

The Last Post Story

Through bloodlines, The Last Post magazine started at Gallipoli. Its acorn then fought with the 2/10th in Milne Bay, Buna and Balikpapan and trekked the Kokoda in WW2. By the late-sixties, The Last Post magazine was ready to be born.

Raymond Thorsby Ross, who had fought in PNG and the son of Joseph Thorsby Ross, who had fought at Gallipoli, leased a small office in George Street, Sydney. Raymond had decided that a small magazine, designed to help RSLs and their members, should be introduced in New South Wales. To do this he would need advertising to help pay printing and distribution costs. Daily, Raymond would take the train from suburban Chatswood to the city and phone local businesses and sporting clubs, asking for their support. This ex-digger and RSL member worked long hours to get each edition out and was effectively the magazine's editor, graphic designer and distributor.

In 1974, Raymond and his partner moved to Scarborough in suburban Perth and continued The Last Post in Western Australia until his death in 1983.

Twenty-eight years later, Raymond's son and Joseph's grandson, Gregory Thorsby Ross brought his father's magazine back to life. Greg had lived with his father as a 15-year old, when he started working as a copy-boy and cadet journalist at The Sydney Morning Herald. The teenager became a first-hand observer of the early days of the ex-servicemen and women's publication. By 2011 he had put everything in place to re-introduce The Last Post to a public in desperate need of a modern, quality magazine to assist the veteran community. Only this time it would be a national. And this time, it would be for all Australians.

With this humble background, and from a history steeped in the Anzac tradition, the new national TLP was born and is now respected and read by not only Australian veterans but the wider global community.

Featuring profiles on contemporary and historical veteran issues as well as honourable Australians, organisations, institutions and companies, TLP has matured to be Australia's most recognised independent online and print veteran magazine.

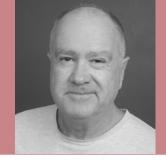
Acclaimed for its quality and journalism The Last Post is unlike any veteran's magazine seen before.

The reason?

It speaks to all Australians as a reminder that the legacy of the Anzac Spirit is relevant to us all.

With editor Greg T Ross' up-close interviews with famous Australians, stunning layout and production and input from great writers covering relevant topics in history, music, arts, entertainment, sport, travel, gardening, this magazine is so well received by a wide audience that reaches far beyond the veteran community.

Pte Raymond Thorsby Ross, founder of the original The Last Post, left, during his time with the 2/10th in Papua New Guinea during WW2.



from the publisher GREG T ROSS

So, here we are, 11-years after The Last Post first hit the streets and went online.

How do you describe a journey of such complexity? What stories and events highlight the journey? Was it the meeting at a pub in Adelaide, with an industry insider in 2010, when I plucked up the courage to ask how much it would cost to start up a national magazine from ground zero? Was it the serendipitous meeting with Kirstie Wyatt, a graphic artist who has been my right-hand woman since 2009? Was it the death of my wife Wendy, in 2017? Was it the moving from Adelaide, back to NSW? Was it the friends I have made along the way? All of the above.

As we prepare to welcome Issue 28, the same things that existed at the start, still exist today. The stress before each release. The exaltation at the happening. The brief break. A deep breath and back into it again for the next edition.

So, here we are. RSL, Royal Commission into Veteran + Defence Suicide, Inspirational Australian Women, Australian Veteran News, Legacy Melbourne's Chief Operating Officer, Ken Tsirigotis, Mark Butler, Amanda Rishworth, Geoff Brock, Pancare Foundation's Unite for Hope, OPAN's Craig Gear, Archie Roach, the 80th Anniversary of The Battle of Milne Bay, a battle in which my father took part. Ahead of a tribute edition to him in our Summer edition, a report on the death of legendary photographer Tim Page. In Travel, we go to Italy.

This and more in our 11th birthday edition. Hoping you enjoy.

I'm taking a brief break, to Melbourne and Broome. Tomorrow, I'll start packing my bags.

#thelastpostmagazine #diaryofanindependentpublisher





This edition's Inspirational Australian Woman is RSL member and volunteer National Ambassador Cherisa Pearce.

foreword

Geoff Brock MP Minister for Veterans' Affairs, SA



I'd like to start by extending my thanks and deep gratitude to those readers who have served our nation. as well as their families. The sacrifices you have made to enable Australians to enjoy our way of life will always be remembered. Thank you for your service.

Since becoming the South Australian Minister for Veterans' Affairs in March 2022, I have had the privilege of meeting many people from our community and I have learned a great deal about the needs and priorities of South Australian veterans and their families.

Military service and the veteran community have long held a very important place in my life and that of my family. I am the son of a World War Two veteran and brother to a Vietnam veteran. I served in the Army Reserve for approximately six years, first in Port Pirie and then in Port Adelaide. My time in the reserves helped instil the values of respect, discipline, self-confidence, and experience in how to overcome adversity and trust in your mates.

The 2021 Census data released in June this year, revealed that at least 3.2 per cent (47,852) of South Australia's population are currently or have previously served in the Australian Defence Force. My team continues to review this data, which is invaluable in enabling the government to implement targeted policies and programs to support the veteran community.

I am aware that there is a broad spectrum of topics of importance to the South Australian veteran population that varies based on service experience, age, gender and connection to service. The Veterans SA Strategic Outlook sets out our aims for a strong, vibrant, well-supported and represented veteran community in South Australia. The plan will continue to evolve with the needs of the community.

You will find a summary of the current priorities and initiatives being undertaken for the South Australian Veterans' Affairs portfolio on page 24 of this issue. There is a strong focus on empowering our formerserving community and educating the wider non-veteran community about the value that those who have served can contribute professionally and socially.

If you would like to discuss these priorities, or any other topics of importance, please reach out to my team at Veterans SA.

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FRONT COVER:

Cherisa Pearce, RSL member and volunteer National Ambassador, is this ediiton's Inspirational Australian Woman.



designer / art director KIRSTIE WYATT

The Last Post Magazine has been praised nationally and internationally since it was launched in 2011 and is designed by Kirstie Wyatt from Wyatt Creative. Kirstie is a freelance graphic and web designer and can enhance your marketing to get the results you want in your business.



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foreword

Phil Winter CEO of RSL Australia

The year of 2022 continues to be marked by a highly challenging geo-strategic environment, with the security of our nation emerging as a key focus amidst tensions with China, global effects from the war in Ukraine and urgent reviews of the preparedness of our Defence Force. The RSL motto - 'the price of peace is eternal vigilance' is as relevant now as ever in the nation's history. To that end, our RSL colleagues will note RSL Australia's (RSLA) increasing input into the national security dialogue through media alerts and discussions with Government.

Similarly, the RSL continues to play a key role in assisting the Royal Commission and supporting veterans who provide evidence. The Commission is seeking clarity on the number of ex-service organisations (ESOs) and their roles, which provides an opportunity for more collaboration between RSLA and other ESOs. Recently, the CEOs of the RSL met to discuss the next phases of the Royal Commission and how the organisation may assist the Royal Commission and all veterans going forward - further plans will emerge from this meeting. Already in planning is a pilot program to launch an innovative 'catalogue of services' web application to assist veterans and families navigate local support services. This is just one example of the new solutions RSL is pursuing.

RSL National office continues its quest to better connect and coordinate the RSL State Branches, and provide strategic-level advocacy for all RSL members, through sound analysis of policy issues and improved communications. We have already achieved a lot in this space through an updated website, stronger social media presence, regular media alerts and newsletters. Visit our website at www. rslaustralia.org to see all the resources available and subscribe to our quarterly

We continue to invest a lot into our RSL National level programs, including the RSL Veterans' Employment Program, Mental Health Initiative and RSL Active, which aims to engage the community through sport, arts and recreational

I have greatly enjoyed the challenges presented over the past 20 months in the role of CEO of RSLA - with more changes in planning to ensure the RSL remains a highly relevant stakeholder in the Australian landscape and the trusted voice of veterans and their families. Visitors to Canberra are always welcome at the RSL National office.



Q & A with Greg Melick RSL National President

National President Greg Melick recently sat down with The Last Post to provide his thoughts on the role of the RSL, the challenges the organisation faces and his vision for the future of the League.

THE ROLE OF THE RSL TODAY

The RSL remains committed to its objectives as laid out in the Constitution, with our focus remaining, as ever, on providing comradeship and supporting the well-being of veterans and their families. Our role as advocates for issues and policies that support Defence and veterans' welfare is also central to our work today. The federated model of the League supports our efforts in engaging at all levels of government as we have established relationships with elected representatives across all states and territories. This puts us in a unique position to effectively lobby for positive change.

THE BIGGEST CHALLENGES **FACING THE RSL & HOW** THEY WILL BE MET

The lack of coordination across the plethora of veteran support and ex-service organisations (ESOs) is resulting in the duplication of resources and the dilution of everyone's efforts. It also causes confusion in the veteran community for those trying to determine who they should reach out to for the support they need. To try and better coordinate our efforts, we are organising a national forum in November 2022 where ESOs can come together to try and define common goals and ways of working that will achieve the best outcome for veterans.

In a further bid to reduce complexity for veterans and families seeking support, the RSL is backing the development of a new web application designed to help veterans navigate the range of services and support available. The web application, which is due to launch later this year, will empower veterans and their families to find and connect with vital services wherever they may be in Australia.

Also highlighted through the work by the Royal Commission into Defence

and Veteran Suicide is the lack of sufficient mental health support and services, leading to a disproportionate rate of self-harm and suicide in our community. We will continue to support reputable organisations providing much-needed mental health support services. Our recent Mental Health Initiative delivered in partnership with Open Arms, offered a range of free mental health first aid and suicide prevention workshops in Sub Branches across Australia supporting hundreds of participants. In our advocacy role, we continue to challenge the legislative complexity and budgetary constraints at a Federal Government level, lobbying for sustainable demanddriven funding of the services most in need. Our strong relationships with the Department of Veterans' Affairs and other ESOs assist us in these efforts.

A VISION FOR THE **FUTURE OF THE RSL**

For the League to continue to provide value and practical support to the veteran community, we must understand what the modern veteran looks like, wants and needs. To help us in this pursuit, we are currently planning a nationwide survey to capture insights that will guide us on how we need to evolve to meet the needs of the broader veteran community.

One priority is to improve how we engage vounger veterans. RSL Australia is investing more into developing its social media presence across multiple platforms to meet the next generation of members where they are.

The future of the RSL depends on all veterans feeling welcomed into the League's community and understanding the comradeship and other benefits that membership can provide. We also recognise that a veteran isn't a standalone unit but often has a family that needs to be

welcomed and supported. We are attempting to build this sense of community through programs like RSL Active, which promotes various social and recreational events that unite people through shared interests. We are also striving to be as inclusive as possible and expand our definition of veterans by investigating ways that we can embrace those who have supported our Defence forces in foreign theatres of conflict and now call Australia home.

We will be increasing our efforts to engage the government on strategic defence issues to overcome, amongst other things, the lack of sufficient defence funding, the perilous state of our strategic fuel and ammunition reserves and the lack of local manufacturing capability for items as critical as uniforms and ammunition.

WHAT THE RSL OFFERS AND ITS CURRENT PROGRAMS

Comradery, community and mateship are the key drivers of what we do at the RSL and they underpin the range of programs we currently offer. While these vary across the States, key national programs include RSL Active and the RSL Veterans' Employment

The RSL Veterans' Employment Program is helping veterans, their immediate family members, and the families of current serving ADF personnel to find rewarding jobs by offering a range of career services including career navigation, upskill pathways, CV and Interview training and employer connections..

The program is currently funded by DVA and we hope to continue the program and continue to realise benefits for those who participate.

Importantly, these programs extend to veterans' family members as do the range of tertiary level scholarships we offer to students across Australia.

Sign up to receive regular newsletter updates from RSL's National President: www.rslaustralia.org



RSL Active

Since its early establishment in 1916, one of RSL's core functions has been to build supportive communities and promote the well-being of our veterans and their families. 106 years on, RSL continues to seek new ways to achieve this goal.

While we know regular and varied exercise is good for our physical health, it's more than that. Not only does regular exercise boost our dopamine levels (leading to improved mood and motivation), but pursuing an active sport can strengthen our community connections too. As we join clubs, teams and events alongside those who share similar interests we develop meaningful social connections which are both motivating and great for our emotional well-being.

In a nutshell, getting out, getting moving and pursuing a passion does wonders for your well-being on multiple levels.

With this in mind, RSL Active has set out to find and promote a variety of opportunities around Australia that encourage veterans of all ages and their communities to get active. Here are a few of the programs we're supporting under the RSL Active banner:



CONNECT. ACTIVATE. MOTIVATE.

rslaustralia.org/rsl-strava-club







RSL Strava Clubs:

RSL Active has created a virtual Club for Cyclists and Runners/Walkers using the popular Strava App. For those who haven't heard of it, this savvy app will track your route, distance, time, elevation and average speed... each time you head out for an active session.

Joining our Strava Clubs will connect you with a like-minded community where you can share goals, offer encouragement and participate in friendly challenges - all while keeping fit! It is surprisingly motivating.

rslaustralia.org/rsl-strava-club



Long Ride Australia 2022:

About to embark on its 11th biennal tour, the Long Ride Australia was established in 2004 by RAAF veteran Chris Dunne and his wife Gail. This long distance ride is all about bringing bike enthusiasts together to enjoy the scenery, sociablity and freedom of open road touring, with a purpose. On Saturday, 22nd of October, groups will depart from every state in Australia, all riding towards the common meet-up at Victor Harbor, SA.

RSL Australia is proud to sponsor this charitable event which attracts a large contingent of veterans. Every dollar raised goes back to the Prostate Cancer Foundation of Australia

rslaustralia.org/long-ride-2022



Michael Fussell Memorial Charity Day:

This event is a little different from the norm. Michael Fussell (1983 - 2008) was a member of the Royal Regiment of Australian Artillery and lost his life when an IED detonated while he was serving in Afghanistan. RSL Australia is proud to be supporting this Rugby and Netball tournament, which brings together two of Mike's passions; life growing up playing competitive sport in Armidale and his military career which all began at the Royal Military College Duntroon. On the 8th of October the Armidale Blues Club will play the RMC-Duntroon at Portsea Oval. All funds raised through the day will go to the RSL Foundation to support veterans in need. Find out more:

rslaustralia.org/michael-fussell-memorial



Learn more about the programs RSL Active has to offer: www.rslaustralia.org/rsl-active

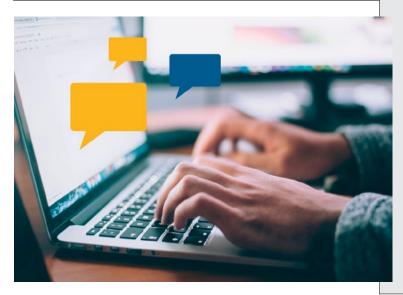
RSL National Programs

RSL Veterans' Employment Program

Our national employment program, funded by the Australian Government, sets out to help veterans and their immediate family members find a rewarding job. Regardless of one's age, stage or the type of work they are seeking, the RSL Veterans' Employment Program (RVEP) can support participants through a range of free career services. This includes pathway coaching, updating a CV for the current market, interview preparation, employer connections, and support in finding suitable upskill programs.

In the first six months of 2022, the Employment Program was proud to support over 300 participants in the program. If you or someone you know would benefit from our support, please get in touch:

rslaustralia.org/employment



Streamlining the path to support

Amongst many issues raised through the Royal Commission, it is apparent that the pathway to finding the right support for Veterans is complex, confusing and can fail those most in need. We believe a nationwide navigation tool that guides users through a network of reputable support services would help alleviate some of these challenges. To address this, RSL Australia has commenced a 12month pilot program with Australian Veteran technology provider Servulink to develop an online "Catalogue of Services" web and app tool. As the first of its kind, the user-friendly tool will empower veterans and their families to find and access the services, support and communities they need to improve their lives. The application is expected to launch in late October 2022.

We encourage established exservice organisations (ESOs) to register their services here:

servulink.com.au

RSL VETERANS' EMPLOYMENT PROGRAM

Rewarding work for every veteran and their immediate family



Looking for work? Changing careers? Take advantage of free career support services and gain access to our employer network.

Make your move today: rslaustralia.org/employment





CAREER TRANSITION



CAREER NAVIGATION



CAREER COACHING



CV & COVER LETTERS



INTERVIEW SKILLS



PATHWAY PROGRAMS TO UPSKILL



EMPLOYER CONNECTIONS





The Royal Commission and how the RSL is supporting change

On the 11th of August, the Royal Commission into Defence and Veteran Suicide released its Interim Report, with the final report's release extended until the 17th of June 2024.



The interim report focuses on 13 urgent recommendations that can be addressed immediately, including calling for legislative reform to simplify veterans' access to entitlements, measures aimed at reducing the DVA claims backlog, and improving engagement with the Royal Commission. The Commission has proposed additional protection for those engaging with the Royal Commission and reforms to improve access to information.

The RSL has publicly voiced its support of the Commission's call for the Australian Government and Department of Veterans' Affairs (DVA) to take urgent and immediate steps to fix problems with the processing of claims for veterans. It wants to see adequate and sustainable funding committed to addressing these issues. This is a position that the RSL has highlighted from the outset of the Royal Commission process and is pleased to see its inclusion in these key recommendations.

It is clear the important and insightful work conducted by the Commission is shedding light on many issues that have not been given the focus, funding, or priority they deserve. With formalised and evidencebased recommendations now in the public domain, the RSL is committed to seeing these recommendations implemented and will work to hold those responsible accountable.

What RSL is doing

The RSL has had representatives in all six hearings held to date to ensure it gathers first-hand insights on the evidence being presented, sentiment in the room and reoccurring themes. With contributions from its State Branches and Sub Branches the RSL produced an initial submission at the start of the Commission, followed by an interim submission in June 2022 to help inform the Commissioners recommendations

Information on the RSL submissions can be found: rslaustralia.org/royal-commission

As the process continues, RSL Australia has been working with State Branches to collectively introduce solutions aimed at addressing some of the issues already highlighted through the Royal Commission. One of these projects is about reducing the complexity that veterans and their families encounter trying to access the right support channels. To address this, RSL Australia has commenced a 12month pilot program with veteran technology provider Servulink to develop an online "Catalogue of Services" web application. This will enable veterans and their families to navigate the service and support network more effectively. It is expected to launch in late October 2022.

Other initiatives underway include:

- Helping to expand the nationwide network of Veteran Wellbeing Centres which are welcoming hubs where veterans and their families, can connect to a range of services including transition, employment, health and social support
- Supporting veterans and their immediate family members to find rewarding work through the RSL Veterans' Employment Program
- The RSL Mental Health Initiative delivered in partnership with Open Arms, has provided family members, support workers and associates of veterans access to free mental health and suicide prevention workshops

While there was little discussion on the role of Ex-Service Organisations (ESOs) in the interim report, the RSL recognises improvements that can and need to be made in the ESO sector. The RSL plans to establish a forum later this year that brings together stakeholders from across the ESO ecosystem. This will provide an opportunity for the sector that exists to serve the needs of veterans and their families, to collectively work together in a way that better fulfils this purpose.

