In March 2009, the ABC series *Four Corners* screened a documentary exposing ‘the holes in the system’ for the treatment of Australian Defence Force personnel with post-traumatic stress disorder as a consequence of their service in Iraq and Afghanistan. The program revealed that an estimated 70 per cent of returned men were not receiving best practice treatment for early onset PTSD. The documentary featured interviews with family members who described the daily challenges of living with the soldiers’ distressing behaviours. Notably, families expressed their anger at being let down by a government system of repatriation that was supposed to support their loved ones. ‘I don’t understand’, said Anastasia Gunn-Reid, the sister of Captain Garth Carmac, as she reflected on how the system had failed traumatised service personnel, like her brother, so badly.

Families like the Carmac’s have been ‘picking up the pieces’ since the first invalid soldiers came back to Australia from Gallipoli in 1915. During the First World War, the return home of a physically or mentally ‘shattered’ man devastated thousands of Australian families. In the 1920s and 1930s, wives and mothers nursed ailing ex-servicemen, children learnt to manage the disturbing behaviours of shell-shocked fathers, and households were forced to survive on a meagre pension income. In some instances, relatives spent years visiting veterans in repatriation hospitals, while others witnessed the slow death of wounded loved ones. The First World War saw the establishment of Australia’s first national repatriation system. After WWI and during subsequent conflicts, this ‘system’ has provided medical treatment, pensions and vocational training schemes...
for disabled soldiers. But there have always been limits to the provision of support for the nation’s war-damaged service personnel. Once repaired, rehabilitated and pensioned, most veterans have been sent home to be looked after by their kin.

Given Australia’s involvement in current conflicts in Iraq, Afghanistan and elsewhere, it is timely to reflect on the origins of the repatriation system during the First World War, the type of support it continues to provide and its limits. Today, as in 1914, many new recruits have high expectations of being ‘looked after’ by the government upon their return. As one young woman confidently declared before her deployment in Afghanistan in 2009: ‘We’ve got psych before and after and if we need to talk to someone we’ve got chaplains and stuff like that, so it’s not like we don’t have anyone to talk to’.³ Australia’s experience of the First World War, however, suggests that while psychologists and chaplains have an important role to play, it is within families that the painful social and emotional legacies of war are managed in the longer term. The official repatriation system was, and still is, underpinned by an invisible tier of support provided to damaged ex-servicemen by their family members. Since 1915, families have shouldered significant burdens of caregiving and struggled with the distress of living with a ‘broken’ veteran for years and even decades. The disablement of a loved one comes at a high personal cost for family members. From the First World War onwards — and still today — these families have not always received the kind of support they have asked for from the repatriation authorities.

The First World War was a crisis of epic proportions. By November 1918, the total number of casualties, both military and civilian, had reached an estimated 37 million: 16 million deaths and 21 million wounded.⁴ This was a war without parallel; all previous wars were eclipsed by its devastation. Involving most of the world’s great powers, it approached what we would now call a ‘global’ conflict. The cost for Australia was significant. The nation lost 60,000 of the First Australian Imperial Force and about 90,000 service personnel returned home with physical and mental disabilities. To acknowledge the scale of the destruction, the First World War commonly became known as the ‘Great War’ or the ‘War to End All Wars’. However, the impact of the crisis of 1914-18 was as much local as it was global. The conflict was attended by millions of smaller,

³ Ibid.
⁴ These figures are contested due to the difficulty of estimating civilian casualties. Some sources estimate up to forty million.
personal crises, particularly for soldiers who had been ‘changed’ in body and mind, and their families. Welcoming home a war-damaged man could be profoundly disturbing for relatives. As Edwina Leonard recalled of meeting her brother, Jim, in 1918, ‘He was not the same man & was incapable of doing anything’.5

