

He is not interested in going to the RSL because he is a non-smoker and non-drinker. Money is tight for this couple, particularly as he has recently given up driving and he relies on taxis for shopping, banking and social outings. They get some assistance from their entitlement of taxi vouchers (two and a half per week) but they say this is not enough. Recently they sold their car and put the money (\$3000) into a pre-paid funeral as they did not want their children to have to pay.

'Ethel's' lack of mobility is a restricting factor on his social activities as well. When an electric wheelchair for his wife was suggested they agreed that it would be useful but impossible because of the expense.

'Merv' – World War II veteran, rural Victoria

'Merv' is a fit and basically healthy World War II veteran aged 74 years. He is a widower who lives with his daughter and granddaughter in a house in a large Victorian country town.

A battler all his life, he has had to make do and support himself from an early age with little formal education. His parents died when he was 18 months old and he was brought up by his grandmother. At age 13 he moved to Melbourne from the town where he now lives, to find a job and began an apprenticeship to become a monumental stonemason. He lived with an uncle and aunt at their boarding house in Elsternwick. When his aunt became ill, he moved to Ivanhoe to live with an uncle who also ran a boarding house. He finished his apprenticeship and worked in the trade until the age of 18 when he enlisted in the army.

In 1942 he left on a troopship to fight overseas, but in the Indian Ocean not far off the coast of Western Australia the ship was torpedoed. The troops were picked up and taken to Fremantle. He was discharged from the army as medically unfit because he was found to have a severe dermatitis. He still has the problem and it often causes him a great deal of discomfort. In 1943 he returned to the town where he was born and unable to find employment as a stonemason, he began work in a preserving factory. Following that he obtained a job in the railway workshops where he worked for 30 years until his retirement in 1984.

He married in 1952 and has one child. His wife died of bowel cancer in 1984. He was the carer for his wife over the last 6 months of her life.

About three years after his wife died he sold his house and moved in with his daughter and her husband. This arrangement continued for four years until his daughter and her husband decided to separate. She bought another house and he now lives there with his daughter

and his 12 year old granddaughter. His daughter works full time and he has the role of housekeeper. He prepares the meals, does the housework and picks his granddaughter up from school. He also has a grandson (aged 18) who lives with his father nearby.

His health is very good and he is very mobile, though he has had a hip replacement, a by-pass operation on his leg and still has the dermatitis. He is able to drive a car. He participates in a number of activities and says he has as much social activity as he wants. He is a member of the local RSL and goes to the RSL club on average, every few weeks. He has a number of other interests as well as ex-service activities. He plays lawn bowls and is a member of a local football club, regularly attending matches. He also has a wide circle of friends, and often before picking his grand daughter up at school he calls in at the local hotel to meet his mates for a yarn and to play the pokies. 'Merv' did not have any suggestions for possible interventions, and at this stage in his life, he does not perceive himself to need any.

WAR WIDOWS

'Doreen' – War widow, South Australia

'Doreen's' husband was a career airforce flight commander who was based in several Australian states before and after the war. They moved constantly from state to state during their life together. Since her husband's death five years ago, she has lived alone. Her son and daughter, who are married with their own families, live in other states.

'Doreen' considers that she had little in common with other war widows as a group and that she is capable of maintaining her own social relationships. She has built up social networks from golf, tennis and a senior citizens club, as well as retaining airforce friends from the past. She does not have a support network at close proximity which could provide care. Her husband's war memories are important to her as an aspect of her own life, and she has attended commemorative functions on his behalf. She considers that it was very difficult for her in the war bringing up her young children alone. She does not want to dwell on war memories and considers that revisiting her husband's war experiences is not for her, 'I don't need that'.

She has an activity focus and wants to be in control of her activities and social relationships, rather than join a war widows organisation in which she may not have anything in common with others. She has cumulative networks from earlier in her life, consisting of several old friends from the airforce and neighbours. She has also lost many of her relationships from the airforce as 'people either move or die'. She describes herself as isolated from her children, who live inter-state. A

major fear is that she would be alone in a health crisis. She also has a magnified sense of insecurity relating to her health fears and the risk of being attacked or burgled.