Calling for guaranteed need-based funding that transcends political cycles

The RSL has experienced a record year in demand for support, representation, and service delivery, with more than \$13.3 million spent on welfare service delivery. In the past 12 months, the RSL has provided close to 600,000 hours of advocacy, close to 500,000 hours of work supporting veterans' claims for compensation and more than 100,000 hours of veteran welfare services. These figures emphasise the current reliance on services provided by organisations like the

The reality is that the demand for veteran services has risen dramatically, and it is the responsibility of the Australian Government to meet this demand. The Albanese Government has committed to spending an additional \$500 million on veterans' welfare, and this commitment is a welcome start. However, to supplement the ongoing reliance on ex-service organisations and volunteers, the Federal Government must commit to providing guaranteed and sustainable needs-based funding. This funding must be demand-driven and not held prisoner to annual budgets or three-year election cycles.

There is an urgent need for long-term solutions and certainty to resolve the many serious issues and concerns confronting veterans, service personnel and their families. Without this sort of funding commitment, we are likely to see the type of stop-gap measures that have contributed to the unacceptable backlog in the processing of veteran claims and a continuing reliance on the goodwill and hard work of ESOs and volunteers. The RSL is working hard to lobby Government to commit to these changes. Regardless of where the Minister for Veterans' Affairs sits in the Government's ministry structure, we cannot waver on ensuring the changes are clearly understood and prioritised by the Government.

Through the Royal Commission and a new Government, we are presented with a unique opportunity to change the face of veterans' affairs in Australia. With a united RSL working in collaboration with other ESOs, we can hold the Government accountable and help implement the change recommended and needed to improve the lives of veterans and their families. By doing so, we honour the covenant between the Australian people and those who have served and sacrificed so much on their behalf.



Cherisa Pearce

Cherisa Pearce is full of enthusiasm and passion for bettering the lives of veterans. Her impressive military career began at 21 years of age, involved three deployments to Timor Leste and spanned over 21 years, retiring as Second in Command of the Royal Military College.

As the 5th generation to serve in her family, daughter of a Vietnam Vet, and with a currently serving partner, Cherisa is well informed on the issues facing the veteran community and their families.

In mid-2021, RSL Australia invited Cherisa to become their National Ambassador alongside Pete Rudland.

As a volunteer National Ambassador, Cherisa works within communities to inspire younger members to join the league, liaises with other ex-serving organisations and seeks a broader perspective on veterans' issues.

PODCASTS: www.thelastpostmagazine.com/tlp-interviews

Greg T Ross: Welcome to The Last Post Cherisa Pearce, how are you?

Cherisa Pearce: I'm well thank you, and yourself?

GTR: Yeah, doing well here. A lot of people know you as CJ, so we'll refer to you as CJ during the chat, and geez, you're full on, aren't you? I mean, you're an RSL member obviously, and you're national ambassador and I guess what has driven you to the position that you're at at the moment? What drives you?

CP: Well, I suppose is my passion for making sure veterans are being looked after, are living the best life that they possibly can. If I can get out there and be an advocate for those people, as well as having the platform to share their stories, well that's a win-win for me.

GTR: Your career. I guess it began... I guess over 20 years ago. You had three deployments to Timor-Leste, and I guess, how did that affect your attitude towards serving and what was that like?

CP: Well, when I joined up, I joined up in mid '94, actually three days before I turned 21. I didn't have your average 21st birthday with a big party and a few drinks. It was quite a different experience. And when I joined up, we were in a peacetime army. For me, I never thought that I could deploy or do anything like that, but I came from a military background so it just seemed like a really normal progression for me. My younger brother joined at 16, both my Mum and Dad had served in the army and my grandfather was a Navy

man and then great grandparents had also served. So it seemed like a logical thing to do. And my younger brother, he was doing such amazing, interesting things as an 18 year old, and here I was only 20 and was a legal secretary at the time doing the same thing day and out.

And I just thought, you know what? I need a bit of adventure. I don't want that boring nine to five job. I want to be able to mix up, do different things, meet different people, live in different places. So that's why I joined. I graduated in December '95, and I initially went to medical corp, but after 18 months I transferred to corps transport and had a great career after that. I was fortunate enough to go to East Timor in '99 when things first kicked off with the fifth aviation regimen. They had been there for about a month before I got there, so that was interesting. And then I went back seven months later and spent another six months over there. And by that stage, things had calmed down a little bit when the UN had taken over, so that was a different job in itself. I was a transport troop commander and had 75 soldiers whose job basically was to take all the logistics, ammunition, food, fuel, all across the islands, which was great. We got to see a whole lot of East Timor. That was a fabulous trip. I worked with some amazing people there and also we had different countries who would come and protect us, like the Brazilian MPs would always escort us down to the border and whatnot. Yeah, that was really good. And then thought that would be the end of my deployments, but I went

back in 2006 for another six months and was the J14 which is basically personnel logistics for the force. And again, I think that would probably, when I look at all three of them, where I learnt a lot and had a lot of growth and actually we were over there when I suppose they called it the bumble in the jungle that people... The papers were doing in that early 2007, and that was probably when I saw all the training that these people were doing and amazingly coming together, but working very hard. Yeah, I got to see a lot more than what you do, obviously, when you're a lieutenant and a captain, but being on the headquarters and working again with different people and different agencies. And that deployment, I had left a two year old and three year old at home for six months as well, so that added another element to it. I think it's easier leaving them when they're little, rather than when they're older.

GTR: You were playing a role in a very important time in not only the region's history, but obviously with Timor-Leste and Australia, and a conflict that attracted so much attention at the time, I suppose, because it was so close to Australia. You retired as, what was it, second in command, I think, at the Royal Military College? That's some achievement.

CP: I was really excited to receive that posting. I knew I was on my way out at that stage. I was medically discharged and to go back and book in my career of where it started was to me a really awesome opportunity.

And also just seeing all these young people coming through the college and seeing what they were changing 18 months later, you always reflected on your own journey when you went through there and things hadn't changed all that much, but yeah, it was a fascinating job. I loved every minute of it just to mentor the young cadets and seeing them grow was definitely a huge career highlight.

GTR: Yes, when we look back during periods of our life and we see younger versions of ourself perhaps coming through it's a moment of pausing and reflecting as to the journey you've been on yourself. But of course, discharged in 2015, is that correct?

CP: Yeah, that's right. Yes.

GTR: You joined the Currumbin Palm Beach RSL up there in Queensland, of course. And you become a board member of the sub branch. What actually does that involve for you there and what are the benefits of being a board member?

CP: Well, I am so proud to be a part of that sub branch. Currumbin Palm Beach are very progressive and they have a very proud history and our Dawn Service is the one that's televised by sunrise each year on Anzac Day, which I've been a part of the last few years. But they have listened. That sub branch for me... I wasn't a board member... I've only been a board member for about two years. And I had a conversation with the vice president probably three years ago. I had all these ideas and he said, "Well, why don't you come on the board?" And I said, "Well, I can't. You hold them on a Friday afternoon. I work then, I can't just take off." And I said, "Well, when you have them on a Saturday, I'll come." And so I got a phone call six months later and they said, "We've moved it to a Saturday so are you going to come put your hand up?"

Yeah. So I did. And I joined this amazing board of people who just want to do good things for veterans and provide excellent opportunities to ease the transition into civilian life. And we have many, many programs operating. And so we meet on a monthly basis. We obviously are, like I said, we have the Dawn Service. Yesterday we commemorated Vietnam Veterans Day where we had a beautiful service. We had a Huey helicopter come flying down the creek during the service, which was amazing. And I got to interview a soldier who was wounded over in Vietnam and he shared with us his story. And then I had the pleasure of meeting Dasher Wheatley, VC, winner; his widow and his son. And I spent the afternoon talking to them and learning about their experiences when they lost their husband and father. And to be able to give them that

opportunity to hear history first hand,

I just felt so fortunate. And I now have that little bit of history that I wouldn't have got if I wasn't a board member. And I just get to keep meeting these inspiring people that tell me a story. And I say, "Well, what would you do differently now? Or what have you learned?" And I get to take that information then back and hopefully we don't repeat the same mistakes.

GTR: And that's very important too, when you are learning from people or when you're meeting people who are actually effectively part of history, and then you absorb that into yourself and it becomes part of your learning process in life too, so well said. In 2021, I think it was, correct me if I'm wrong, RSL Australia invited you to become what national ambassador, I think with Pete Rutland. And so-

CP: That's right.

GTR: Was that a surprise, and what was your reaction to that invitation?

CP: Oh, I was extremely surprised

because I was approached by Pete on

Anzac Day last year and I hadn't met Pete before that. I knew of him. And then obviously seen his successes over time and knew of his story. And he came up and introduced and we had a bit of a chat and he said, "Hey, I've got a proposal for you. Would you like to work with me and be an RSL Australia Ambassador? And I was extremely honored and tickled pink to be honest with you because the RSL is the oldest ESO out there. And we have a very proud history. I think we got a little bit lost for a few years there, but certainly in the last three, four years, things are coming together and we're understanding how we need to be more relevant to our veterans and more importantly, to their families. And I think everyone gets bad press now and then but what we have done is we've learnt from that. We've come together, we've regrouped. The states have learnt as well. And I'm very proud to do work with RSL Queensland as well. So I think for me to actually share the developments that we have had was a great opportunity. Because I am so proud to be a member of the RSL and every time I get a member to join up or bring them to an RSL or a commemorative event, or even just march on Anzac Day for the very first time, for me there's no better reward than seeing that and saying, "Oh my gosh, I had a great day." I met someone yesterday and it was this first commemorative service he's

GTR: Actually you speak about the RSL and there has been... I mean, I've been hands on with the RSL ever since the magazine started, and

been to since coming back from

Vietnam. And he had a wonderful

day and said, "I'll be back on Anzac

Day." So to see that, very rewarding.

there has been a rejuvenation led in various areas, which is noticeable to me running the magazine. And I think it's been welcomed by the community of Australia because it is the oldest obviously established representation of veterans. And it's now having some success in incorporating younger people, notably yourself, into its regions and into its enacting of policy if you like, and changing policy, so well done there. You are also a sporty person I do believe, and into the fluro surfing, what's that about?

CP: Yeah, well I'm sporty when I'm not with an injury or something going wrong with me. We get around that. But yes, the fluro community is a part of OneWave, which is a nonprofit organization founded in Bondi by a gentleman called Grant. He suffered from bipolar and had a severe breakdown one day. And he found that when he went surfing and talking to his mates about his mental health, it got him through another day and through another week. And he found himself really looking forward to connecting with people and telling his story while he was sitting out on the surfboard waiting for a wave.

I was a little bit lost after getting out of the military and wanted to give back to the community. I think that's one thing any defense member will tell you is that sense of service stays with you throughout your lifetime. I did a bit of Googling and then I got this email from... Just a random spam email, talking about OneWave and how that they were located on beaches all across Australia and even the world. I think we've got 15 plus countries represented now. The aim is that we, usually on a Friday, but with us being on the border here and having different time zones with New South Wales and Queensland, we meet up every single Saturday at Greenmount beach and we get dressed up in fluro and we basically all surf together as a small little community.

Everyone's welcome. It doesn't matter if you're a surfer or not a surfer, if you just enjoy the ocean and the atmosphere, but we're there rain, hail or shine, just supporting each other, creating that connection for the community, which is really important. And COVID has certainly found that people being disconnected and feeling a bit lost, but they knew. We started an online OneWave community, which is something that I was wanting to do for a long while when I couldn't get to the beach for different reasons, and then COVID happened, so we did that. One wave is all it takes. And the concept, obviously you need that one good wave and it doesn't even have to be a good one, but one wave can change your whole outlook on your day.

GTR: Yes, that's true too.

CP: There's been plenty times, I've been out just for 30 minutes and caught that riff of a wave and you just go, wow, this is awesome. And you get that smile on your face and you can see it. We have regularly about 20 people come down now every Saturday and it's amazing. And then popping up at different clubs like Bondi is awesome.

GTR: Isn't that beautiful. And of course being a surfer myself, although I haven't been for too long, but I've got to get back into it, as you say, you go out for a session and you count the waves. It's one, I've got one, I've got two, I've got three, whatever. It doesn't matter because it's even just being out there and having a good time.

CP: Yeah. I mean, so many times in the mornings I've gone out and there might not be any waves, it might be like a lake. But just sitting out there to see the sun popping up. And I often say to my daughters, and they say, "How was the surf?" I said, "I didn't get away. But I saw the sun coming up on one side, the moon going down and there's dolphins out the back. I mean, how much better can life get?" And I just feel so grateful and so blessed to have that opportunity to do that every single day.

GTR: Fantastic stuff. And it is recommended too, as a health, both mentally and physically, it's a wonderful thing.

CP: Absolutely.

GTR: Tell us a little bit about the partnership with RSL Queensland and the Gold Coast Suns, CJ. What's happened there?

CP: Well, they started a partnership earlier in the year and it was launched on Anzac Day. The Suns were gracious enough to host a whole heap of veterans the day before Anzac Day to watch their Anzac round game against Brisbane. And it was just, I think, for them to respect or acknowledge the service that our defense people have provided and their families. So it was an amazing partnership. And I was fortunate to meet some of the players at the announcement and they were just... Here we are in awe of the captain and the coach and thinking they're really cool. And they had the similar respect so it was quite funny to see that. But it's a great partnership and we get quite a few veterans to each game now, and Suns are great to provide some tickets here and there and when they get the opportunity, and yeah, it was an amazing experience to be a part of that

announcement.

Being an AFL tragic anyway, so it was pretty good. Oh, I said I'm an AFL tragic growing up in Adelaide, always followed Adelaide Crows. But now that I'm on the Gold Coast, I'm definitely Sun's for number one.

GTR: Oh, isn't that interesting? Yeah. I'm from Adelaide. I was born in Adelaide too. And yeah, we lived around Mitcham and Kingswood and that. Yeah, but don't hate me, but Port Adelaide and Collingwood. So there you go.

CP: Oh dear. There has to be some fault, right Greg?

GTR: Yeah. We've all got our problems. That's for sure. Look, Cherisa Pearce, CJ to friends and those that know you, thank you so much for being part of this wonderful interview chat, as part of our Inspirational Australian Women's series. And yeah, we are so rapped to hear about what you are doing, what the RSL's doing, your history, your family's history, and we honor you and thank you very much for your community work.

CP: Well, thank you very for letting me be part of this. It was a huge privilege for me. Thank you. ■

Australian **Veteran News**

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Army's LTCOL Russ Lowes lays a wreath at the funeral of an unknown Australian WW1 soldier at Tyne Cot Cemetery in Zonnebeke, Belgium. Photo: SGT Adam Richards.

Unknown Australian WW1 soldier laid to rest in Belgium

The Australian Army has laid to rest an unknown Australian World War I soldier with a military funeral today at the Commonwealth War Graves Commission's Tyne Cot Cemetery in Zonnebeke, Belgium.

Believed to have fought in the Battle of Menin Road in 1917, the unknown soldier's remains were discovered in 2017 by archaeologists near Zonnebeke and were identified as Australian.

As part of Army's ongoing commitment to remember our fallen soldiers, the unknown soldier was honoured with today's military funeral and burial, and a dedicated Last Post Ceremony yesterday at the Menin Gate.

The funeral was supported by a group of Army members recently awarded the Jonathan Church Good Soldiering Award for their embodiment of Army values. The group is representing Army for a series of ceremonial activities at war cemeteries in France and Belgium throughout July.

Chief of Army Lieutenant General Simon Stuart, AO, DSC, honoured the courage and sacrifice of those who served in the World War I and the importance of Army's work to honour our military's past.

"Australian Army's Jonathan Church Good Soldiering Award recipients are our future leaders who personify compassionate and ethical soldering," Lieutenant General Stuart said.

"Today's funeral is a reminder that we all owe a debt of gratitude to those who have served our nation, and it is a genuine and rare honour for our serving soldiers to lay to rest this unknown soldier," he said.

"Army's commitment to identifying our fallen soldiers is an important duty, and our ongoing work continues to identify unknown World War I soldiers and bring peace to their families."

The Australian Military Representative to NATO and the European Union,

Major General Matthew Hall, attended the funeral and said it was an opportunity to reflect on the enormous sacrifice of our World War I soldiers.

"Today was a very special opportunity to reflect on Australia's history and sacrifice in this region, and a reminder of our long and continuing role in partnering with Europe to provide global security," Major General Hall said.

"As we fought alongside our European partners during World War I, we continue to stand by them today, honouring our fallen soldiers 105 years on."

The Jonathan Church Good Soldiering Award is awarded annually to junior soldiers who personify compassionate and ethical soldiering. The award is named in honour of Trooper Jonathan Church and his actions in Rwanda in 1995. ■

Further information about the Jonathan Church awards: https://news.defence.gov.au/service/embodiment-good-soldiering Department of Defence, Canberra, ACT

PS/ Pernembrance Pide

In May a group of committed veteran cyclists successfully completed the RSL Remembrance Ride. Lead by Geoff Stokes (President of RSL Cooma-Monaro Sub-branch and Invictus Games competitor), the group undertook a 15-day ride across the iconic 920km Mawson Trail in South Australia.

The trail traversed Flinders Range (South Australia's largest mountain range), providing spectacular scenery and at times some very rugged terrain. Each day the group rode between 40km to 90 km and by night they camped in transit towns along the trail.

At each destination, the Last Post service was performed at local memorials, cenotaphs and RSLs, enabling the group to foster meaningful connections in remote communities. The hospitality and support provided to the riders was a true demonstration of the camaraderie that RSL inspires amongst its members.

The RSL Remembrance Ride set out to create a challenging endurance event that could be undertaken in a supportive environment, whilst raising funds for the upkeep of War Memorials in the Southern Flinders region. By all accounts, the event was deemed a great success by both the participants and the supporters.

RSL Australia hopes to make the RSL Remembrance Ride an annual event.

For those who are interesting in participating in similar events visit RSL Active for more inspiration. ■

www.rslaustralia.org/rsl-remembrance-ride



Aims of the Mawson Trail Ride

- 1. Deliver an opportunity for Veterans to collectively challenge their lifestyle in a challenging but mentally supportive environment, whilst riding an iconic Australian Outback Trail.
- 2. Provide an environment for Veterans to challenge themselves both individually, and as a group, in a collaborative, enjoyable and mutually supportive environment which is conducive to fostering both individual, and group networks with other Veterans.
- 3. Where they exist, link and support veteran communities within the villages and towns along the Mawson Trail transits
- 4. Promote Local, State and RSL Australia as we pass through the towns and villages along the Mawson Trail, highlighting the importance of remembering those that went before us, and the imperative to support and assist returning Service personnel, struggling with post-Operational physical and mental trauma.