During the war, the prospect of disablement discouraged some men from enlisting. Others, however, were comforted by promises of generous pensions and guarantees that, if incapacitated, they would be well looked-after ‘so long as treatment may be necessary’.6 Men were also promised treatment in repatriation hospitals and special vocational training to ensure a smooth transition back to civilian life. Official repatriation literature promised disabled soldiers a future brimming with hope and opportunities, and they were offered full social and industrial integration. On the voyage home, booklets were distributed on hospital ships outlining benefits such as war service homes, settlement upon the land, travel allowances and loans for re-establishment in business. Understandably, soldiers developed a strong sense of entitlement from the state for their sacrifices. ‘Of course I shall get a pension’ Jim Lord informed his mother in 1919, as he considered his future with a wounded right arm.7

Families waited for the wounded to return with a mixture of anxiety and relief. Some were unaware of the extent of their soldier’s injuries as men typically downplayed their disabilities in their letters home to avoid distressing their kin. ‘You must expect an alteration in my face a bit’, wrote Roland Edwards about his facial disfigurement in 1915, insisting that he was in good health ‘except for this knock, so don’t worry’.8 Despite such reassurances, family reunions on Australian soil could be difficult. Blinded soldiers could no longer see their family members. Deafened men had trouble hearing their relatives’ words of welcome. Men with jaw or mouth injuries struggled to speak. Families of shell-shocked men were confronted by men whose personalities had been transformed. Some men were on stretchers, never to walk again, whilst others leaned on crutches or walking sticks. Parents struggled to recognise their sons. Elsie Frank recalled

5 “Record of Evidence,” 21 March 1929. B73/58, Box 80, M15005, National Archives of Australia (hereafter NAA). I have used pseudonyms where appropriate in this article to comply with my conditions of access to closed repatriation case files held at the NAA.
6 “The Aussie Repatriation Scheme,” Aussie, September 1918, 16.
7 Jim Lord to his mother, 9 February 1919 and 20 October 1918. 88/109, 2002/726, University of Melbourne Archives.
8 Letter to mother and sister, 14 August 1915. PR02057, Australian War Memorial (hereafter AWM).
that her son Walter was ‘all out of order – quite a different boy prior to enlisting’.9

While not all war disabilities were permanent or severe, lasting functional impairment was often experienced by soldiers and their family members as a loss. While bereaved families of the war dead mourned soldiers who had been killed overseas, the families of the war-disabled faced a different kind of grief. Their soldier had not been taken by death, but had returned home with diminished physical or mental capacities. Families not only grieved over the immediate effects of impairment, but also the loss of hope and expectation that they had once held for their boy. As sociologists have observed, acquired physical or mental impairments in young adults can occasion a ‘total and abrupt’ disruption to life and require a complete reconstruction of one’s physical self, identity and personal world.10 Wives had to readjust their dreams and expectations about future married life, and come to terms with their husbands’ lost earning power and the dependence of the family on a pension. Within households, milestones in young men’s lives became reminders of their health problems. Walter Frank joined up in ‘splendid health’ as an 18-year-old but celebrated his 21st birthday gasping for breath with ‘chest troubles’ due to the effects of gas.11

As families reconciled themselves to their soldier’s disability, they looked to the state for assistance and found that their expectations were not always met. The 100 per cent rate was about half of the average weekly wage and most veterans were only on a partial pension.12 In 1924, there were over 72,000 war disability pensioners, and well over two-thirds received a payment of below 50 per cent.13 Moreover, it was sometimes hard to secure a job, as employers were wary of ‘slow workers’ and absenteeism. Despite the government’s promises that disabled soldiers would be financially provided for upon their return, many were unable to generate a sustainable family income, either within the pension system or the labour market. In addition to this, families found that repatriation authorities looked to them to provide convalescent care in the home, because there were not enough beds for the long-term treatment of all physically and

9 Statement of mother, 12 May 1930. B73/82, Box 63, M39997, NAA.
11 Statement of mother, 12 May 1930. B73/82 Box 63, M39997, NAA.
13 Repatriation Commission, Annual Report, 1923–24, 47.
mentally disabled soldiers.