'Doreen's' isolation from her children is intermingled with her sense of insecurity in the case of a crisis. She would like her health and also her security to be monitored. She also wants assistance with home maintenance but does not have sufficient money to pay for it. She would like to be 'looked after' by DVA which could monitor her through telephone calls.

'Mabel' – War widow, Victoria

'Mabel' is in her seventies and has been widowed for 14 years, after she cared for her husband who had cancer for several years. She has arthritis and has had three knee operations.

During the war her husband, 'Don', suffered war injuries to his back and he suffered from constant back pain thereafter. After the war, the couple resettled in the country so that 'Don' could work on a farm. Their social network was composed of local people and 'Mabel' took on community responsibilities such as becoming president of the school mothers club. When their children were teenagers they moved to a Melbourne suburb and she did not re-establish these roles.

During her husband's illness their social circle contracted to the family and she was assisted by her two daughters. Her husband did not want to see people outside the family and her own social activities declined. After he died she described herself as 'not remembering much about the first two years after'. 'Mabel' began to re-establish social relationships when she attended a War Widows Guild and was asked to assist in founding a suburban branch in Melbourne. She joined a public speaking association and learns Italian with other older people in her area.

As a founding member of the War Widows Guild in her suburb she acts as a confidante to other war widows and considers that other widows look towards her for information about DVA. She describes the War Widows Guild as 'a place where they can be amongst like people in this area. While they may have different backgrounds,

common interests and experiences tie them together'. She sees the success of the group she started as being due to the friendliness and welcoming approach to new members. She perceives that the widows who attend the group are 'independent minded and survivors.'

'Mabel' does not visit other members of clubs she belongs to and also is not visited in her home. She feels the lack of one-to-one relationships and she considers that she could have more contact outside the group, such as going out for a meal or the pictures. Her main social contacts are with her two daughters, who invite her to their homes every week-end. As her daughters are in the workforce, she has minded her grandchildren before and after school.

After she returned from hospital following knee reconstructions she was alone and did not know whether she could use crutches and also make herself a cup of tea. As she said, 'There isn't a person to follow you up when you get home'. She would like transport so that she can maintain one-to-one relationships and visit members of groups she belongs to. She would prefer that the transport provided is a car as she finds it difficult to climb steps of a bus. She also considers that many war widows have heroic stories as they battled on alone when their husbands died, and brought up their children. She would like the stories of war widows to be written up.

'Iris' – War widow, Western Australia

'Iris' is sixty-two years old and lives alone. Her second husband was a World War II veteran, who died from ischaemic heart disease four years earlier. She has four children from her first marriage and two stepsons from her second. She describes her health as not good, as she suffers from multiple sclerosis and vision problems. The diagnosis of multiple sclerosis has not been confirmed by her doctor and her reported vision problems did not appear to cause her any difficulty moving around her unit. She has no obvious mobility problems but has lost confidence going out on her own.

'Iris' grew up in Fremantle and was four years old when her father died. She reported that her upbringing was poor and that she and her sister were 'gutter children'. She did not know her second husband until well after the war. They were married in 1969.

Her reliance on other people to do her shopping and take her out stems back for many years. Before her second husband died he did the shopping and picked up the grandchildren from school, whereas her responsibilities have always been inside the home.

Now, 'Iris' relies on her son-in-law for her informal care. In addition, a neighbour and a home support group from the multiple sclerosis club do some shopping for her and take her to medical appointments. Although 'Iris' is reluctant to go out on her own due to her health problems and has become withdrawn, she still participates in Legacy. She is not interested in being visited by other war widows or living in group housing.

A key theme is this loss of confidence leading to her dependence on other people. When asked about possible interventions she mentioned more money would be helpful. She would like to attend craft classes but currently they are too expensive. She would like more information about what is available to her from DVA.