20 years, where did the time go?

At 0425hr, Leut Bourne (the on duty Principal Warfare Officer) made a pipe (announcement) "In two minutes the United States will commence tomahawk missile attacks on Iraq". I still remember that pipe as it was the moment my life changed, and the lives of many others. The 20th of March 2023 will mark the twenty year anniversary of Australia's involvement in the attack on Irag.

On the 20th March 2003 at 0427hr the attack of Iraq began.

A day after the attack on Iraq, HMAS Kanimbla's boarding party conducted an inspection of a tugboat and barge. They found a total of sixty-eight mines with a mixture of traditional sea mines with sea anchors and limpet mines. On this day, thirty-four POWs were taken into custody and processed. Some of these prisoners were taken to the tank deck of HMAS Kanimbla. This is where one of the prisoners changed my life, my way of thinking, and the decision to leave the Defence Force. I was dipping fuel tanks next to the holding pen in which the POWs were being held. A prisoner grabbed hold of my overalls leg and was begging and pleading with me not to kill him and to let him go as he had a family.

This event made me realise that he was not the enemy, he was a person just like me and war is never the answer. Even though it only lasted less than a minute, nearly twenty years on, I can still see his face and the fear in his eyes.

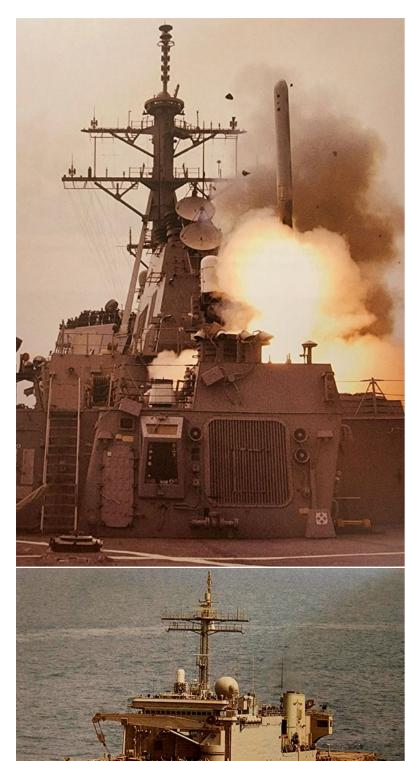
For completing our task and our professionalism in the Arabian Gulf we were awarded the Meritorious Unit Citation. I left the defence force two years after we got back. I still march every ANZAC day, not because I went into a war zone or because I was given medals; I march to remember those who fell or were injured during conflict.

Looking back on the whole event, I think that a bit more diplomacy should have taken place before the government committed our defence forces to Iraq at the request of America. 18 years on, the Australian government still hasn't learned from prior mistakes, as shown by our withdrawal from Afghanistan. There was no planning, or consideration of the people who helped the coalition forces. They have been abandoned with a target on their back. I guess it's true what they say: "Governments and politicians create war and conflict, and the rest of the population has to deal with the horrors of the outcome".

I am now in the process of training to be a large technology conservator, mentored by Victoria Pearce from Endangered Heritage. Conservation is helping my PTSD and recovery as I am not only making artifacts look better and get another fifty years of life, but I am also learning about different cultures and their heritage. This keeps the mind active, gives me purpose, and helps me to integrate back into society.

On the 20 March 2023 I will sit down with a drink and quietly remember the family that I served with during the Iraq invasion.

SEAN PUTTIFOOT



TOP: Tomahawk Cruise missle launched from USS Milius. BOTTOM: HMAS KANIMBLA in the Arabian Gulf. OPPOSITE PAGE, CLOCKWISE FROM TOP LEFT

Attack on the Presidential Palace in Baghdad 22 March 2003. Engineers (Stokers) sitting on a captured Iraqi howwitzer. LUGM Mines under 44 gallon drum covers on the captured Iraqi tug. Task group 633.1 - HMA Ships ANZAC, DARWIN, and KANIMBLA in the Arabian Gulf.





YOUR CONSERVATION QUESTIONS ANSWERED

In every theatre of war there are items which become iconic or symbolic of time and place for that period. Medals are awarded for specific battles and postings and these can have specific fragilities due to the patination or dyes in the ribbons.

WW1 first aid kits and WW2 silk maps are iconic and also have issues specific to those times in contamination and dye bleed. During different conflicts even documents can have specific issues. The civilian resources are utilised for the war effort, making paper, ink and ink pads often of a lower quality than in times of peace. Modern engagements are no different. Ration packs, synthetic fibres, temporary dyes and modern plastics are all complex. These materials are increasingly designed to be biodegradable, leaving our service personnel and their families with less memorabilia as time goes on, proper timely care is essential to prevent them falling apart. This month's letters have been selected to reflect the items which have come from the Iraqi conflict in recognition of the 20 year anniversary.







VICTORIA PEARCE

Last Post readers can write in with concerns or queries about the artefacts they have in their family collection. Letters will be answered by a qualified conservator from Endangered Heritage Pty Ltd. Endangered Heritage is a conservation business in Canberra, endorsed by the National RSL for conserving our military history. Both Victoria and Andrew Pearce have years of experience at the Australian War Memorial and with other military collections.

Write in to LastPost@endangeredheritage.com to get a response in the following issue.

We were all given a shell from Bazra, mine has started corroding. Is it safe? Robbo

Because they were already used, they were checked and deemed safe in regards to any incendiary chemicals. The most likely area to be corroding is the primer, which was steel. If the corrosion is red, it is iron corrosion which is safe. It can be cleaned off with a little bit of steel wool for any loose material and a touch of lemon juice on the corroded area and then neutralise it with water before drying. There are how-to's on the internet that suggest adding salt to this process, this will just make the corresponding will just make the corrosion worse and they never tell you to will just make the corrosion worse and they never tell you to neutralise which will allow the acid in the lemon juice to catalyse futher corrosion. A crystalline wax over the stop will stop future corrosion. If it is a blue-green corrosion, that is the copper inside the brass alloy corroding out. This is more hazardous and we do not recommend you dealing with it yourself. Please bring it to us for treatment. bring it to us for treatment.

To Endangered Heritage, The wooden teabox I bought in Colombo has faded on the top. Is there anyway of getting the colour back?

Hi Sara, The fading is sun damage. To re-introduce some of the colour, and protect from further damage, we use a product called Liberon. They have a range of pigmented waxes that will help. It is something that will need to be re-applied semi-regularly, it out of direct sunlight. The reason we recommend Liberon, is that the products are very pure without some of the damaging that the products are very pure without some of the damaging the colour is pigment particles not dyes. Dye stains the wood, and does not provide any long term colour protection. While and does not provide any long term colour protection. While pigments are a bigger molecule that can be cleaned off if needed, and they capture the harmful light spectrums before it can reach the wood and cause more fading. Bretony

Sean and Bretony

I got my wife a metal lamp in Dubai. One of our kids knocked it over and bent the spout. How can I fix it?

When metal bends, it stretches. Further manipulation will continue the stretching if done cold. Warming it slightly before manipulating it back will help, however there is a risk of further demands. Matchingtons and do it between risk of further damage. Metalworkers can do it hot and reduce the stretching. We can do it in our lab, other a local manufacturing jeweler or copper pot makers will also be able to help. Sean

My Dad brought me back a small robotic car from his deployment in Iraq. It stopped working ages ago, but it still sits in my dining room. The plastic is faded and recently started to crack. What can I do? Proud Child of a Soldier

Hi Proud Child of a Soldier,

Unfortunately, plastics have a lot of inherent vice. There is little that can be done to stop or reverse the damage. What we can do is slow it down. Good airflow to remove the chemical off-gassing that will otherwise accumulate and speed up the damage is important. Additionally, keeping it in a cool, shaded spot will also help. Different plastics behave in different ways, and append different storage solutions. It is best to sook more apositional times. need different storage solutions. It is best to seek more specific advice from a plastic conservator.

Bretony and Andrew



LEFT: Sydney Kinsman enlisted for the army a year into World War II, aged just 19. Photo: Australian War Memorial.

INSET: Sydney Kinsman as a young soldier. Photo: Virtual War Memorial Australia

World War II veteran and Rat of Tobruk Sydney George Kinsman dies in Alice Springs, aged 100

Alice Springs' 'living treasure'

Mr Kinsman was well known in Alice Springs, where he was the town's last living World War II veteran.

On Anzac Day 2020, after COVID-19 restrictions cancelled ceremonies across the country, hundreds of residents held a car procession outside his home to pay tribute to his service; and later that year, he and his wife were overwhelmed with donations from the community after their annual Christmas lights display was vandalised.

Last year the local council erected a monument in his honour, to coincide with his 100th birthday.

Mr Kinsman moved from Adelaide to the Red Centre in the late 1940s, initially to work as a kangaroo shooter, but quickly moved into the construction industry — in which, along with a few friends, he built many of the town's residential and commercial buildings.

He was also a strong advocate for the Alice Springs RSL and was involved in a number of the town's sporting and social organisations.

Mr Clarke said Mr Kinsman would be sorely missed by the Alice Springs community, which had been shocked by his death.

"The respect that that man had [here] - it covers multiple generations and all sorts of industries and social groups, and the outpouring of emotion has just been amazing to watch.

"People just thought this day would not happen, that Syd would always be here.'

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ALICIA PERERA AND MITCHELL ABRAM

Apple News

Sydney George Kinsman was among the 35,000 Allied soldiers, including 14,000 Australians, who held the Libyan port of Tobruk against the German Africa Corps in 1941, in a vital battle for the Allied forces.

His death in Alice Springs on Wednesday came about a month before what would have been his 101st birthday, and has sent the tight-knit community - where he was a beloved figure - into mourning.

Born in Adelaide in 1921, Mr Kinsman enlisted in the army in 1940, just two weeks after his 19th birthday, and entered the 2/48th Infantry Battalion.

He served with the unit in North Africa, fighting in both the Siege of Tobruk in Libya and the First Battle of El Alamein in Egypt.

Alice Springs RSL sub-branch president Chris Clarke said the eight-month-long Siege of Tobruk had been a stand-out battle for Australia's soldiers.

"[The Tobruk soldiers] were the first people ever to stop the German Africa Corp in North Africa — until that time, the Germans had moved through all of North Africa totally undefeated, with nobody able to even slow them down," he

"Even [German Africa Corps commander] General Rommel paid praise to [their] fighting capability."

Captured by the Germans in 1942 during the First Battle of El Alamein, Mr Kinsman spent time in three different prisoner of war camps in Italy before he managed to escape with several other soldiers about a year later.

"Over several months he climbed the Alps and made his way over to Switzerland," Mr Clarke said.

"He was there for just on 12 months before the Allies caught up to where they were, close to the border, so they were able to cross back over and rejoin with the Allied forces, and go back to his old unit.'

Mr Kinsman was repatriated to Australia in 1944 and discharged from the army the following the year.

He remained an active member of RSL Australia for many years, and was recently made a life member of the organisation.

Mr Kinsman previously told the ABC about the harsh conditions troops had faced during the Siege of Tobruk.

"It was pretty dusty in the desert, digging your trenches when you had to dig them, and it was rocky ... so you couldn't go [too far] down," he said.

"You had your minefields, but you had your pass to go through them, [and] you had all your tripwires ... and barbed wire ... they were everywhere.

"There was no continuous trench system ... It was never ever a continuous trench system like there were in World War I.



WWII veteran celebrates 100th birthday

NSW Shadow Minister for Veterans and Member for Campbelltown, Greg Warren MP, congratulated WWII veteran and Leumeah resident, Russell Tipper, on reaching his 100th birthday on July 7.

Mr Tipper, served for two years in Darwin as a gunner during WWII.

War medals and a certificate marking the 50th anniversary of the ending of the war are displayed prominently on Mr Tipper's lounge room wall.

Mr Warren, who served in the Regular Australian Army, surprised Mr Tipper with another certificate and a box of chocolates to mark the milestone.

"Russell is an incredible man," Mr Warren said.

"He was integral in protecting our nation from enemy forces during WWII - and that is something we as a nation we will be eternally grateful for.

"It was an honour to present Mr Tipper with a small token of appreciation and to mark the occasion of his 100th birthday.

"Congratulations again on reaching an incredible milestone, Mr Tipper.

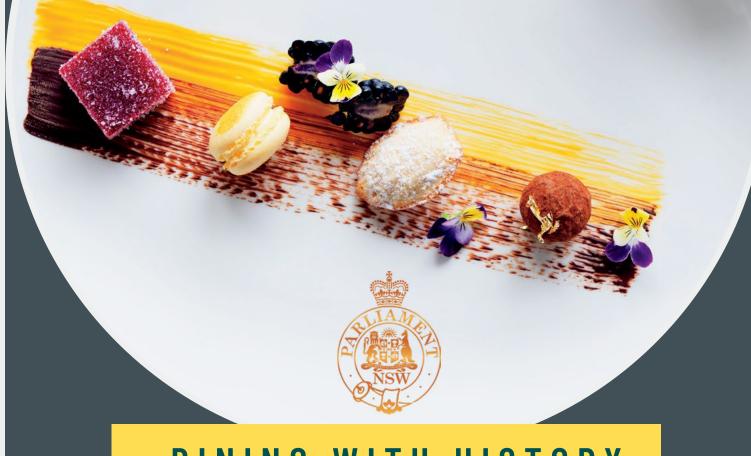
"And also thank you again Mr Tipper for your service to our nation during our time of need." This year also marks 80 years since the bombing of Darwin.

According the Australian War Memorial, the first bombing occurred on 19/02/1942 and involved more than 260 Japanese aircraft.

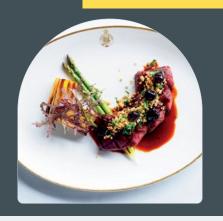
Two hundred and fifty two allied service personnel and civilians were killed as a result.

Further raids were carried out on multiple occasions, with the last one occurring on 12/11/1943. ■

Office of Greg Warren MP



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Anson W2472 undergoing restoration by History and Heritage – Air Force's Restoration Support Section.



Beardow (right) and his mates features in the George Beardow's War in the Pacific exhibition at the Amberley Aviation Heritage Centre.

War from the perspective of a carpenter



An Air Force carpenter who served in the Pacific Theatre during WWII is the subject of a unique photographic exhibition at the Amberley Aviation Heritage Centre.

The temporary exhibition, George Beardow's War in the Pacific, was compiled by Queensland psychologist and researcher Juanita Muller.

On display since May 3, it depicts the experiences of CPL George Beardow, who enlisted in the Air Force in 1942 at the age of 46 and served as carpenter general with 30SQN (Bristol Beaufighters).

Dr Muller said the photos provided a different perspective on the war.

"Most people think of infantry soldiers, pilots and battle when they envisage the war, but there were many other important roles,' Dr Muller said.

"What clearly comes through is the camaraderie of George and his mates, despite the background of war."

The heritage centre is a fitting location for the exhibition because CPL Beardow served the remainder of his military service at RAAF Base Amberley after he returned from the Pacific.

The centre's OIC, WGCDR Clive Wells, said the exhibition linked to one of the centre's larger displays in the WWII hangar.

"This display outlines the RAAF's involvement in the Pacific Theatre, in particular, Milne Bay and Goodenough Island," WGCDR Wells said.

George Beardow's War in the Pacific is expected to be on display at the centre for a year.

To register to attend the Amberley Aviation Heritage Centre, including the George Beardow's War in the Pacific exhibition, visit: raafamberleyheritage.gov.au.

For information about Juanita Muller, visit: juanitamuller.com.au.

FLTLT KARYN MARKWELL

Faithful Annie restored

The team of reservists and volunteers at History and Heritage Air Force's (HH–AF) Restoration Support Section (RSS) is currently restoring a historic Avro Anson prior to putting it on display.

RSS has been restoring Anson W2472 since February 2017, starting with stripping the aircraft back to its bare

Warrant Officer in Charge RSS WOFF Darren Whitford said while work was significantly hindered by COVID-19 restrictions, the project progressed.

"2020 was a year of major progress for us," WOFF Whitford said.

"The team fitted the wing spars, engine nacelles, engines and undercarriage, allowing W2472 to stand alone for the first time in many years.

RSS has since also fitted the nose section, along with a mock Vickers machine gun on the pilot's side, and is now working to complete the cockpit fit-out, radio operator station, navigator station and upper gun turret.

The RAAF first ordered Ansons in 1935 for maritime patrol duties as part of its modernisation program.

In 1940, the Empire Air Training Scheme began to use Ansons as training aircraft for observers and navigators.

To meet this commitment, the RAAF received 937 Anson Mk 1s between 1940 and 1944.

In all, the RAAF operated 1028 Ansons, more than any other aircraft type.

OIC Amberley Aviation Heritage Centre (AMB AHC) WGCDR Clive Wells said the Anson was affectionately known as "Faithful Annie".

"Each aircraft flew with its original British serial number," WGCDR Clive Wells said.

Anson W2472 arrived in Australia in August 1941 and began operations in September 1941 with No. 6 Service Flying Training School, Mallala, South Australia.

After World War II, the aircraft was put into storage until it was sold in 1954.

W2472 was photographed lying in a paddock near Kingaroy, Queensland, circa 1965/66.

In July 2010, it arrived at RAAF Base Amberley after the AMB AHC bought it from Aviation Air Parts in Roma, Queensland.

The restoration of Anson W2472 - which will be rebadged as AW655 from 71SQN - is expected to be completed next year.

"The aircraft will then join the impressive and evergrowing fleet on display at the AMB AHC,' WGCDR Wells said.

WGCDR CLIVE WELLS & WOFF DARREN WHITFORD

Strong foundations building a vibrant veteran community

In 2008 South Australia became the first state jurisdiction to recognise the importance of a state-based Veterans' Affairs portfolio which led to the establishment of Veterans SA. Today the government agency continues to serve the state's veteran population, progressing the government's vision for a strong, vibrant, well supported and represented veteran community.

As the lead advocate across the South Australian Government on veteran-related matters, Veterans SA works with ex-service organisations and groups that provide support to members of the veteran community when and where it is needed most.

Working closely with the Minister for Veterans' Affairs, The Hon. Geoff Brock, MP, the agency is driving the South Australian Government's vision of realising a strong and vibrant veteran community that is inclusive of all generations and understood and acknowledged by the broader South Australian community.

Ensuring veterans receive a voice at the highest levels of government, Veterans SA also supports the Veterans' Advisory Council (VAC), which provides independent advice to the Minister on matters of concern to the ex-service community in South Australia. The VAC plays an important role in shaping improved outcomes and support for South Australian veterans that is inclusive of the community's diverse needs.