In this context, the family became a key site of repatriation for disabled soldiers. Wives and mothers most commonly became the primary caregivers, feeding the bedridden, dispensing medication and providing emotional support. The Returned Soldiers’ and Sailors’ Imperial League of Australia (RSSILA) reflected that a loyal wife was crucial to veterans’ success in civilian life, ‘especially if the man is struggling against ill-health, while an affectionate and energetic companion will carry him all the way’. To lighten their load, wives and mothers commonly turned to other female relatives within the extended family for assistance. Sisters, aunts and resident grandmothers all undertook various domestic responsibilities to release primary carers to attend to veterans. Large families were able to distribute the burden of care across a greater number of kin. Conversely, disabled soldiers with smaller families or strained relationships had fewer opportunities to share the load. In some instances, the absence of family carers meant that the responsibilities of care fell to friends, rather than kin. In 1919, after the death of his mother, Charles Berg, a paralysed soldier from Sydney, was taken in by close friends of the family, Mr and Mrs Semple, who subsequently showed him seventeen years of ‘unremitting kindness’.

The sacrifices made by family members to support disabled ex-servicemen often came at a personal cost – war ‘disabled’ the lives of kin as well as soldiers. One blinded soldier noted that women’s ‘own health must suffer’ as a result of supporting a dependent disabled husband. Under the strain, some women simply could not cope. In May 1918, the distraught mother of a severely disabled Rutherglen soldier committed suicide, unable to deal with her son’s extensive physical wounds and psychological scars. After many years of caregiving, a number abandoned their sons and husbands to institutions. In 1930, Mrs Dorothy Clements asked the authorities whether she could ‘go into the country with her children’ because she felt that she could no longer ‘do anything’ for her husband, a shell shocked veteran. For many Australian women, the 1920s ushered in an era of increased leisure and employment choices, and greater independence. These new freedoms available to the ‘modern woman’, however,

15 Undated newscutting, AWM, 164.
16 Attachment to letter from Blinded Soldiers’ Association to Prime Minister, March 1932. A461, 0394/1/1, NAA.
18 Inspector-General of the Insane to Mont Park Hospital, 16 September 1930, Public Records Office of Victoria, VPRS 7471/P0001, Unit 3.
were not easily in reach of the women whose lives had been forever changed by war disability. Looking back on her married life in 1966, one wife recalled this difficult reality: ‘I spent most of my time looking after my husband so I could not go to work’.\textsuperscript{19}

Despite the significant labours of ex-servicemen’s family members, particularly wives and mothers, the Repatriation Department did not formally recognise their responsibilities, nor the stress they endured. This was because ex-servicemen were the primary ‘client’ of the Department, not their families. Under the \textit{Australian Soldiers’ Repatriation Act}, the Department had no official responsibility for the welfare of disabled soldiers’ family members apart from the fortnightly distribution of dependants’ allowances. It was not obliged to provide kin with personal support, medical treatment or material aid, despite the desperate circumstances of some households. When women did bring family matters, such as domestic violence, to the attention of the Department, they were advised that it could not ‘interfere’ in private matters.\textsuperscript{20} Some women realised the value of their labours and demanded greater support from the Department. In 1931, Mrs Margaret Scott, the wife of one limbless soldier declared ‘it must be remembered that … wives have the care of sick men (many of whom are very sick indeed). To have these men cared for in hospital would cost much more than the meagre war pension allowance’.\textsuperscript{21} In that same year, the Commonwealth Government reduced families’ war disability pensions by 22.5 per cent as part of its cost-cutting measures in response to the Great Depression.

In the absence of adequate assistance from the repatriation authorities, relatives of disabled soldiers turned to voluntary organisations, such as the RSSILA, the Red Cross and disability-specific groups such as the Limbless Soldiers’ Association. In 1919, the Red Cross established ‘Furlough House’, a holiday home at Narrabeen near Sydney which catered to the wives and children of disabled soldiers, providing them with respite from the demands of caregiving. Family members could also join a range of associations including the Sailors’ and Soldiers’ Mothers’ Association; the Australia Imperial League of Sailors’ and Soldiers’ Womenfolk; and the Sailors’ and Soldiers’ Fathers Association. Such societies provided communities of understanding for families living with

\textsuperscript{19} Letter to Deputy Commissioner, Repatriation Department, 23 September 1966. B73/62, Box 249, M115094, NAA.