'Ethel'—War widow, Queensland

'Ethel' is aged 70 years living alone. She has six children all living fairly close to her in Brisbane. She is fairly healthy and mobile, but since early in her life has had psoriasis of the hands which is very painful and restricts her activities because she wounds very easily.

'Ethel' was born in Brisbane and grew up in the area where she now lives. The war (i.e., World War II) had little impact on her family or social relationships, or on her employment. She married after the war. Her husband died in 1984 and she was his carer for about eight years. During this time she did not use, and did not ask for, any formal services to assist with the tasks of caring. The caring role did result in less contact with her friends and some reduction in her other social activities.

At present, friends are a lesser part of her social activities and her family is the most important part of her social relationships. She has six children, most of whom live fairly close to her, as well as a number of grandchildren. In particular she does a lot of things with one of her daughters who lives within walking distance of where she does. She also has a long standing relationship with a friend of her late brother's. He is frail and she provides considerable support to him as well as assistance with some of his everyday household tasks.

'Ethel' is an outgoing and socially active person who would like to do more things as she is very frequently lonely and often bored. She likes to meet new people, but has found some clubs have informal barriers to new members that discourage or prevent them becoming part of the group. She recounted how she found the local Laurel Club very cliquy, unwelcoming, and with a closed attitude to new members. At one club she went to, the president tapped the table to get people's attention and treated the meeting as if it were a school class. Consequently she did not join these clubs. She felt prospective new members should be welcomed and invited in rather than having to break into an established social circle.

Another barrier to more social participation for her is the distance or inaccessibility of many of the activities she is interested in. She does not drive (she never learnt) and relies on public transport to get around. Public transport in her area is infrequent and often does not go near to the activities that interest her.

Based on her experiences she says there are activities around but there needs to be some program(s) to educate or change existing clubs so that they work better, i.e., they become more open to new members and have more activities aimed at people's interests. If she was able to sell her present home, a move to some type of group housing with other widows would suit her needs. Also, she considers that more accessible and responsive transport facilities are needed. This would enable people like her, who rely on the public transport system, to get where they need to go.

'Elsie'—War widow, Tasmania

'Elsie' was separated from her husband fifteen years earlier. Her health is good and she has a daughter who lives about five kilometres away.

While her husband was stationed overseas in World War II, she worked for an essential war industry. On his return they maintained army-based social relationships with several couples. Since her separation she has not retained contact with these couples. She lacked information about DVA entitlements and was on an age pension until her sister told her she should be on a DVA pension. She also did not know about the Canteen Fund for schooling.

She has a few friends, also widows, and has no contact with her neighbours. She attends bingo once a month with a friend on her instigation. She finds she cannot count on being reimbursed after she has used taxis for transport. Although she has attended the RSL, it is too inconvenient as she does not drive and she does not want to depend on others or pay taxi fares. She also considered that subscriptions to the RSL increased and that it was of no benefit to her. Although she attended the War Widows Guild for a few meetings she is not interested in joining a formal organisation. She perceives day clubs as being for frail people.

She thinks that living within a housing complex for independent people in the community would be preferable to her current living arrangements. Transport to ex-service organisations is a problem and she considers the RSL to be too expensive for her. A housing option such as living close to other war widows would allow her to continue living independently in the community while not requiring her to join formal organisations for social contact. She has a low level of social activity out of preference and is not interested in joining day centres or ex-service organisations.

'Vera'—War widow, rural Victoria

'Vera' aged 78 years, lives alone and has two children. She is recovering from a major operation to her shoulder and says her health is fair. 'Vera' has lived in or close to the same town all her life. She was born in a nearby township and the family moved to the town where she now lives when she was two years old. After leaving school

she worked for the railways. She married 'Bert' a World War I veteran who was 20 years older than her. After raising her children she worked for ten years in the railway canteen until the age of 55 when she left to provide full time care for her husband.

'Vera' has two children, a daughter who lives nearby (five minutes walk) and a son who lives about two hours drive away. The couple moved to the present one bedroom unit in 1979 from a larger house because it was becoming too much to maintain. 'Bert' became very ill in 1973 with emphysema, a consequence of being gassed in World War 1. He required 24 hour care and needed help with eating, dressing, washing and nursing and on-going help and support from her daughter and son-in-law. He died in his nineties ten years earlier.