The VAC is currently evolving, following a recent Expression of Interest process to seek new members for the Council. The new VAC will be announced in the last quarter of 2022.

A plan for better outcomes

The focus for the Veterans' Affairs portfolio, and Veterans SA, is underpinned by four strategic pillars:

- Promoting inclusion
- · Empowering community
- Honouring Service
- Data-informed policy best practice

These overarching pillars guide all activities, however the Minister and the agency understand that flexibility is required as the needs of the diverse veteran community evolve.

As part of this adaptive approach, an action plan is in development to address or implement initiatives and recommendations from community forums and surveys that continue to provide new insights and information about the community and their needs.

For example, following feedback from regional veteran communities, there is now a greater focus on hearing from these communities and ensuring that they have access to the support they need, as well as helping their local communities understand their value.

A voice for veterans

Minister Brock and Veterans SA are committed to working with other state government departments to ensure the needs of the veteran community are considered in new policy and program development. There are a number of projects and discussions already taking place with the Office of the Commissioner for Public Sector Employment and the Office for Women on key initiatives.

On a national level, the team continues to work collaboratively with all jurisdictions on a range of matters, including incarceration, employment and homelessness. This includes the ongoing involvement with the Royal Commission into Defence and Veteran Suicide and supporting the veteran community throughout this process.

Honouring service

Veterans SA works with the veteran community to ensure commemoration activities are supported and that occasions of military and historical significance are remembered and preserved for all South Australians.

Veterans SA continues to support commemorative activities across the state through grant funding. A new round of the Commemorative Services Grants fund will open soon, providing ex-service organisations with the opportunity to apply for funding to assist with the coordination, management and delivery costs of running commemorative events.

The team is also currently in the planning phase to commemorate the 50th Anniversary of the end of the Vietnam War in 2023. ■

To stay up to date with Veterans SA programs and initiatives, follow Veterans SA on social media, subscribe to their monthly e-Newsletter or visit **veteranssa.sa.gov.au**.











TOP: The Veterans SA Strategic Outlook has a strong focus on families.

LEFT: Veterans SA will continue to work with the veteran community to ensure commemoration activities are supported.

OPPOSITE PAGE: CLOCKWISE FROM LEFT:

2022 Meet the Minister event.

Veterans SA presented to Community Centres SA in 2021, an education piece around engaging with veterans in the community.

Participants of the 2021 Veterans' Mentoring Program were provided with networking and professional development opportunities.

foreword

Mark Butler MP Minister for Health and Aged Care



The Australian Government is strongly committed to improving the welfare and wellbeing of the veteran community.

We owe our current and former service men, women and their loved ones a great debt and we do not underestimate the cost to our veterans of risking their personal safety for the safety and security of our nation.

Our veterans are valued, critical members of the Australian community.

I can assure our veterans and their families that the Australian Government, through the Department of Health and Aged Care and the Department of Veterans' Affairs, is already working to ensure the highest quality health care is available to our veteran community and their families

We will continue to deliver real improvements, particularly in primary care, and ensure the care our veterans deserve is available when and where they need it. Whether it is general health, mental health, or indeed aged care for our older veterans, I want to see a system which is getting their care right not some of the time, not even most of the time, but all of the time.

The COVID-19 pandemic continues to test our mettle in all of these areas. I ask our veteran community, especially those who may have other health issues, to take the recommended precautions to protect themselves from this virus.

Please continue the practices we all know so well by now - staying up to date with COVID-19 vaccinations, physical distancing and wearing a mask in crowded indoor places, and testing and staying home if you have COVID-19.

I also urge you to check your eligibility for COVID-19 oral treatments and then discuss with your doctor. Australians over 70 years old who test positive to COVID-19 can access the oral antivirals Lagevrio® (molnupiravir) and Paxlovid® (nirmatrelvir and ritonavir) through the Pharmaceutical Benefits Scheme (PBS) with a prescription. In addition, people 50 years and over with two risk factors, First Nations people 30 years and over with two risk factors, and immunocompromised people 18 years and over can also access these treatments through the PBS. These antivirals can be taken at home and reduce the risk of severe disease or going to hospital.

COVID-19 has meant many people are participating less in our Australian way of life, which reduces their quality of life and the quality of life of the people around them.

We know that some veterans might be experiencing feelings of loneliness, uncertainty or struggling with any of the other changes and challenges the pandemic has brought to our lives.

The recent Interim Report of the Royal Commission into Defence and Veteran Suicide also highlighted the many instances where we need to do better to support the mental health of veterans. The Government will continue to support the Royal Commission as it completes its inquiry to further understand the complex issue of suicide, reduce that risk and ensure a better future for our defence and veteran communities.

If you recognise that you or someone around you is struggling, support is available. Reach out to a mental health service, such as Lifeline, or Head to Health, or your GP.

Australia's veteran community is a proud and resilient one. We owe you our thanks and our support. We are committed to ensuring that quality health care and support is there for you, when you need it.





As the world came to grips with the news of the pandemic unfolding in early 2020, online chatter among patients who were experiencing lingering symptoms after contracting COVID-19 began to spring up on social media.

The term 'long COVID' was first used by Dr Elisa Perego in Lombardy, Italy as a Twitter hashtag in May 2020 to describe her experience of COVID-19 infection as cyclical, progressive, and multiphasic. In other words, it was taking longer than anticipated for her to recover with symptoms that would come and go.

Further evidence of COVID-19 survivors experiencing similar long-term symptoms resulted in support groups popping up on other social media platforms such as Facebook

To date, the World Health Organisation (WHO) estimates one in 10 people who have had the virus continues to feel unwell after 12 weeks. While the WHO uses the term 'post-COVID-19' to describe lingering symptoms after initial infection from contracting the SARS-CoV-2 virus, their definition states this condition occurs usually three months from the onset of COVID-19 with symptoms that last for at least two months and cannot be explained by an alternative

"I think we're still learning a lot about long COVID. But we've come a long way from where we were in mid-2020, which is when long COVID first started to be talked about especially among patients themselves to start off with. The medical and research community caught up with what was going on, on social media, with patients realising they were taking a long time to recover, and experiencing a wide range of symptoms, some months after having an initial COVID-19 infection," explains Professor Gail Matthews who is head of the Therapeutic Vaccine and Research Program at the Kirby Institute, UNSW Sydney and an Infectious Diseases physician at St Vincent's Hospital, Sydney.

The first Australian long COVID study

"The ADAPT study is interesting because we commenced that research very soon after the beginning of the pandemic around April 2020 and we were able to get it going quickly through a major collaborative effort within St. Vincent's Hospital in Sydney. We started following people who had COVID-19 infections at the time, but we didn't know there was anything like long COVID," says Prof Matthews.

As the team began to follow their patients, the researchers soon became aware a proportion of people in the study - about 30 per cent of people who were managed in the community - were not recovering at four months post-

"And in fact, that group had still not recovered at eight months post-infection. So, that was the first important recognition of long COVID occurring in Australia. We were seeing similar reports coming out of the US and the UK, but ADAPT was the first Australian study to really document very clearly that this was an issue," explains Prof Matthews.

The most common symptoms patients displayed included persistent fatigue; respiratory symptoms such as a persistent cough; shortness of breath, particularly in patients who were in hospital with pneumonia or in ICU; brain fog and difficulty concentrating. Some patients experienced high heart rates that didn't settle.

"But really, there's a whole range of symptoms. In fact, up to 100 different symptoms have been described as part of the long COVID spectrum. Some of our patients who've been very unwell when they've been in hospital with COVID-19 have certainly taken a long time to recover. It could be because they've got scarring in their lungs, or just because they've been very sick in hospital. And that's not too surprising.

"But we also see many people with long COVID, who, in fact, were never hospitalised. They may have had some symptoms at home, but they were managed in the community. It was not severe enough to go to hospital, but they still have symptoms some months afterwards," explains Prof Matthews.

Immune cells still activated in long COVID patients

The ADAPT study looks at a range of different outcomes in patients including neurological function, cardiac function, respiratory function, and mental health. But one important finding the study revealed was that immune cells were still activated in long COVID patients who still displayed symptoms.

"The long COVID patients were showing abnormal immune signals at about eight months post-infection. And we wouldn't expect to see that in somebody who had recovered from a viral illness. So this was an important finding, because it showed unequivocally, that biologically, people who had long COVID were different from those who'd had COVID and fully recovered," explains Prof Matthews.

"This is only one piece of a big puzzle. We haven't found the answer to long COVID, but what we have found is a signal. And what that means is, when you have influenza, or any viral illness, your immune system switches on and it produces several signals, called cytokines - markers in the blood – which tell your immune system, there's a problem, there's a virus here. And that's often what's responsible for some of the symptoms we get when we're sick such as fever or feeling unwell."

After recovering from a viral illness, the immune system settles back down to a 'resting state'.

"And that's what we saw in the people who recovered from COVID. But in the people who had long COVID, the signals from the immune system suggested it was still trying to activate. It was still trying to get rid of something that shouldn't be there eight months after having had the initial infection," explains Prof Matthews.

"Certainly at first, there was a lot of scepticism about the existence of long COVID. And I think a lot of people felt that individuals were just either traumatised or just taking the time to recover. I think gradually, the public has come to realise that it is a real syndrome and our research helps back that up by showing this. I feel the public still doesn't really understand what it is and that's very understandable because I don't think we understand what it is fully, either.

"The good thing is that we're starting to collect more evidence that being vaccinated, for example, will certainly reduce your risk of getting long COVID. So that's an important public health message for the community."

Long COVID clinic

UNSW conjoint Associate Professor Anthony Byrne is a clinician at the new long COVID clinic at St. Vincent's Hospital. "We see about eight patients in the respiratory arm of the clinic and another eight patients in the rehab arm, he explains. He is thankful to management for having the foresight to set up and establish a new clinic to treat long COVID patients.

Each week, A/Prof Byrne attends a multidisciplinary meeting to discuss the complex cases. They are considered complex because the patients have several organs affected

by SARS-CoV-2. "We're fortunate here at St. Vincent's because we've got in our tertiary centre, lots of experts in many different specialties. We can refer cardiologists, psychiatrists, or immunologists, depending on what the main problem is."

Common symptoms he sees in his patients include fatigue, lethargy, tiredness, sleep disturbance, and in those who had severe initial disease, breathlessness. "We know people who have been hospitalised with COVID - usually due to what's called hypoxic respiratory failure, pneumonitis, bilateral pneumonia - are more likely to go on to have breathlessness," explains A/Prof Byrne.

"But that said, we also know that there are people that have not had severe disease who have persistent breathlessness many weeks and months after COVID. Sometimes we scan their lungs and find reasons why that might be. They may have some mild sort of pneumonitis (inflammation of lung tissue). But sometimes the lungs look structurally normal, so this may suggest there are probably nerves that are affected in these patients.'

A/Prof Byrne cautions that while there will still be people with long COVID for months, and potentially years to come, many researchers have put significant efforts into better understanding this condition.

"We'll have more of an understanding of the different symptoms and what specific cytokine abnormalities are and that will allow us to better target treatments. So that for those people that experience long COVID, we will have an armoury to treat them."

A challenge of a lifetime

Prof Matthews says the trajectory of long COVID and how it improves over time is still to be fully explored.

"The data suggests that even if you develop long COVID, most people will improve over time. We're about to do a two-year follow up of people who were infected in March 2020 and what we hope to see is that most people have recovered without significant long term impacts to their health.'

From a personal perspective, Prof Matthews says the last few years have been challenging. "In some ways, it's the challenge of a lifetime to work with colleagues nationally and internationally to try and understand long COVID. It's fascinating from an infectious disease perspective and such a fascinating period in history."

"It does take its toll, but it's also an amazing time to be an infectious disease researcher. Infectious diseases have been with us and affecting humanity since the start of time. There have always been huge challenges to our populations, and this will continue to be so undoubtedly into the future.'

Referring to the height of the HIV/AIDS epidemic, Prof Matthews reminds us we have come a long way. "I think the great thing about infectious diseases, from my perspective, is that we are making huge strides in our understanding of how to manage chronic infections successfully such as with HIV, and even cure others as with hepatitis C.

There is hope. ■

EMI BERRY

UNSW Sydney

Researcher shines in quest to improve cancer patients' lives

As a medical oncologist, Professor Clare Scott AM cares for patients whose cancers can be challenging to treat. As a gifted researcher she strives to find ways to improve treatments, to increase survival rates and health outcomes, and to give patients hope.

Professor Scott is Joint Head of the Clinical Translation Centre at WEHI (Walter and Eliza Hall Institute of Medical Research). Her research focuses on preventing drug resistance to cancer therapies and developing targeted therapies for ovarian and other rare gynaecological cancers cancers with survival rates that have stalled, as those for more common cancers improve.

"Understanding the mechanisms behind how rare cancers operate will eventually lead to more successful treatment options," she says.

Professor Scott, who has researched rare cancers for over 25 years, was recognised in the 2022 Queen's Birthday Honours List, appointed Member of the Order of Australia (AM) for significant service to gynaecological oncology. "The recognition reflects decades of teamwork from my colleagues, including working with talented consumers. I am very grateful for their ongoing collaboration.'

It was the latest achievement in a stellar career. Professor Scott has been honoured with, among other awards, the Jeanne Ferris Recognition Award (2018, Cancer Australia), 100 Women of Influence Award (2013, Fairfax Media and Westpac Group). the Medical Oncology Group of Australia Novartis Oncology Cancer Achievement Award 2021 and several fellowships.

She and her team are passionate about developing personalised therapies for ovarian cancer, which is very difficult to diagnose and treat. Sadly, 54% of women die within five years of diagnosis.

Her team has identified a new group of ovarian cancer patients that Professor Scott would like to see focused on in trials of PARP inhibitors - a targeted cancer therapy effective in cancers such as ovarian cancer, breast cancer, pancreatic cancer and prostate cancer.

As a cancer treatment, PARP inhibitors stop proteins from doing the necessary



repair work in cancer cells, which causes those cells to die. They are currently approved in Australia for treating women with BRCA1/2 mutated cancers, with unprecedented success.

"We've never been in a position to say the word 'cure' before, but I am confident we are curing some women with a BRCA1 or BRCA2 mutation in their ovarian cancer, who receive a PARP inhibitor as an initial treatment following chemotherapy."

Professor Scott, an oncologist at three main hospitals, is reminded daily about what inspires her to do cancer research. "My team works closely with women facing the challenges of gynaecological cancers, their families and friends, and expert consumers who can reflect the ideas of the community," she says. ■

"WE'VE NEVER BEEN IN A POSITION TO SAY THE WORD 'CURE' BEFORE, BUT I AM CONFIDENT WE ARE CURING SOME WOMEN WITH A BRCA1 OR BRCA2 MUTATION IN THEIR OVARIAN CANCER "

Over 100 years of discoveries for humanity

For more than 100 years, medical researchers at Melbourne's WEHI – Walter and Eliza Hall Institute of Medical Research – have been making life-changing discoveries so we can stay healthy as we get older.

Our success has been a shared journey supported by thousands of donors, many of whom have made gifts to WEHI in their Will.

These generous gifts help us tackle the world's most complex health problems, including the diseases we dread - diseases that take the lives of our loved ones, often so suddenly and always too soon. Help us to fight cancer, immune disorders and neurodegenerative diseases so we can all live healthier, longer lives.

Together we can ensure future generations of Australians continue to benefit from world-class medical research and treatments.

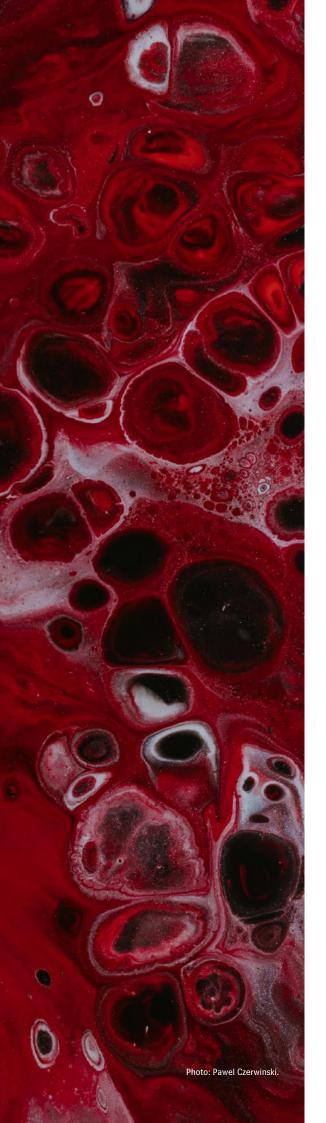


To make a confidential enquiry about leaving a gift in your Will, contact Anne Rady, Manager Future Giving

03 9345 2929 | rady.a@wehi.edu.au









Pancare's team of specialist nurses is growing, let's get to know them

Since 2011, the Pancare Foundation has inspired hope, raised awareness, supported patients and families, and funded research for upper gastrointestinal (GI) cancers.

PanSupport is our dedicated support, resource and information service. It's free and available to all families impacted by pancreatic, liver, stomach, biliary and oesophageal cancers. Our friendly team are dedicated specialists in upper GI cancer care and are available to support you and your family in a variety of ways on your cancer journey. From coping with a diagnosis, understanding your treatment options, managing symptoms to nurturing your emotional health, the PanSupport team provides practical advice to help you live well.

Our specialist cancer care nurses are experienced oncology nurses who can provide evidence-based information regarding diagnosis, treatment, symptom management and wellbeing. They aim to empower patients, their families and carers to work with their healthcare team to make informed choices about the treatment and management of their upper GI cancer. They can also connect you to a wide range of support programs for further emotional, financial and practical help.

You can speak to our nurses about anything to do with cancer including:

- Clarifying information from your treating doctor
- Demystifying medical terms
- Treatments and their side effects e.g. chemotherapy, radiotherapy, pain medication
- · Different procedures and their side effects e.g. surgery, stent insertions/changes
- Questions you can ask your medical care team.

Pancare's team of specialist cancer care nurses is growing, thanks to generous donations from our community fundraisers and major donors. Currently we have three registered nurses - Shannon, Tiff and Helen - each has vast and varied experience, let's learn a bit more about what bought them to Pancare and what they find most rewarding about supporting people with upper GI cancer.

Shannon is our longest serving specialist nurse, she has more than 20 years of surgical and medical nursing, nursing education and she has held multiple nursing leadership roles.

Shannon was introduced to Pancare through her colleague and friend Dr Nikfarjam, Pancare's founder. Shannon has personal experience of upper GI cancer, with several family members having been through treatment, her initial involvement with Pancare was through fundraising activities.