\textsuperscript{20} Interview with Jean Ingram, 12 November 1937. B73/0, Box 2, M2785, NAA.

\textsuperscript{21} \textit{Sydney Morning Herald}, 8 April 1931, 7.
the aftermath of war, in much the same way that the Red Cross became a ‘surrogate family’ for many women during the war.\textsuperscript{22} They validated the personal sacrifices of disabled soldiers’ families and affirmed the purposefulness of their emotional labours.

During the 1920s and 1930s, hidden beneath Australia’s first repatriation bureaucracy, was an intricate world of family support, struggle and survival. Families offered particular forms of emotional succour, dignity and care which were not to be found at the ‘Repat’. However, the Repatriation Department assumed the family to be a ‘natural’ site of care unworthy of formal recognition. It failed to publicly acknowledge the enormous amount of unpaid family labour that complemented its own programs and reduced the national repatriation bill. In doing so, it missed opportunities to form partnerships with families which may have improved soldiers’ quality of life and better supported family carers. Family caregiving propped up the formal repatriation system. Without the endeavours of wives and mothers who cared for men at home, the system surely would have collapsed.

In 1936, Mrs Emma Vawser reflected on almost twenty years of caring for her son who had been wounded on the Western Front: ‘My son, Percy returned after the Armistice … he was twice wounded also he was three times in hospital suffering from ear trouble and shock … his war experiences brought on a slow trouble & after years of weakness he was called Home on May 23 1935’.\textsuperscript{23} The Vawser family’s experiences suggest a need to move beyond a soldier-centred understanding of war, to a family-centred perspective which acknowledges its effects on service personnel and their kin, and allows us to see more clearly families’ vital role in caring for returned soldiers. While war disability transformed the lives of Australian families in different ways, there is a common theme in families’ experiences: after they ‘gave their sons’ to war, they were expected to give of themselves again by picking up the pieces afterwards.

Today, the Department of Veterans’ Affairs (DVA, successor to the Repatriation Department) gives much greater public recognition to the therapeutic role of kin in ex-servicemen’s lives, and acknowledges the personal cost of war disability for family members. Ex-servicemen are encouraged to consider their own health, and that of their family members, in holistic terms. The DVA’s website has a


\textsuperscript{23} Letter to Chairman of AWM, 28 November 1936. 93, 2/5/19C, Part II, NAA, AWM.
section called ‘Caring’ which encourages relatives to ‘get some help’ and avoid ‘burn out’. Family members can access government funded support services such as the Veterans’ and Veterans’ Family Counselling Service (VVCS): this was unheard of in the 1920s and 1930s. Medical and allied health researchers are increasingly promoting the need to provide support to veterans and their carers across the life course.

More than ever before, the repatriation authorities are recognising the ripple effect of war disability within families as well as the importance of recognising and harnessing kin support. Yet the DVA appears to be struggling with the relatively small numbers of ‘recently returned’ acute cases of mental trauma, and service personnel are slipping through the system. This is hard to understand given that the latest generation of war-damaged service personnel represents a far smaller burden on the state compared with the Great War generation. There are currently 3,300 Australian Defence Force personnel deployed overseas. By contrast, in 1918 the Repatriation Department was faced with the return of some 264,000 soldiers. We know that the psychological and psychiatric treatment of veterans will not always be effective in all cases: sometimes war-caused scars cannot be readily healed. However, we have had ninety years to put effective systems into place and develop the expertise to skilfully manage the repatriation of our service personnel. During these decades, and in the shadow of subsequent conflicts such as the Vietnam War, it has become clear that when the state does not provide adequate services, it is families who suffer as they are left to cope with their ‘broken’ loved one. Given this knowledge and the resources at our disposal, we should expect that, in the years to come, our repatriation authorities will become better at listening to, and working with, returning service personnel and their families, to provide the responsive and dependable support services that are so badly needed.

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