'Vera' rates her health as fair and she is recovering from an operation on her shoulder that had severely restricted her activities. She was unable to use public transport which she depends on as she and her husband never owned a car.

Health factors have had a major impact on her social relationships. Caring for her husband resulted in a reduction of her social networks. 'I lost a circle of friends while I was at home with Bert'. Another factor in the contraction of her social networks was that her husband was 20 years older than her. In the main their friends were considerably older than her and most are now dead.

The problems with her shoulder restricted her ability to do some activities, and to get to others because she was unable to use public transport. Two years earlier she had to give up playing lawn bowls because of her shoulder. About a year prior to the interview her son-in-law suffered a stroke. He now requires a considerable amount of care and cannot be left alone in the house. Her daughter is now spending a lot of time caring for him and therefore less time with her. Prior to her husband's stroke her daughter was the main support for her, but 'there is no support now'.

At present her level of social activity is fairly low and less than it was five years ago. She is frequently lonely. She believes that recreating her social networks is her responsibility and that it is important to get out, join things and make friends. 'You can't sit at home alone, you have to make the effort.' Her current activities include senior citizens

twice a week, meetings of the Retired Railwaymen's Association, voluntary work at a local day program for intellectually handicapped people.

She said she did not need anything and was happy with the services from DVA and the activities available in the community. She was not interested in group housing as she was 'her own person'.

'Esme' – War widow, rural New South Wales

'Esme' is 76 years old and lives alone in a three bedroom house in rural NSW. Her husband died in 1990 and she has no children. She has suffered from epilepsy all her life. For some time the epilepsy has been controlled through medication and in general her health appears to be good for her age. She does require assistance with her shopping.

'Esme' was born in a small town on the NSW north coast. She grew up there, went to school and married in 1946. When she was about 30 years old she had an epileptic fit while she was doing some laundering. The fit caused her to fall into a copper of boiling water resulting in severe damage to her left hand. The hand is still deformed and has limited functioning.

The husband and wife moved to a farm three or four miles out of town in 1955. In 1990 her husband became ill and they decided to move to the town to be closer to the medical service. He died before they had finished moving. The course of his illness was fairly short and she was not required to be the carer for her husband.

In the period following her husband's death she found it difficult to get out of the house and few people visited. During her life she has not been a socially outgoing person. Several times during the interview she said that when she was younger she left most of the talking and socialising to her sisters.

She is a success story for formal support networks in overcoming social isolation. Visits from a Neighbour Aid volunteer and bus trips have become very important for her social life and have linked her with other activities. She is attending a Day Care program and is involved in church activities.

C A R E R S

'Ella' – carer, Tasmania

'Ron', and his wife, 'Ella', are both in their eighties and are extremely frail. 'Ron' was not in active combat, but was injured in a training accident in Australia and has knee and back injuries which have prevented him from walking without an aid. 'Ella' has severe osteoporosis, has been operated on for cancer and has a heart condition.

After the war, 'Ron' resumed his pre-war occupation as a public servant. His constancy of employment was affected by his injuries and he retired when he was in his fifties.

While 'Ron' can supervise his wife's shower, she assists him by making meals from her wheelchair. The couple are both at hostel level of care and have just begun to receive assistance through home care. They can get two hours a week and consider that the government has no money and that they 'could do with more help in the house'. As they cut their suit to fit their cloth they do not expect to go out frequently and consider themselves happy staying at home together. While they still go with friends to the RSL this is occasional as they depend on friends to give them a lift.

While they are happy remaining at home together, they consider that they need to be checked as the support they receive is inadequate. 'Ella', her husband's carer, is in a wheelchair and considers that she cannot rely on how she will feel about going out from day to day, She considers that transport should be able to adapt to her changing requirements. They would appreciate assistance with home maintenance such as lawn mowing. While they are housebound, their

social activities are restricted due to transport problems. 'Ella' requires transport which copes with her wheelchair and both could, when they felt well enough, attend a day centre.