Shannon attended lots of fundraising events where she met people directly affected by these cancers, hearing their stories and experiences of limited support fueled her desire to become more involved. When an opportunity arose to start the cancer support nurse program at Pancare, she jumped at the opportunity.

Shannon recognises that you don't just need help with cancer treatment, at times you may need support for the way upper GI cancer impacts the rest of your life. "We assist by answering questions about their care, or perhaps they are interested in finding out more about clinical trials or integrative medicine. We discuss pain management and can also point them in the right direction when they need to navigate their advanced care plan."

"I find it satisfying that I can be a consistent contact for patients and their carers or loved ones right throughout their complex treatment and beyond. We can educate them and work with them to advocate for themselves or their loved one about what their preferences are when it comes to their cancer care. By encouraging them to use their voice to ensure their care is focused on them and not just the disease makes me feel like we've contributed to that person having what is known as "person-centered care".

Shannon adds "The earlier you connect with PanSupport, the greater the impact we can have. If you know someone who has been diagnosed with upper GI cancer whether it be pancreatic, oesophageal, stomach, biliary or liver cancer, please let

them know that one of our nurses can support them - help us spread the word! Our nurses are available for free - there's no cost or out of pocket expenses. You don't need a referral. Simply give Pancare a call."

Tiff has 20 years of acute nursing experience, including some surgical liaison nursing. She has spent the majority of her career as a theatre nurse and has a postgraduate diploma in perioperative nursing (peri-anaesthesia).

Tiff became aware of Pancare through Shannon. Through her work as an anaesthesia nurse, she regularly looked after patients undergoing upper GI cancer surgery. When someone close to Tiff was was diagnosed with an upper GI cancer, it became one of her 'causes of choice'. Tiff has raised money for Pancare via the Facebook birthday fundraising platform and last year she and her daughter participated in Unite for Hope together. So when the opportunity to join the PanSupport team came up, it felt like a good fit.

Often patients and their families get in touch with Pancare because they need a little reassurance and an understanding ear to listen to them. Tiff finds her role as a cancer support nurse satisfying because "When a patient or their loved one makes an appointment with us, that time of 45 minutes is just for them, unlike other appointments they may have, which tend to be shorter. There are so many benefits to being a consistent point of contact for our patients. Being able to educate and encourage self-advocacy is also rewarding."

Helen comes to Pancare with 40+ years of nursing experience. Most of Helen's career has been as a peri-operative nurse, with 11 years as a surgical liaison nurse. She also became aware of Pancare's mission and work through Shannon!

Helen is proud to be part of a caring team of professionals who can support patients, their carers and family members through their cancer journey. Patients often come to Pancare for advice about seeking second opinions, dietary guidance and information about available counselling for themselves or their carers. In Helen's experience, people can be intimidated by doctors and sometimes they just need a friendly face to help them understand some aspect of their diagnosis or treatment.

"Doctors/surgeons often speak in 'medical terminology' that some patients cannot understand. Patients and their carers can feel embarrassed about asking their treating clinician to explain treatment plans. Patients often want to know if there are other options available for them and they don't feel comfortable asking their treating clinicians. Often, patients or their carers will think of questions after a consultation and because they may not have another appointment for weeks (or months) they can call Pancare to ask us."

"I enjoy being able to answer questions raised by patients and carers, and give them the support or advice that they need. It's rewarding to be able to reassure them that they're not alone and that the PanSupport team is here to help them in their cancer journey."



Pancare Foundation



Pancare specialist nurses, from left: Tiff, Shannon and Helen. Photo: Pancare Foundation.

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The looming issue in aged care - a Covid exhausted workforce

Over the last three decades, Colin Osborne has worked in the health industry within community and area health, hospitals, and more recently aged care. Never in those 35 years has he seen the kind of crisis level exhaustion than what he sees on a daily basis from frontline aged care workers.

Colin Osborne is the CEO of Peninsula Villages on the NSW Central Coast which accommodates 300 residents across its three residential care facilities. With more than 350 staff, Colin says it's time to shine a light on how dire the current situation is in aged care, as the rest of the community move on under the guise of 'living with

"As an independent, not-for-profit aged care provider, we, like many others in the industry, are constantly battling with one issue after another. Sectorwide lockdowns from COVID, staff shortages, reduced funding, higher overheads and increasing wages are impacting on the fundamental financial viability of aged care in Australia. By way of indication, the latest industry benchmarking surveys indicate that almost two thirds of aged care operators in Australia are operating at a loss. This is clearly an indication of the deteriorating viability of aged care services. There is just no end in sight to the issues we are facing," explained Mr Osborne.

"But aside from the organisational issues, it's the personal challenges our staff are faced with every day that need to be voiced. People working in aged care are feeling fatigued, they are exhausted, and they are frustrated.

"While life for most outside of aged care facilities has reverted to a new 'normal', restrictions in our industry still prevent our staff from resuming life to its full extent. Our frontline workers need to remain vigilant as they are integral to supporting vulnerable persons within our care, this often means missed events, social occasions and large-scale interactions.

"Staff shortages industry-wide mean that our care employees are having to go above and beyond to meet expectations of our residents and their families. Staff are not only working longer, but they are also multi-skilling across roles, working harder than ever before and under stricter and everchanging circumstances as we face outbreaks in the community,' continued Mr Osborne.

Chronic staff shortages were an issue in the industry long before the COVID-19 pandemic. Last year, the Royal Commission into Aged Care Quality and Safety recommended an increase in the award wage for aged care workers to help attract and retain staff. But the Federal Government has not implemented any pay rise.

"Instead of showing any action in regard to funding, the government continues to bag our industry for not living up to community expectations.

The problem is, how can our workforce live up to what aged care should be, if we are underfunded, poorly publicised and most of all consistently fatigued?' continued Mr Osborne.

"In my opinion, the aged care sector in Australia has worked hard and done a good job to protect our older Australians, despite all the extra hard work and the administrative burden that has been added due to the COVID-19 pandemic - this has been added to what was an already overburdened and underfunded sector.

"But what also needs highlighting is the lack of recognition for our industry. Frontline workers in hospitals and emergency services are often heard and praised by the public when it comes to their commitment and while there's no denying their vital role in the system, I want to give a voice to our aged care staff.

"The NDIS has made pathways for a brighter future for the disability community, perhaps it's time to shine a light on the value and significance of aged care in Australia?

"There are about 4.2 million Australians who are aged over 65. That's almost 20% of our population who may very much need our care in the near future," he concluded. ■



Private insurance to fund aged care services could deliver the higher quality care Australians are demanding, but there are potential drawbacks.



Michael Sherris is a CEPAR Chief Investigator, Director of Industry Engagement, and a part-time Professor of Actuarial Studies at UNSW Business School. His research sits at the intersection of actuarial science and financial economics and has attracted several international and Australian best paper awards.

Recent reports reveal there are now 100 weekly COVID-related deaths in aged care across Australia and a shocking rate of sexual assaults in residential aged care facilities.

Figures like these suggest the aged care sector is overwhelmed by demand for services, as it continues to cope with understaffing and a lack of resources exacerbated by the COVID pandemic.

Pay levels across the sector have also been criticised. While a rise in the national minimum wage and the modern award minimum wage (of 5.2 per cent and 4.6 per cent respectively) will improve the base rate for some aged care and health care workers, there are still significant challenges ahead.

The Australian government is tasked with delivering a sustainable aged care funding model. Australian governmentfunded aged care services include in-home care, residential care in nursing homes, and short-term care (such as respite care). But within all of these models, there is a myriad of systemic issues, uncovered in the Final Report of the Royal Commission into Aged Care Quality and Safety (2021).

"The current government commits to improving aged care quality and financing, along with other governmentprovided services including health and child care," says Michael Sherris, Professor in the School of Risk and Actuarial Studies at UNSW Business School and Chief Investigator and Director of Industry Engagement at the Centre of Excellence in Population Ageing Research (CEPAR).

"At the same time, it must address the massive deficit from the COVID pandemic, as well as the impact of increasing inflation and interest rates. There is no question that the current approach to aged care financing is resulting in rationing and neglect in the aged care sector," he says.

Prof. Sherris is a leading expert in this field, having been appointed Head of Actuarial Studies at UNSW Sydney in 1998 to establish the program. While he officially retired in 2016, he continues to research, as well as supervise and mentor other researchers.

While the Aged Care Royal Commission made recommendations to improve the financing of aged care including an aged care levy, Prof. Sherris says the increased resources will require a significant change to aged care financing in Australia. Areas like intergenerational equity will need careful consideration, along with the structure of care payments and incentives to limit moral hazard.

Put simply, additional funding for care services is required, and one way to achieve this is through the private insurance market, says Prof. Sherris.

Additional funding measures could include government financing from consolidated revenue, contributions from individuals during their working lives, and means-tested co-payments from individuals for care costs. But to do this adequately, a balance between financing sources and integration with retirement income financing is needed.

"The development of private market insurance to finance individual co-payments and contribute to aged care costs such as living and accommodation during residential care will, therefore, be worth exploring," says Prof. Sherris.

But how might Australia achieve such funding? Is private market insurance just a way for the government to offload its responsibility to ensure quality aged care options for seniors?

Private insurance, which differs from Australia's current private health insurance market, can certainly help, but there are several important considerations. Prof. Sherris explains:

How does private insurance for aged care differ from private health insurance?

Prof. Sherris: Private insurance for aged care is usually referred to as long-term care insurance. In return for a premium, it provides specified payments when an individual becomes functionally disabled and needs care. It differs from private health insurance, where, in Australia, some private health policies cover care needs after a hospital stay or in some cases palliative care.

Long-term care insurance makes payment usually when an individual has difficulties in carrying out a specified number of activities of daily living (ADLs) that relate to self-care (like eating, dressing, getting in to or out of a bed or chair, taking a bath or shower, and using the toilet) or suffers cognitive decline (impacting memory, language, thinking or judgement) and requires care to function, referred to as BEING functionally disabled.

Private long-term care insurance most often uses difficulties in ADLs, usually, two or more, to determine when payments are made. These difficulties are usually certified by a physician. There is usually a maximum benefit period and a waiting period before benefits are paid. Policies can pay cash benefits, regardless of costs expended, or pay amounts based on the cost of care required, referred to as indemnity or reimbursement policies.

Long-term care insurance is also often provided as riders to other insurance products such as life insurance, retirement life annuities or variable annuities.

How could private longterm care insurance benefit aged care in practice?

Prof. Sherris: In practice, individuals would first need to consider their aged care needs and the finance they have in retirement including superannuation and home ownership as well as the Australian government aged care funding. They would need to consider the means-testing for government aged care funding and the annual and lifetime caps on individual contributions to care costs. If they then decided they wanted to provide additional funds to pay for care, say if they were to become functionally disabled, then they would purchase long-term care insurance for either a single up-front premium or a regular monthly premium for a specified amount of regular care payment when functionally disabled.

But long-term care insurance is not for everyone. They would need to decide to purchase long-term care insurance early on in retirement, or preferably before retirement while in good health, since insurance premiums increase with age and insurers usually do not offer long-term care insurance to individuals not in good health.

It could, however, be designed to fund care requirements during waiting periods for a government aged care package, pay for additional care, meet co-payments, or fund the higher level of co-payments or daily accommodation costs required for residential care.

Is long-term care insurance available in Australia?

Prof. Sherris: Currently, there are several countries where private long-term care insurance is available including the UK, USA, and France. But there is no private insurer offering long-term care insurance in Australia. The Australian government provides aged care home packages and provides funds to residential care providers to finance aged care needs based on an Aged Care Assessment.

In Australia, the Retirement Income Covenant for Superannuation funds is placing an increased focus on risks and income needs of members in retirement. A major risk is needing aged care, and with the rationing and funding issues of the government aged care financing leading to a system of neglect and long waiting periods for home packages, there is likely to be an increased focus on aged care financing needs and how they link with superannuation and retirement income needs and risks in the future.

Given the issues with governmentprovided aged care highlighted by the recent Aged Care Royal Commission, additional funding through private long-term care insurance can provide cash when needed and is not available from the government aged care financing. As with all insurance, there can be significant benefits to paying premiums. For example, individuals can have more certainty about their future retirement risks and finances.

What are the cons of private market insurance for aged care?

Prof. Sherris: Long-term care insurance is most likely to be of interest to couples with significant financial resources who want to protect an inheritance. This is mostly because long-term aged care insurance is often regarded as expensive since premiums need to cover not only the

insurance costs but also the loadings for the insurer to cover solvency capital costs, underwriting expenses, and claims administration. Loadings for long-term care insurance can be as high as 30 to 40 per cent. This reflects the risk from systematic trends and uncertainty in mortality and morbidity impacting the financial solvency of the insurer. But product innovations such as combined life annuities with long-term care insurance and pooled mutual long-term care insurance can reduce these costs.

It's also important to include inflation in benefit payments, which adds to the long-term care insurance cost. Insurers are also not always willing to provide long-term care insurance because of the risk of having to pay a higher number of claims than anticipated to high risk clients.

What about the aged care levy?

Prof. Sherris: An aged care levy was recommended by the Aged Care Royal Commission as a way of increasing funds available for aged care. It would be like the Medicare Levy which we pay to partly fund government health and NDIS costs. It is paid based on taxable income during working life.

If such a levy was adopted for aged care, then this is where intergenerational issues become important and also where the role of an insurance structure for financing aged care would be important to ensure the aged care levy was applied to improving aged care.

Is private insurance just a way for the government to offload its responsibility?

Prof. Sherris: The government funds specified amounts for home care packages and specified residential care funding. The aged care royal commission has highlighted how this funding is inadequate to provide a sufficient level of quality of care, and substantial additional funding would be required. Otherwise, the current system of poor-quality residential care and long waiting time for home care packages will continue. So, government funding will always be the most significant form of financing for aged care, especially for individuals with limited resources in older age.

In other countries such as Japan, where they have an insurancebased aged care financing system, individuals contribute but government financing is important. Individuals with sufficient resources are generally willing to contribute towards their aged care especially if it improves the quality. With the government budget under pressure, additional resources from individuals will contribute to improving the system, especially as the Australian superannuation system matures and retirees will have more financial resources to support the risks of needing aged care in retirement.

Can't the government just allocate more money to aged care in the budget?

Prof. Sherris: The government could allocate more funding to aged care in the budget. It rations the funding provided for aged care based on a ratio of people over age 75 in the Australian population. The basis they use to allocate funds is inadequate since the measure they used does not reflect the ageing population and the time when aged care will be needed. They are also under budget constraints.

The previous government aimed to keep the budget out of deficit and cut back or constrained costs to do this. Then came COVID and they had no option other than to use government budget funds to finance the impact of COVID producing trillion dollars of debt, large amounts of money in the system and resulting in high inflation and high and volatile share markets and home prices.

The previous government did allocate more funds to aged care following the Royal Commission report, but this was not enough to remove the waiting lists for aged care that existed, never mind future aged care needs. So the Labor government could allocate more funding but needs to balance this against other funding for health and defence as well as considering the massive COVID debt that we will have to somehow finance.

No matter how you consider the financing of aged care there will be a need for more contributions from individuals if we want to meet the future expected demand and have a reasonable quality of care. ■

VICTORIA TICHA

UNSW Sydney



Greg T Ross: Hope everything's going well there at OPAN. Craig, just briefly, could you give us a background on what led you to OPAN, what you've been doing and why you are there and what your goals are at the moment?

Craig Gear: Yeah, sure. So I started off my career in nursing. I worked as a nurse in the Emergency Department of Royal Prince Alfred Hospital. And from there went into health management and worked in the prison system in New South Wales delivering the healthcare there across what was about 35 prison locations. And I suppose that gave me an appetite for trying to get systems change and how to work between agencies. So very much it was working with the corrective services to try and influence change, but also working with a really vulnerable and marginalized group who really needed an over-investment in their healthcare to be able to get the same outcomes as other people. From that, I went into consulting at one of the big four consulting firms, but really advising government around health practice and how to change systems. It led me to start up my own consulting business and to go on a few boards of not for profits, because I wanted to try and impact change in society. And I ended up on the board of what is now the New South Wales member of the older person's advocacy network, Seniors Right Service. So, it sort of was a circuitous journey to being on a board and then finding the passion for a different group of vulnerable people sometimes, not always, but a group of people who I think absolutely deserve, as Australians and particularly veterans, deserve our respect and deserve equity of access in services as well.

GTR: Yes. Yes. Well said, Craig. We'll get onto the veterans in just a moment, but I guess what is the basis? How important is it for older people to be heard and informed in a particularly new society for a lot of older people?

CG: So older people have been looking after their lives and running their lives for very long time. And suddenly, when we get to older age, there seems to be almost inherent ages in Australia that says, "Well, you can't do these things anymore for yourself", or sidelining older people and making them invisible. We have this thing we talk about, the charter of aged care rights, which we at OPAN see ourselves as very much the custodians of, and this charter of age care rights, which is kind of like a sword and a shield. But older people will sort of say, "Oh, I don't want to make a fuss. I don't want to stand up for my rights". That sort of thing. And we're saying, no, no, you do need to be heard. You do need to actually raise issues. And that's what our organisation does is help older people to raise their voices to be heard, to be informed about their care and support services, and actually exercise choice and control. Because one of the things in the charter of age care rights, and we talk about it with people, it's right number seven, it says, "I have the right to my independence". And older people tell us that they want to maintain their independence. They want to live at home as long as possible. They want the same choices in life and still to be part of the community, the village that they've been part of, and not to be sidelined. And we find too often that happens in Australia society that older people seem to have to check their rights at the door when they

start receiving aged care services or when they go into residential aged care. And we want a society that does the opposite to that. Sort of respects older people, sees them, hears them, listens to them, and help older people to understand their rights and to exercise those rights as well.

GTR: Yeah, well said again, Craig. And I guess I don't... In some of the Western countries, Australia included, there does tend to be this attitude towards older people, I guess in some European countries and Japan, et cetera, the older people are perhaps more appreciated in some ways. but it's something obviously OPAN is something that's very, very much needed in today's world. What, just briefly, the history of OPAN, and I guess why its services are needed more than ever before?

CG: Just on that point, Greg, I mean, you're right. It's other cultures, but it is even in our own first nations cultures and the respect and the dignity that Aboriginal elders bring, their contribution that continues on has been phenomenal. And we're only just coming to realise that now unfortunately, to the loss of probably mainstream society, but it's older people who are respected in other cultures overseas, but also in our first nations. So why is OPAN needed? Unfortunately not everything goes right when you are receiving a service such as aged care support or residential aged care. And so our services have been funded by the Commonwealth government, probably for about the last 30 years, but in little pockets to be providing individual information, education, and individual support to older people, to be able to exercise their rights as I talked about earlier,

but also raise issues and get them resolved with an aged care provider. Things will go wrong, but there are ways that our advocates can step in there and provide that support for someone to, we kind of describe it as walk beside someone so they can have their voice, walk behind someone to give them the skills so they can speak for themselves, or walk in front of someone when someone's just finding it's really too hard. And they're worried about ramifications, which there shouldn't be under the charter. But there might be concerns about what's this going to do. Our advocates are there to protect people to have those issues resolved.

We'll see about 22,000 people each year and providing those individual advocacy support services. But it's really important that people know that our services are there free, independent, confidential. And in 2017, we all came together under the banner of OPAN to effectively have a stronger voice to government and bring older people's voices further. So it's not just those with individual issues, but we can say, this is what you need to do to fix the aged care system.

GTR: Yeah. Yeah. Very relevant and articulately put there too, Craig. I think the last post obviously deals with the wider community as well as veterans. But if we look at the veteran services to veterans, how does that go about? How does that work? And what success are you having in that field?

CG: Yeah. So there's a groups of people, diverse populations, vulnerable groups that sit under the age care act, they're called special needs groups. It's interesting. I'm not quite sure why special on the special needs, but it does mean that sometimes we need to think about service provision in a different way for these groups of people. So that's people from first nations, culturally and linguistically diverse backgrounds, LGBTI, people are socially disadvantaged or risk of homelessness, and veterans is part of that as well. So we see this as a core group that we need to engage with so that older veterans know that they've got the access to our individual support services, our information and education, the same as everyone else does. The good thing for veterans is that there are some other services out there under the Department of Veterans Affairs, DVA, that mean that sometimes they get more timely access than someone that hasn't got their gold card or white card sort of thing. So one of the things we've been doing is saying charter of age care rights applies to you as well. And we can help you navigate some of these additional resources and services that may be out there. We did some work with DVA talking about the range of services. It's on the OPAN website at OPAN.org.au that talks about those

older veteran specific services that are there and available, which mean you might not have to wait for home care on the waiting list as other people do. So veterans reach out, get the services that you are entitled to as well.

GTR: Yeah. Thank you so much for that too, Craig. And I guess that is a good thing to know for veterans. And I guess you've already answered the next question of mine, which was how did people access this? Go to the OPAN website and check it out. Particularly veterans that follow the magazine and will listen to this, do yourself a favor in regard to the right to safe and high quality care. And I guess that's the backbone of what OPAN does.

CG: And sometimes you can understand where there's particular groups who might have had traumatic experiences in the past or challenges dealing with and engaging with government services. So our advocates are there free, confidential, independent of aged care providers. They are there to provide you information and support so you can navigate that system, which can understand sometimes can be quite confusing, but also can be quite frustrating to engage with. So our navigators and advocates are there to help older veterans as well. And we just see that it's such an important group of people, of older Australians who do need targeted, focused information and support for what they've given to the Australian community over many, many decades and have the right to access those entitlements as best as they can.

GTR: That's right. And you bring up that point again of the service to community that comes with the years for a lot of the elderly Australians or older people, shall we say, that have serviced the community. And it is an honorable way of assisting those that have assisted the community during their years. And I suppose, Craig, on that note, the importance of staying connected for older people. And I guess friends may die, children move away obviously, and there can be a strain on the ability to stay connected. How do you help in that area?

CG: And Greg, we saw so much of that during COVID and still unfortunately going on as people went to bunker, went to ground, quite rightly so to stay away from the virus. But it is time to reconnect back into community, to go to those groups, to go to the RSL, to connect with the services organisations, to be back in volunteering. So we point people to the community visitors scheme, which is a great opportunity to build relationships. We partnered with the ABC around their old people's home for four year olds program. We've got these many, many young trainers basically who are going, come on, you can do

this, getting people out there and encouraging them particularly coming into winter. But look, it's so important. That's the thing that's going to keep us independent, but then accessing the services that are available, which will keep people active and help. I suppose it's kind of that rehabilitation light type approach, which it says that if we keep moving, we keep active, we'll actually stay in our homes longer, we'll stay independent longer and their services are available to help people do that. Plus there's these networks out there, which is just, it's so important that we look after the people in our village and in our street and make sure that we're checking in on them and veterans have been doing that for years, particularly through the RSLs and ex services organisations.

GTR: Yeah, that's true too, Craig. And with what are the dangers of social isolation, mental health, et cetera?

CG: Oh, massive. It's actually been being scientifically investigated that it's actually as bad as smoking and it increases the risk of diabetes. It increases the risk of heart disease. It also increases the social and psychological impacts. And some of the people who were in the last year's series of old people home for four year olds were just saying, they didn't realise how much, and particularly that was filmed during COVID, how much that was just sitting at home isolated and just, it might have been a phone call, but there was nothing like having that coffee with someone down the street and connecting in and having a face to face conversation. And so we are really encouraging people to get back active again, to talk to some of the counseling services that are available if people are having a bit of a rough time as well, or don't know quite how to get back into being active and engaged, but there's stuff on our website as well, around all the different opportunities there are around staying connected in your community.

GTR: Yeah. Well, Craig, look, thank you so much for giving us listeners and readers a chance to look into the background of not only yourself, but the history of OPAN, and also what's available to older people out there through OPAN and its network to assist in a longer happier life and an independent life too. So we thank you very much for that, Craig, and look forward.

CG: Absolutely. And I'll give you one plug of our telephone number if anyone wants to contact us. It's a really easy number to remember, 1800 700 600. So 876, 1800 700 600.

GTR: 1800 700 600. That's OPAN. And they'll be looking after you and giving you ways of improving your quality of life. So thanks once again, Craig.

CG: You're welcome, anytime. ■

Making the numbers add up on aged care costs

Most older people want to live independently in their own home, according to research conducted by the Older Persons Advocacy Network.

Their goal is to remain socially and physically active within their community for as long as possible.

To achieve this, they might need some kind of support.

That's where targeted services, such as cleaning, gardening and personal care, kick in.

The obvious focus, when it comes to choosing a government-funded home care provider, is the options on offer and the people who deliver them.

The financial side of the arrangement is commonly overlooked.

Each year, advocates across OPAN's nine member network deal with thousands of calls from older people and their families relating to hidden or unexpected costs.

A similar number want help to understand the complex financing arrangements that underpin their services.

Eleven specialist advocates are to be employed across OPAN's national network to help older people get the best value out of their home care packages.

Kate Thomson is employed by Advocare, in West Australia.

Everything she knows about government home care packages, she learnt during her six years as a financial officer with a local service provider.

"I know what works and what doesn't," the financial advocate says.

"Hopefully, I can share that information by making it more accessible to older people.

"A lot of the conversation should happen before they even meet a service provider.

"If we can give them more information up front, they might be able choose a package that suits them better."

Upskilling fellow advocates and aged care support staff is also part of Kate's job description.

"There can be a real barrier when it comes to talking to someone about their income.

"And aged care support workers tend to see themselves as carers not money people.

"Sometimes it's just a matter of confidence. Our goal is to make people feel comfortable enough to have the conversation. They don't have to be experts.'

Older people can have trouble accepting money from the government, too.

"They don't spend the money because they feel like they don't need it," Kate says.

"I tell them: You have been given the funding for a reason. If you had someone help with the laundry, you might be able to go to the park with your grandchild because you wouldn't be so tired."

OPAN's financial advocates can also help with information about costs and options should older people decide to move into residential care.

"The assessment process is quite a difficult space," says financial advocate Heidri Brook, who works for ADA Australia in Queensland.

"When it comes to residential care, people are often signing contracts in a moment of stress - they think 'if I don't sign it, I will have nowhere to live and I can't manage at home'.

"Later on, they realise it might not have been the best financial arrangement.'

"Or they might have just been assessed wrongly on their income and assets and they are paying a lot more than they need to or are able to afford.

Whether older people are living independently at home or in residential aged care, the goal of OPAN's financial advocates is to help them make the best use of their aged care funding. ■

Tips for getting the most out of your home care package:

- 1. Check out the fee estimator/means assessment tool on the My Aged Care website. By entering your assets and income, you can avoid being surprised by unexpected fees.
- 2. Get guotes from more than one provider. You want to know how much you are paying to receive how many hours of service. That will weed out providers who charge excess fees.
- 3. Watch out for hidden costs. Some providers charge a percentage to process every invoice. Some charge a sign-up fee. Others charge a fee if you use your own support worker.
- 4. Talk to an OPAN advocate or financial advocate for help to understand costs, options and alternative solutions. They might also refer you to Services Australia's free Financial Information Service (FIS).

www.servicesaustralia.gov.au/ financial-information-service.

5. Ask to see a copy of the providers' monthly summary. Is it easy to understand? Do they have a guide for you to follow or someone who can help.

For information or support regarding aged care, please call the Older Persons Advocacy Network on **1800 700 600** or visit **opan.org.au**

There is no 'use-by' date on consent

"Only yes means yes," Theresa Flavin, dementia advocate

More than 40 sexual assaults are recorded in residential aged care each week, according to a recent Aged Care Quality and Safety Commission (ACQSC) report:

www.agedcarequality.gov.au/sites/default/files/media/acqs-sector-performance-data-jan-mar-2022.pdf

We know those figures are under-reported.

Sexual assault doesn't stop after a woman hits menopause. The world just stops believing them.

Health professionals routinely dismiss older women's testimony as unreliable. They make the false assumption that they're reliving a childhood trauma or experiencing a UTI.

And the trauma of women who live with dementia or cognitive impairment is minimised because staff assume they won't remember.

In a 2021 investigation by KPMG, 58 per cent of staff reported no impact on the victim.

To counter such harmful attitudes, OPAN's #ReadyToListen project has developed a Charter of Sexual Rights in Residential Aged Care.

"To prevent sexual assault, older people and staff need a clear set of guidelines to help them identify when sexual activity becomes sexual assault," said Dr Catherine Barrett, coordinator of the Ready to Listen project.

"We developed the charter – which outlines the rights and responsibilities of residents and staff – because aged care service providers told us they were having a lot of difficulty understanding where that line is."

Dementia advocate Theresa Flavin says that while community expectations around consent have changed dramatically in recent years, that change hasn't filtered through to our approaches to older people.

"So the biggest excitement for me about this charter is that suddenly we've got some leadership, we've got something on paper that will help not only older people, but people living with dementia and everyone that's around us and supporting us to understand that no does not mean yes, silence doesn't mean yes, and just sitting there quietly and not being able to say anything, doesn't mean yes.

"Only yes means yes."

#OPAN is keen to get your feedback. Tell us what you think about the Charter of Sexual Rights in Residential Aged Care here: **opan.pub/rtl-survey**. For more about OPAN's #ReadytoListen project go to **opan.org.au/support/support-for-professionals/ready-to-listen**.



Aged care support service

Chat with us - free and confidential

Do you need advice about your government-funded aged care services, either in your own home or in residential care?

Our experienced aged care advocates can help you with the following and other aged care issues:

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ı Aded	care	provider	services	or ree	S.

Assistance with visits or services.

Guardianship advice.

Accessing or getting the most from your services.

Concern that you may not be treated respectfully, fairly, or appropriately.

If you ticked any box above or you simply want advice regarding your government-funded aged care services:

Chat With Us - 1800 700 600

Graeme does the maths on home care support

A daily cooked breakfast, a clean house and customised medical attention is what Graeme needs to live independently in his own home.

When Graeme signed up with a local provider to deliver his Level 4 Home Care Package, he was pretty satisfied with the amount of support he had been promised.

"It sounded great."

After just two months, however, his domestic situation had begun to fall apart.

"The service dropped back to three days a week. The meals dropped off. So did the cleaning.

"Not only that, but since my budget wasn't covering the services, they wanted me to start paying for things with my own funds."

That's when Graeme contacted ADA Australia's specialist financial advocate Heidri Brook.

After making a few phone calls, she discovered Graeme's package was \$4000 in debt.

Digging deeper, she identified issues with how the package was being managed compounded by additional costs for some post-operative care treatment Graeme needed.

Graeme developed lymphedema after the removal of a melanoma in 2005.

"They told me I wouldn't see 2005, so somebody stuffed up there," says the retired builder who is based in Queensland.

Repeated calls to Graeme's service provider failed to resolve the matter, so eventually Heidri helped him to lodge a formal complaint with the Aged Care Quality and Safety Commission.

"Heidri is a little dynamo," says Graeme. "All of a sudden I started getting phone calls and the money was reimbursed."

Having been unhappy with his experience, Graeme decided to change service providers.

Heidri was able to help him to get value for money.

"He's pretty switched on in terms of what he would like from the services – how many staff are local, for example.

"I helped him with the budget.

"Before he had the meetings with [each service provider], he knew exactly how much [his support care] would cost.

"Individual fees can be quite confusing. One provider might charge \$40 for a cleaner where another charges \$55. But the second provider might charge less for travel or package management. It's better to look the total picture."

So far, Graeme is happy with his new care arrangements.

"The new package will cover 70 per cent of the cost of the meals. They say they can do the lawns for me. And supply cleaners.

"In the short time I have been associated with this new mob, they really have been active." ■

Heidri Brook is a financial advocate based at ADA Australia, the Queensland advocacy service of the Older Persons Advocacy Network (OPAN). To contact ADA Australia, or an advocacy service in your state or territory, call **1800 700 600**.



Your say, your rights in aged care

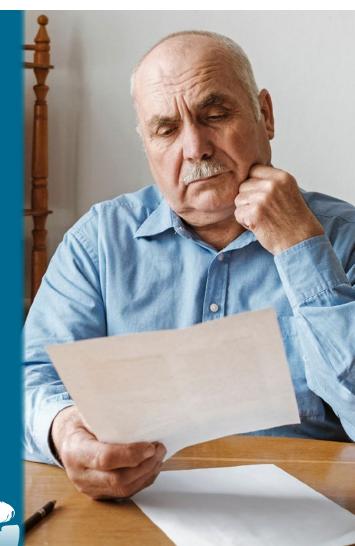
Help with aged care issues

Understanding aged care costs and fees

Having a say in your care

Free, Confidential, Independent

1800 700 600 www.adaaustralia.com.au





First of many steps to better aged care

We are even more hopeful about seeing real change in aged care with the government tabling two key pieces of legislation on the first sitting day of the new Parliament.

The Royal Commission Response Bill, which as since passed, and the Implementing Care Reform Bill. These are encouraging first steps of many which will be needed to rebuild an aged care system which delivers the quality of care older people deserve.

The Royal Commission Response Bill lays the groundwork for a new funding model, introduces a star rating system for aged care facilities and more accountability and a new code of conduct for providers.

The Implementing Care Reform Bill introduces perhaps more tangible measures related to direct care such as registered nurses onsite 24/7, and a minimum 200 minutes of care per resident per day. In addition, it introduces a cap on management and administrative fees and blocks exit fees in home care. We know that older people are often concerned about these costs, and the impact on accessing the direct care services they need. This Bill is going through a Senate Inquiry, with a report expected at the end of August.

While we applaud the government's action on introducing reform, we are disappointed that Schedule 9 - Restrictive Practices was included in the Royal Commission Response Bill following serious concerns raised by aged care and legal advocates about the infringement on human rights of people in aged care. Schedule 9 offers aged care providers immunity against criminal charges and civil claims, in certain circumstances, involving substitute decision makers. Removing these basic legal rights from people in aged care, under any circumstances, will have serious consequences. We now need to ensure this oversight is remedied through the new Aged Care Act, and ensure work to develop a clear legal framework for the authorisation of restrictive practices is undertaken in all states and territories.

We also realise that many of the reform measures are dependent on having an available workforce. We wholeheartedly support an increase in wages for care workers and await the outcome of the wage case currently before the Fair Work Commission.

We hope care workers get the 25% increase they are asking for but whatever the outcome, I think we can all agree it needs to be significantly more than the current rate. Increasing wages will go some way to attracting and retaining more workers in the sector.

I talk about the need to change the narrative about support work in my latest article featured in The Last Post Magazine (page 62). Given the importance of the support worker or paid caring role, I ask why it is so underappreciated in terms of wages and aspiration - we don't grow up wanting to be carers.

Other aged care reform news is that the Australian Government will defer introducing a new home care program until mid-2024. We know that there are issues with the current home $\bar{\text{c}}\text{are}$ system with waitlists still longer than we would like. However, we also know that most older Australians want to age independently at home, so it's important that any reform is fit for purpose. Taking the time needed to consider the issues and consult more widely is wise.

Otherwise, we can end up with unintended consequences, as has happened with changes to the SCHADS Award, which introduced a 2 hour minimum shift for home care workers. While we want to see improved conditions for workers, this has meant that some older people who have shorter care visits can no longer have their care structured in this way and could face losing their independence and heading into residential aged care unnecessarily or prematurely.

We would expect that all providers are doing what they can to work creatively and flexibly to ensure these shorter home visits can still be maintained, however, also recognise that this will be more difficult in rural and remote areas, and that the government will need to look at strategies to support those impacted areas. Older people and families impacted by these changes can talk to an advocate for independent information and support. Phone 1800 700 600.

Until next time. ■

GEOFF ROWE

CEO, ADA Australia



A message from Amanda Rishworth

BY SOCIAL SERVICES MINISTER AMANDA RISHWORTH

The Albanese Labor Government is committed to the principle of dignity for all Australians, and the provision of family and community services that help people reach their full potential.

We're guided by the core principles of no one left behind and no one held back - all in the aim of creating a better Australia.

During my time as Shadow Minister for Veterans' Affairs and Defence Personnel, I came to appreciate and truly understand the saying: "when a person joins Australia's Defence Force, their whole family serves".

We should all acknowledge the central role of families in the ADF.

However, that can mean something different for each family and can change over time.

Prior to leaving the shadow role, many families of current and former ADF members shared with me the pride, challenges, and unique life experiences associated with their situation. These stories have not left me.

Now, as Minister for Social Services, one of my priorities is to ensure our community and family services deliver high quality supports that meet the needs of all Australians including our defence families.

To do this, we must listen to ADF members, veterans and their families. This includes during periods of active service, when they return from deployment, and when they exit from the defence force. We need to understand how families are faring with their mental, physical, social, and financial wellbeing, and what their experiences are with a range of support services - civilian and military.

The Australian Institute of Family Studies (AIFS), which sits in the Social Services portfolio, speaks with ADF families to understand family wellbeing and what is required to build better practices. Recent studies include the Family Wellbeing Study and the Vietnam Veterans Family Study.

Importantly, overall relationships are positive, with over 78 per cent of spouses/partners surveyed under the Family Wellbeing Study reported they have happy relationships.

AIFS' findings around other indicators of wellbeing, where current and former ADF members and their families are not doing as well, are also being explored through the Royal Commission into Defence and Veteran Suicide.

For instance, many veterans and family members can experience greater lifelong difficulties, including psychological distress, alcohol, and drug misuse. Alarmingly, almost a third of adult children (29 per cent) of veterans surveyed under the Family Wellbeing Study reported psychological distress, and just under a fifth (18 per cent) experienced suicidality. These findings were echoed in the Study on Spouses and Partners of Vietnam Veterans.