'Coral' – carer, New South Wales

'Phil' has severe Parkinson's disease and his wife, 'Coral' has arthritis, a heart condition and has had cancer. This couple are both dependent, yet manage to remain at home. 'Coral' has been in a wheelchair for seven years due to arthritis and he is unable to walk without an aid to steady him. She washes and shaves him and the carer assists with medications and cleaning up. She wants to continue to do this for as long as she has the strength. Their daughter and her family have moved into the flat above them so that she and her husband can come downstairs when they call.

Prior to 'Phil's war experience he worked as a tanner. The couple married before the war and their first child was six months old when he went to war. He was in the army, remaining in Australia and was stationed in Darwin. He considers that he does not want to have contact with people he was in the army with. After he returned from war they lived in one suburb where they stayed for 27 years and became active in their local church. He considers that his heart has never been the same since the war.

They have long-standing friends from their church and suburb. However, their move six years earlier and their decreased mobility has led to a decline in visiting. They have not kept up relationships with people from this suburb, which is about 7 kilometres away. Their daughter takes them out every Tuesday to go shopping. 'Coral' has a 94 year old friend who also is in a wheelchair and she speaks to her several times a week. While the couple can go out occasionally to the RSL or with friends to a restaurant, their perceptions are that they are happy remaining together at home. The RSL provides one social opportunity, but former activities such as attending church were discontinued when they moved to this suburb.

Their social activities have declined as their health has deteriorated. At this point of time they are content remaining at home together. 'Coral' described them as always being content with one another's company. As she is in a wheelchair and the husband can walk with difficulty with a frame, their lack of mobility prevents usage of a car or transport without a hydraulic lift. They already receive assistance through Vasey aged care packages. They would appreciate being taken out occasionally on an excursion if there was transport with a hydraulic lift which they could both access.

'Nola' – carer, Victoria

'Frank', a World War II veteran, has had severe arthritis, a heart bypass, intestinal surgery and has ongoing stomach problems.

'Nola', his wife, is in her late sixties and has had a knee replacement. She considers that her main difficulties are 'day to day' living as he is demanding and has mood swings. He also has memory problems which are leading to her withdrawing from social situations where he can become difficult and embarrass her. He is also angry and blames others for his health problems and the decision to move from a northern New South Wales retirement resort, back to Melbourne. Their mutual social life as a couple has become restricted by his moods and also his deafness, as he shouts in order to communicate.

They began to correspond during the war and married soon after the war. After the war they settled in the country where 'Frank' was a bank manager. He was engaged in active service in New Guinea and the islands and still talks about the war with his next door neighbour, who is a World War II veteran. His war experiences are significant and he enjoys talking about the war in the company of veterans.

'Nola' considers that he was very young, seventeen when he went to war, which 'was his boyhood and adolescence'.

'Frank's position as a bank manager required that he relocate and he shifted to Melbourne where their three sons were born. They moved several times, once to Sydney and then back to Melbourne, and also lived in the country for several years. She considers that 'my heart is in Melbourne' where she raised her three sons. After her husband

retired they shifted to a northern New South Wales beach resort where they bought a unit. However, as her 'emotional self' was in Melbourne they moved yet again. Her friends are cousins whom she sees frequently, as her husband does not go out independently. She sees some other friends at a book club and also has volunteer roles in meals on wheels and a charity shop. While he loves going out with her to the pictures he relies on her to drive.

On one occasion she went to Canberra for a holiday and booked her husband in for residential respite. He became extremely disorientated and when she returned she decided that this was not an option. Day respite at a day centre 'is what I appreciate more than anything'. She cannot go out at night as she does not drive at night, but goes out every Wednesday when he has day centre respite.

They would both like a community bus so they could go on excursions or visit friends together. She would also appreciate home-based respite from other veterans, as an ex-service man would be acceptable to her husband who is interested in talking about his war experiences.