When someone is returning from deployment, rehabilitating from an injury or illness, or transitioning out of service, AIFS' findings show families play a big part in how positive their experience is. Where families are functioning well, and are able to engage early in management plans, outcomes for recovering ADF personnel is positive.

However, as the Royal Commission has heard, we need to do better to bring families into the process and support families to more easily access and digest information around care and support options.

AIFS research highlights that the period following exit from service can be a vulnerable time for families, and spouses and children can struggle to adjust to changes.

ADF and veterans' children were also reported as have higher rates of hyperactivity, emotional symptoms, and peer problems. Combined with the impact of the greater number of school moves, civilian and military provided support services may need to better integrate support children receive at times of change or when they are experiencing developmental challenges.

Sometimes relationships or emotional stress, poor family functioning or other pressures can also make it

harder for service men and women to transition to life after deployment.

Through my portfolio, the Government funds a range of vital services for all Australian families, including the Family and Relationship Services program. This program provides early intervention and prevention services and focuses on families at risk of breakdown, families with children at risk of abuse or neglect, and families experiencing disadvantage or vulnerability.

Programs such as this can operate as a support for ADF members and veterans and their families to stay connected and deal with the unique pressure military experience can place on relationships.

The Department of Veterans' Affairs has a long history of providing targeted support for veterans and their families be that financial compensation, health treatment and counselling options.

For example, the Open Arms initiative and model of care offered by the Department of Veterans' Affairs provides a range of counselling and support options, is family inclusive, and recognises the importance of engaging veterans' families.

The Veteran Family Advocate Commissioner and the Government's new Defence and Veteran Family Support Strategy will guide further work in this area; ensuring veterans' families are not forgotten.

My colleague, the Minister for Veterans' Affairs Matt Keogh is working hard in this space to best support the needs of those who have served our country in uniform.

As the Minister for Social Services, I will be following the Royal Commission with interest. And I will work closely with Minister Keogh and my other Cabinet colleagues to make any changes recommended for our relationship and family services to improve the experiences ADF personnel and veterans, their partners, children and supporters have with community and family services.

After all, families wear the uniform too. ■



A new partnership

New Women's Community Shelters and Pacific Link Housing Partnership Provides Secure Housing and Hope to Older Women at risk of Homelessness or Escaping Domestic Violence.





A new partnership between Women's Community Shelters (WCS) and Pacific Link Housing (PLH) will increase the supply of affordable accommodation for older women at risk of homelessness or experiencing domestic and family violence on the Central Coast.

At the last Census, the number of older women experiencing homelessness increased by 31% between 2011-2016. According to Housing for the Aged Action Group (HAAG) however, those captured in Census and Specialist Homelessness Services (SHS) data represent the tip of the iceberg, with an estimated 110,000 women over 45 years of age are at risk of homelessness in New South Wales alone.1 These figures demonstrate the critical need for greater investment in social and affordable housing and targeted approaches to support older women.

Allawah House, located in East Gosford, will provide fourteen studio units with access to communal lounges, kitchens, laundry facilities and gardens, to women over 55.

The property, purchased in 2021 by local developer BEA Projects, has been made available to PLH and WCS via local social enterprise real estate agency Key2 Realty, temporarily and at low cost, for the purpose of providing affordable housing to older women at risk of homelessness. Allawah House is an example of 'meanwhile use', an innovative housing model that utilises vacant property that may be earmarked for future redevelopment, for the purpose of providing a social benefit.

WCS, COO Simone Parsons, has spearheaded WCS' Transitional and Meanwhile Use Program across a range of sites, explained the need for projects like Allawah House.

"More affordable and stable housing is needed to help re-establish women's lives post violence, especially for older women, who are the fastest growing cohort of homelessness in Australia. WCS is delighted to be working with Pacific Link Housing, supported by the Department of Communities and Justice (DCJ), to help older women achieve important goals, such as maintaining stable housing, secure a positive tenancy history and help treat the trauma associated with domestic violence and homelessness.

WCS will provide residents with case management support and coordinate community engagement and wellbeing activities, while PLH will take responsibility for property and tenancy management. PLH will also

provide assistance to identify long term affordable housing pathways for Allawah House residents coming out of the transitional housing arrangement throughout the program.

As the Central Coast's only local Tier 1 Community Housing Provider, PLH has a demonstrated track record of working with government to develop housing solutions that are innovative, focused and financially responsible.

PLH CEO, Ian Lynch said of Allawah House and its partnership with WCS, "The provision of affordable housing solutions benefits all of community, and needs innovative, community inclusive responses. We are proud to partner with like-minded organisations such as WCS and BEA Projects who are willing to take an innovative approach, to provide solutions, and in this instance, to older women at risk of homelessness or escaping domestic

The meanwhile use opportunity arose thanks to one of a growing number of relationships that have been formed between PLH's social enterprise, Key2 Realty, and local property developers.

A Director of BEA Projects, Laurie Elliss, said "We are extremely pleased to be able to utilise our site in the short to medium term, to the benefit of the local community whilst future planning is contemplated, and we recognise and value the tremendous work of the likes of PLH and WCS".

Allawah House is made possible thanks to funding support from the NSW Department of Communities and Justice.

Minister for Women's Safety and the Prevention of Domestic and Sexual Violence Natalie Ward said, "The site comprising of an empty aged care facility had been sold with no immediate plans to redevelop, so rather than let the space lay unused, the site was repurposed for use by women aged 55-years and older who were escaping domestic and family violence or who were at risk of homelessness," Mrs Ward said.

Minister for Families and Communities Natasha Maclaren-Jones said the initiative represented a compassionate, innovative and sensible use of a space that would otherwise be left vacant.

"This initiative is a great example of how unutilised private buildings can be put to good use to benefit vulnerable people at risk of homelessness and provide DFV escapees with a safe place to heal as they begin to rebuild their lives," Mrs Maclaren-Jones said. ■

Housing for the Aged Action Group, At Risk: Understanding the population size and demographics of ol/der women at risk of homelessness in Australia, 2020, acc www.oldertenants.org.au/sites/default/files/at_risk_final_report_web.pdf.



Greg T Ross: Thanks for joining us here at The Last Post magazine, Norman. We appreciate your time. Of course, you're a broadcaster, an investigative journalist, a producer, and well-known to viewers and listeners of the ABC through your various programs, and beyond, of course. But today we're here to talk about your book, So You Want To Live Younger Longer, out through Hachette Australia. A great book, a great read, Norman. What drove you to write this book?

Dr Norman Swan: Well, I think I've been broadcasting on health for a long time, and it's something that everybody wants. They don't want to get to old age decrepit and falling apart. They'd like to live as long as possible, as well as possible. And if you're not going to do that, well, you might as well fall off the edge. But there's no need to fall off the edge because, in essence, what we're talking about here is having fewer miles on the clock than the years would suggest you should have. So you've got a younger body with a lot of birthdays behind you. So we all want it, and there's this huge industry out there wanting to help you get there, and you could waste a lot of time and money following everything that everybody suggests about how to get there. So, what I like doing is treating people like adults and not telling you what to do, but saying, "Look, here's the menu. Here's the evidence behind

all the things on the menu, and you make your own mind up about this."

GTR: Yeah. It's a great opportunity for people to get up to speed, so to speak, on the truth behind what's become a giant industry. I guess I was going to ask this question later, but you're leading into it, I guess, with your comments. Does looking younger on the outside mean you're younger on the inside?

NS: Well, let's assume that you've not had work done. And if you haven't had work done, then the answer is probably yes. But the outside of your body does reflect what's going on inside. I mean, there are some exceptions to that. And one of the interesting things that's in the book is the effect of sunlight. So we all know that sunlight's bad for the skin, it ages the skin prematurely. There is growing evidence that the impact of ultraviolet light on the skin also ages you on the inside. So having too much sun on the outside activates the immune system and various other things that are at the core of aging, and you could actually end up aging faster. So the same thing that causes you to look a bit older on the outside, which is sunlight, could also just stuff you up from the inside. So, another reason just to be a bit careful in the sun and wear that hat.

GTR: Yeah, that's interesting too. And of course, in Australia, particularly relevant. And I guess, maybe the

body has a consumption level of sunshine, and once you've reached that, perhaps that's what can trigger the early aging or whatever. But, look, there is an increased focus... Well, maybe it's not increased focus, but it seems to be an increased focus on youth and the ability, or the wish to maintain youth. Do you see that as a truth, and where has that led? Yeah. First of all, is that a truth-

NS: I think it's ancient. You can find examples of the search for the secret of youth, the fountain of youth in mythology and ancient literature. So I think that we've always wanted to do it, it's just at a different age. If you were doing it in the time of Ancient Greece or Ancient Rome, the life expectancy was probably 30. So you were starting to look for the fountain of youth in your 20s, rather than maybe now in your 40s and 50s.

GTR: Yeah. Yeah, no. Point taken. And I guess with the advent of social media, the discussion on such a matter becomes, yeah, intrusive almost.

NS: But it's a good point. And what you also see before you on Instagram, and television, and elsewhere, is that you see people who seem to have this eternal fount of youth. And you know that it's makeup, digital enhancement, or cosmetic enhancement, but nonetheless it does put pressure on you to have a certain appearance.

GTR: Yeah. Well said, I guess. And with that, perhaps due to social media, an increase in those claiming to have the secrets, or being able to at least help reduce the aging process or slow it down. Is that something that is throwing confusion into the discussion also, Norman?

NS: Yeah. So I have a large section in So You Want To Live Younger Longer on supplements and taking those supplements. And what's really interesting, and in the book I do describe what does keep you younger longer, and it is possible to intervene, but it would be much easier if we could just take a pill and that would do it for. So there's a whole list of supplements which have been promoted as antiaging supplements. And anybody who knows what I do will think that, well, what I'm going to do is call these things out as fraudulent. But in fact, for many of these supplements, there actually is really good laboratory evidence in animals like mice, that if you give them these supplements, the mice live 20 or 30% longer. So, there is an intent behind here that they actually could work, except that we are more complicated than mice. And it turns out that when you give

them to humans, they don't work. One day they might. And what's really interesting is, and it tells you a lot about the aging process, is why these individual substances like NAD, like resveratrol and others, MNM... Which, if people are into this whole anti-aging thing will know what I'm talking about. Even people going overseas for stem cell transplants. They're spending a fortune. They're going for stem cell centers, because people are saying, "Oh, well, one of the reasons that you age is that your stem cells, the cells that regenerate tissue, are old." Well, let me just talk about stem cells for a moment-

GTR: Certainly.

NS: Because, again, in theory, that should work because your stem cells are older the older you get. So what they've done is fascinating to me... what some people are selling is giving young blood, blood from a young person, to an older person to rejuvenate them. And, of course, as if there was something magical, something special in young people, which would rejuvenate older people. And what they've done is that they've taken young mice and old mice, and combined their systems. Just have their blood circulating to see whether or not the young mouse will rejuvenate the old mouse. What happens is the old mouse makes the young mouse old.

GTR: Oh, wow.

NS: So it's not so much that there's something amazing in young... And when you give stem cells from a young person to an older person, the stem cells become old in the older person.

So there's an environment in the older person which actually is aging. So there's an element there. And so what's happening in some people, in many people, as they get older... So cells naturally have a cycle. They're born, they live, they die. And you want them to die, because when they don't die, they hang around. And that's what happens when you get older. Dead cells don't get eliminated, and they hang around, and they're like grumpy old neighbors. So if you have a party that goes beyond 10 o'clock, they start phoning up the cops and complaining. And so what you have in older tissues is grumpy cells that secrete stuff. So the same way as a grumpy neighbor puts out an aura that depresses anybody that comes near them, it's the same with these elderly cells. And there's these hints that if you could actually counteract these cells and remove them, or counteract the substances they produce, which are quite toxic, you could rejuvenate tissues. And there's a whole series of technologies which I talk about in the book, which might do that. But coming back to supplements, there is a concept I talk about a lot in the book, which is about balance. Our bodies... a young, healthy person, your body is in balance. And there's no good stuff and bad stuff, there's just yin and yang. So when your blood pressure goes up, there's another system to bring it down. When your temperature goes up, there's another system to bring it down. When your pulse goes up, there's another system to bring it down. When hormones go up, there's a system to bring it down. There's counteracting things which keep you in balance. And when you're youthful, imagine it's the Tower of Pisa when it's just been built. It's straight up and down, in a line. A nice, youthful, healthy balance, and everything's directed towards that. And what happens is, with the battering of life, the tower starts to lean. So instead of having a balance, which is a youthful balance, you have a balance where it's just in the direction of aging. And the more battering you give it, the more the tower leans. So if you've got high blood pressure or high cholesterol or chronic stress, and I talk about a lot of this in the book, the tower starts to lean towards aging.

Now, the body, when you're young, the balance works quite well, to keep it vertical. But it relearns a new balance, and it's very hard to shift that balance back to a youthful profile. So what I talk about in the book is how to actually get that balance back to a much more youthful profile, and just nudging it with a single supplement isn't enough. And the other thing about these supplements is they've got no idea the dose to give it in, because many of these substances, which work at very low doses, don't work in that way at very high doses. You'd think that it's always the same. So if you fix a little bit of a good thing, a lot of a good thing's good. It turns out that they behave like... It's like Dr. Jekyll and Mr. Hyde. They behave in one way when they're at low dose and they could be really bad, or maybe they're really good for you at very high doses. But they haven't got the dose right, it may be that you need to confuse the body. We don't know what the story is with the supplements, but we know what works.

GTR: That's a good point, and I know that through personal experience, too. More of a supplement isn't necessarily good. In fact, it can have a negative effect in reducing the impact. The focus on dying started for you, as you outline in your book, at an early age, Norman. At the age of... What? It was around eight, I think, you said in the book, where you started thinking about death. So this book's always been in you, so to speak.

NS: Yeah. I mean, I'm ashamed of it, but I've got a fear of dying. I want to be around forever.

GTR: I can't imagine a world without me.

NS: Yeah. Well, yeah, that's right. You, like me, must be egoistical, but-

GTR: That's right. Yeah, in a loving way, of course. What can old people teach us? You discuss that in the book. Norman, about. what can old people teach us?

NS: So, there's a couple of things. When I'm talking about... I'm talking about the really old. I'm talking about people who reach 100. So the first thing is, it used to be said that the best way to live to 100 was to have parents that lived to 100 or a very old age.

GTR: Yeah, pass it on.

NS: And genes do matter. And in fact, it turns out, and certainly it was true that for many, many years, in fact, for most of human history, if you reached 100, it was a genetic abnormality. A nice genetic abnormality, but a genetic abnormality nonetheless. These people were very youthful all their lives because of the genes they had. The-

GTR: We would wish to be that abnormal.

NS: That's right. However, as we were all living younger longer, I mean, an 80-year-old today has a risk of dying in the next 12 months that a 60-yearold had 50 years ago. I mean, that's how dramatic the change has been. So, because of lifestyle, a lot of other things, a lot of us are living younger, longer. So more and more of us are going to get to 100 simply because of the life that we've had. Where genes kick in is at the extreme of old age. So the extreme of old age used to be 90 or 100. Now the extreme of old age is 105 or 110, and that's where the genes really start to work. That's the first thing. The genes matter, but

matter only really when you get to extreme old age. Secondly, there's a lot about the psychology of people who reach 100. They've done big studies of centenarians, and one of the big things about a centenarian is how they respond to adversity. They basically get over it. They don't fester on stuff. They just move on, and they always have. It's not that they haven't had a bad life, a hard life. They've often had very hard lives. Gone through the Holocaust or something like that, but they tend to get over adversity. So, on that basis, given how I fester on things, I'll probably die as soon as we finish this conversation.

GTR: Well, I tell you what, it's interesting you say about the old age and everything. There's just a couple of things there quickly, Norman. When I was a child living in Adelaide, there was a gentleman next to us called Willie Wakeland. He was 95 back in the late '60s, and his wife had died 15, 20 years earlier. But he was such a gentleman, and we would go next door to talk to Willie to learn about his life and everything. It was a beautiful experience. So, learning from an age about the ability to communicate. That's on another matter altogether, but it is true. And I guess this thing about aging, and now, almost you're saying that 18 is the new 60, or 60 is the new 18 perhaps. And that's a mind-boggling stat, isn't it?

NS: Yeah. I mean, there are other things about centenarians. They tend to have normal blood pressure, and if their blood pressure has been high, they're on treatment for it. They tend not to be smokers, and they tend not to be too overweight. So there are other things as well that go along with that.

GTR: Very true, too. So we speak about lifestyle, I guess, and we speak about the amount of sugar in foods and processed foods, et cetera, and habits associated with some modern Western countries. What countries are there, Norman, that can perhaps boast the longest living averages? Is that a figure that's available?

NS: Yeah. So, Japan is the longest living country in the world. So the Japanese do very well. And there's Okinawa, the island of Japan, which they say has extremely old people, but there's some doubt about the data about that. But Japanese live long. They eat a lot of fish. They eat a very healthy diet. They still use public transport a lot and get exercise. Sardinia, and that's probably genetic. The Sardinians have a long lifespan. And also Greek Australians live a long time, and it's been well studied by a researcher called Tania Thodis in Melbourne. And there's a lot to be learned from Greek Australians, how they live. Yes, it's the Mediterranean diet. It's how they cook. It's not just the raw elements of a Mediterranean diet,

it's the cuisine. Because when you cook up with olive oil, garlic, onions, tomatoes, carrots, and so on, there are anti-aging compounds in there that you could never dream of buying in the shop. They cook slowly or moderately, which means they don't burn their food. Because burning food, that brown stuff is pro-aging. They often grow their own vegetables, so they get a bit of exercise, and they eat fresh. They eat with friends, and they maintain social context. And through the Greek Orthodox Church, there's 100 fast days a year. And that means a third of your life is spent not in a Michael Mosley kind of fast, but for a fast, they don't eat any protein. They only eat plants for a day, so it's like a vegan fast. So rather than intermittent fasting, they have intermittent frugality. So there's a combination of things, which you don't have to convert to the Greek Orthodox Church to follow a lot of that.

GTR: Yeah, that's common sense too. And it's good to know. I think olive oil is, you mentioned, with tomatoes, et cetera, and onion, all very healthy stuff. And I guess you've only got to see the lineup of cars outside KFC and McDonald's to know that not everyone's getting the message, but this book will help, hopefully. And it confirms a lot of what those that think about the subject will know. Why is educating women, I guess, linked to living longer, Norman? You mentioned that in your book, and it's quite an interesting part of your book.

NS: Yeah. So I've just got to tell a little bit of a story here to explain it. There's always been a bit of a battle between the preventive health people, the public health people, and the curative medicine people. And you can just see from the triumph of hospitals and things that are concrete, wires, and go ping, that the curative doctors have won the battle for resources, but there's always been a bit of a battle. And after the World War II, the curative doctors claimed triumphantly that their technology had cured tuberculosis with the introduction of antibiotics. And the public health people said, "Oh, you're bullshitting as usual. It's what we did in the late 19th century, better housing, better nutrition, that did it." Because, in fact, if you go back to the 19th century and look at tuberculosis, there's almost a straight-line decline. And if you take out the X-axis, which is the dates, the years, you cannot point to the point where antibiotics were introduced. There was no sudden dip. There was just a steady

line. And then an Australian historian, Barry Smith, late Barry Smith, who studied the history of tuberculosis said, "You're both wrong." And he'd studied parishes in Europe side by side. Before they knew what tuberculosis was, they called it consumption and so on. He looked in parishes just as poor, just as open to famine, they had just as

poor housing, that one parish had less consumption, less TB, than the other, and they seemed to live longer. And he and this other historian tried to find out, "Well, what was it about the parish that lived longer and had less TB?" They taught little girls to read and write. This is the 19th century we're talking about.

GTR: Amazing.

NS: So, communities that teach little girls to read and write live longer and are healthier, and this is a statistic that's been shown again and again and again in the poor countries. And it's now disappeared as an issue in the countries like Australia, because we educate all genders. But the Taliban won't-

GTR: Taliban. Yeah, it's true.

NS: That's why they blow up schools that teach little girls, because when you teach girls to read and write, the world changes. So in fact, men benefit more from the teaching of women than women do.

GTR: Yes, definitely. Yeah, yeah.

NS: But the Taliban don't recognise this, because when women are taught to read and write, they're less susceptible to superstition. They've got more autonomy, they're wealthier, and religion doesn't have as much control over them. And the Taliban hate that. And other fundamentalist religions don't like it much, either.

GTR: No, that's true, too.

NS: Yeah. And that translates to education as a whole. The more education you've got, in general, the longer you live, in better health, the later you get dementia, if you get it at all, the later you get heart disease and cancer. Education is really important... If there's a fountain of youth, it's the education system.

GTR: Brilliant. Brilliant, and a belief that I've held for a long time. By not educating women, then I suppose, effectively, in life with one hand tied behind your back. Yeah. Yeah. So we touched on genes and the importance. So part two of your book, Norman, starts with... I guess eating, not fasting, holds a secret. And you spoke about that too, of course, with the vegan fasting. Or actually, not actually fasting, but having vegetables instead of fasting. So, we've been through that. And while we're on the discussion of men and women, I suppose, what about the stigma? I know one woman said in the '60s that aging was different for men and women because she was made to feel like a broken doll because of her aging and her wrinkles and everything. And I guess, what's the difference in the stigma of aging for men and women, Norman?

NS: Women, well, the cosmetic industry. The demand for cosmetic or plastic surgery is greater amongst

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Dr NORMA

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women than men. Although, my understanding is that it is growing in men, and more men are coming forward for plastic surgery too. Now, I'm not judgmental about plastic surgery, by the way, but aging is stigmatising. And it's a stigmatizing for men and women, but particularly women.

GTR: So I guess examples of ageism, which we've been through. I mean, geez. Yeah, I remember being on a bus with school kids, this was about five years ago, and being offered a seat. And that's not derogatory in its sense, it's what we're taught. But yeah, I mean, it's amazing. So, of course, with women this effect is stronger, perhaps. The size of your waist is important with fitness and the hope to live longer. Norman, why is that?

NS: Because, and we're not talking about subcutaneous fat, we're talking about the fat inside your tummy, visceral fat, that is toxic fat. And that fat inside your tummy, in amongst your intestines, which is reflected in your waist circumference to a varying extent, that fat fires up your immune system, makes your immune system overactive, and that rusts your tissues inside your body. So, that is part of the aging process. So it speeds up aging, makes diabetes more likely, increases your risk of heart disease. So, when you put on weight on your tummy, you are storing up toxic fat, is the answer, is really the reason.

GTR: Yeah. Another reason perhaps not to line up at McDonald's or KFC. And of course, an important factor in life in a lot of ways is the activity that

goes on in the brain and attitude. But I suppose, how important is keeping the brain young to staying young? And is this something that's available to us all, or are some people born with the ability to stay young mentally and some just don't cut it? Or what-

NS: A lot of it's environmental. Genes get into everything, and to a varying extent. Sometimes 30%, 40%, 50%, 60%, but there's always room for the environment. So you can't say that genes have no effect, and there's always somebody somewhere who's got a young brain that's protected despite the fact that they smoke 60 cigarettes a day and have an appalling lifestyle. But for most of us, we keep our brains young by the sort of things that we've been talking about. One of the reasons it's important to keep your brain young, it's not just staving off dementia, it's that your brain and mind control the rest of the body. So essentially, that's your control center. So it takes in information from the environment, about your relationships, about social context, about stress, pollution, what have you, and translates that into physical messages inside your body. And so if your brain is getting battered and aged, that control process gets out of control. And not only does your brain age faster, the control mechanisms that keep your body younger start to lose out.

GTR: Incredible. Actually, that's so true, too. And thanks for speaking about that. And we'll just go back to what we were speaking about 10 minutes ago, we're speaking about what can the elderly teach us. And the other point I was going to make was, I remember watching a series in the '70s, when I was a teenager, and they spoke to this Holocaust survivor. And they asked him if he felt anger towards his captors, and his response was something along the lines of, "No. No." He didn't feel anger. He said, "Anger will kill you. Anger will make you die before your time. Anger is just as dangerous as..." Yeah. So that's why, I suppose, again, this mental attitude that helps you move on and getting over adversity, et cetera.

NS: Yeah.

GTR: Yeah. Thank you so much, Norman. There's so much in this book, So You Want To Live Younger Longer. To be honest, I haven't finished reading it because there's so much here to consume. And I like to have a think about things as I read them, and I'm going to do that tonight. A brilliant book. A great contributor to the thoughts of Australians. You've been doing a lot of good stuff with COVID over the two-and-a-half-year pandemic, but this is another reason why people should perhaps have a listen to you and read your books, Norman. So, once again, thank you very much.

NS: Well, thank you very much. ■

National Breast Cancer Foundation research projects

National Breast Cancer Foundation awards \$12.4M worth of research grants for projects with potential to revolutionise screening and treatment

The National Breast Cancer Foundation (NBCF) awarded 20 game-changing research projects worth nearly \$12.4M, thanks to the generosity of the Australian public, to support its goal of Zero Deaths from breast cancer.

The 20 research projects, which include developing a blood test to detect breast cancer, analysing the role of Artificial Intelligence (AI) in breast cancer screening, and accelerating targeted therapies for breast cancer, have the potential to radically improve breast cancer detection and treatment, and ultimately reduce the over 3,200 deaths each year in Australia from the disease.

Breast cancer is the second most commonly diagnosed cancer in Australia and worldwide with diagnosis rates almost doubling since 1994. This year alone, it is estimated that over 20,000 Australians will be diagnosed and, each day, nine Australians die from the disease.

Associate Professor Cleola Anderiesz, CEO of NBCF said, "Over the last 28 years NBCF has made a significant improvement to Australia's breast cancer outcomes through its grants program and I'm proud to present 20 additional talented researchers and their collaborators with the support they need to work towards NBCF's vision of Zero Deaths from breast cancer.'

"As a completely community-funded organisation, NBCF's ability to support game-changing breast cancer research relies solely on Australian donations, and to our supporters, we thank you for your continued contributions which make a tangible impact in breast cancer research. This year, 75% of the innovative projects being funded are dedicated to developing new and improved treatments for those with breast cancer to bring us closer to meeting our vision and I'm excited to see the results these projects will bring."

NBCF has made incredible achievements in Australian breast cancer research since its inception in 1994. Since then, it has invested nearly \$200M into almost 600 research projects, unlocking a further \$650M through partnerships and collaborations, to help increase the fiveyear survival rate for breast cancer from 76 percent to 92 percent. This equates to nearly 50,000 women and men who have survived to their five-year milestone thanks to funding from the generous Australian community and shows that leading-edge research is the key to stopping deaths from breast cancer.

NBCF will work tirelessly to eradicate breast cancer deaths by identifying, funding, and championing world-class research.

Some of the projects funded this year include:

- Associate Professor Clare Stirzaker (Garvan Institute of Medical Research) - Developing a new blood test for breast cancer **detection and monitoring** – The study is aiming to develop a new epigenetic blood test to detect breast cancer metastases and identify disease reoccurrence earlier. While most patients respond well to initial treatment, the disease returns in about 20%, and there are currently no reliable or sensitive tests to identify these relapses earlier.
- Professor Tony Tiganis (Monash University) Harnessing immunotherapy for the treatment of breast cancer in obesity -Triple negative breast cancer (TNBC) accounts for 15-20 percent of all breast cancer diagnoses. It's highly aggressive, with poor survival outcomes compared with other breast cancers. There is evidence to suggest that obesity can result in signals that can dampen anti-tumour immunity and decrease the effectiveness of immunotherapy. Prof Tony Tiganis' project will investigate how obesity influences the development of TNBC and its response to immunotherapy. The results from this study will look for innovative ways to enhance the response of therapies in all patients.
- Professor Georgia Chenevix-Trench (QIMR-Berghofer) -Repurposing approved drugs – Professor Chenevix-Trench's project aims to reposition Senicapoc, a drug originally developed for the treatment of sickle cell anemia, to treat a group of triple negative breast cancers with poor prognosis that can be identified by high expression of a new breast cancer risk gene, called KCNN4.If proven successful, the drug repurposing opportunity of Senicapoc for breast cancer will reduce the cost of drug development and accelerate translation to the clinic. In addition, Prof Chenevix-Trench's team want to see if Senicapoc can be used as a safer risk reduction medication in BRCA1 and BRCA2 mutation carriers.
- Associate Professor Pilar Blancafort (University of Western Australia) - Harnessing the immune system to develop new therapies for breast cancer - Most breast cancers express the estrogen receptor (ER+ tumours). This means that they can be targeted with anti-estrogen treatment, or anti-E2s. Most patients respond very well with anti-E2s, but in up to 20% of patients, the treatment is not effective and the tumours are more aggressive. There is currently no way to predict which patients have this aggressive subtype, and A/Prof Blancafort's project will develop a clinical test for the gene that could allow both detection and treatment for one of the most aggressive and "hidden" subtypes of cancer, which claims the lives of 1,000 Australians a year.

Three of the 20 grants funded are aligned with the generous donations raised by the Mother's Day Classic Foundation (MDC). These grants include grants from:

- Dr Amy Dwyer, University of Adelaide who is looking at ways to improve breast cancer treatment by overcoming antiestrogen resistance and reducing side effects some women experience as a result of estrogen-based treatments;
- Professor Sarah Lewis, University of Sydney who is investigating the potential of using AI tools in improving screening while maintaining high standards of accuracy in diagnosis, and
- Dr Sharissa Latham, Garvan Institute of Medical **Research** who was awarded the Mavis Robertson Fellowship supported by MDC Foundation, who will be developing a new drug that may be useful in treating some of the most aggressive forms of triple negative breast cancer.

— INTERVIEW —

Dr Samantha Jakes



Greg T Ross: Welcome to The Last Post podcast series, Professor Sam Oakes. How are you?

Dr Samantha Oakes: I'm really well, Greg, thank you so much for having me and chatting with me today.

GTR: Yeah, it was always a pleasure, Sam, and indeed, of course, we did first come in contact when you were nominated and you appeared as an Inspirational Australian Woman in the magazine series.

SO: Thank you very much. I really appreciated being involved in that.

GTR: It was a wonderful thing to have you there. You've done a lot of work in research and on different campuses around Australia. You're with the National Breast Cancer Foundation. Could you just tell listeners and readers too, what's your role there at the moment?

SO: I've now closed my laboratory. I was a independent researcher for about 25 years and I'm happy to talk about that very shortly, but my current role now is Director of Research at the National Breast Cancer Foundation. And really, the purpose of that role is to lead and facilitate our national competitive grants program focused on funding the very best breast cancer research in the country and researchers in the country to move us closer to our vision of ending deaths from breast cancer.

GTR: It's good that you touch on that subject regarding research because, of course, I think, correct me if I'm wrong, but the foundation started funding research in '94, was it? Since then, deaths have dropped. Is that right?

SO: Yeah. So thank you for raising the statistics because they're very, very important to think about. And ves. the National Breast Cancer Foundation came into being in 1994 and since then, we have invested \$198 million into 595 world-class research projects, and in that time we've seen the five-year survival rate from breast cancer improve from 76% to now 92%, which is really just amazing. And that means that now, most people with a diagnosis of breast cancer will meet their five year milestone. Unfortunately, what we do know, however, is that the number of new breast cancer cases is ever increasing. In fact, it's outpacing Australia's population growth and we are seeing an increase in the number of deaths as a result of breast cancer, so we still have a long way to go before we can meet our vision of ending deaths from breast cancer.

GTR: Indeed, and it's an ongoing battle, shall we say, but it's an ongoing crusade and one that, based on

those figures that you've just given us, obviously will be something new that is welcomed by all of those touched by breast cancer and indeed, the whole community, of course, because it does affect us all. Your work in fighting breast cancer with the National Breast Cancer Foundation, Sam, I know you've just outlined your research, what led you, particularly to this part of research with the breast cancer?

SO: Like most people, most Australians, I have been personally touched, obviously, by breast cancer. Women now have a lifetime risk of one in seven women will be diagnosed with breast cancer sometime in their lifetime and about one in 600 men also. So we can't forget the men because while it's rarer in men, they're still affected by breast cancer. My auntie was diagnosed with breast cancer when I was very young at a time when the five-year survival rate was around 75%. Unfortunately, she was diagnosed with a very aggressive and very advanced form of breast cancer. And I watched my mom and dad, it was my dad's sister, and they cared for her while she suffered and unfortunately, ultimately succumbed to the disease. I guess that experience shaped me, together with a diagnosis of cancer within my brother when he was young and that wasn't breast cancer and luckily, that turned out to be a good news story. But ultimately, both those experiences shaped me, made me always want to pursue a career in research so that no person needed to go through what my family went through during those times. So although I've now left the lab and I've closed my laboratory. I'm extremely proud to work for the National Breast Cancer Foundation as director of research, where I now facilitate and lead our national Grants program which is rigorously peer reviewed by the very best scientists and clinicians in the country and so that we can ultimately fund the very best research because we know research saves lives. We know that because of research and because of National Breast Cancer Foundation funding, we've seen that five-year survival rate improve over time, but we need to reach zero deaths from breast cancer. One life is one life too many. And so that's why I am now director of research so that I can help facilitate that Grants program.

GTR: Yeah, well said, too, Sam, and in effect, I think every human being, every person in the country should be contributing to this through donations or through bequests, because as you said, with figures like that, one in seven women to be diagnosed and even men, one in 700. This is something, obviously, that is going

to intrude into the lives of nearly... Well, a lot of people, a lot of people. You don't know who you're walking down past in the street, but a lot of people will be affected by this. And in fact, I think one in nine Australians die from this a day or something.

SO: That's correct. Nine Australians per day now die from this disease every day, and while the relative survival rate has improved over time. So if you compare it to the overall survival rate, we are getting really good at treating this disease. We've done really, really well and that's the good news story, but nine death every day is nine deaths too many, and so the more research we do, particularly research into the really hard-to-treat cancers. We now have improved detection systems so we're better and one of the reasons why we're seeing an improved survival rate is because we are getting better at detecting breast cancer earlier and we know the earlier breast cancer's detected, the better it can be treated. We've got better treatments for beast cancer.

Now, we have revolutionary treatments, for example, HER2-positive breast cancer that now gives those diagnosed with HER2-positive breast cancer a really good prognosis, but unfortunately, we still don't have very good treatments for the very advanced hard-to-treat cancers like triple-negative breast cancer and also stage four metastatic cancers that have spread to the rest of the body. So it's research that's going to solve that and it's research that's going to reverse those statistics and hopefully improve and reverse those statistics so that we don't see those nine deaths every day.

GTR: Yes, yes. That's so true, Sam. Once again, since working with the National Breast Cancer Foundation with you and obviously Diana too, we have got this message out to more Australians and we'll continue to do so until that rate continues to drop and also, the effect, obviously, on households and lives around Australia. So we talk about this and we talk about these numbers and they're important numbers, and then they reflect the impact, I guess, that this has on the Australian community, loss of life, loss of work, loss of income, stress, et cetera. So you must see that in your research and this would drive you on to more dedication, et cetera, to take this stress and effect away from these Australians that are affected by breast cancer.

SO: Oh, ultimately. It's not just the number of new cases and the deaths per day. We know that there's now a quarter of a million men and women living with a diagnosis of breast cancer in this country. So it's not just the

impact on survival, it's the impact on an individual, as you rightly point out. The financial burden, the psychological burden of having to go through treatment and not knowing what their pathway is going to be in the future and that's what we are concerned about. We want to reverse those statistics for all Australians affected by breast cancer and it's only through increased investment in research that we're going to do that. Thank you for raising the bequests option for donations. There's multiple ways Australians can actually help National Breast Cancer Foundation. One of those ways is through a bequest in their will.

For example, 1% gift in their will ensures that their loved ones still get 99% of their estate, but ensures that you're contributing to funding the very best research that will ultimately save lives. So also, with bequest, it's a long term vision for NBCF to plan ahead with research and really give researchers the sense of security they need to continue on with their path to making the next breakthrough and the next innovative discovery that will ultimately save another life and another life that'll take us on our journey to ending deaths from breast cancer.

GTR: Yes, well said, too. And of course, it is that journey. So it's exciting when we consider the breakthroughs that will come on this in the near future. And again, that remark too, Sam, of course, about 1% of the estate, et cetera, et cetera, small by comparison, bits adding up to be something big and magnificent and it will ensure the confidence to go ahead with the research because, of course, that is needed, the confidence and the knowledge that the money is there to back up the research. How does the research, Australian research, compare worldwide, Sam?

SO: Oh, and now you ask me a question that I feel so proud. My favorite response to that is we punch so well above our weight in Australian

research. An example of one of our outstanding researchers that we fund through our 10-year endowed program is Professor Sherene Loi down at the Peter McCullum Cancer Center. Now, she's a clinician researcher who really has devoted her life, thanks to, partially, an NBCF 10-year endowed chair. So we've given her 10 years of funding so that she can just forget applying for grants, think about the next 10 years about what she's going to do to improve the lives of Australians who are diagnosed with breast cancer and Sherene has made incredible discoveries, particularly in the field of HER2-positive breast cancer, where now she's contributed to the approval of treatments in Australia, but also internationally so that those patients will have a better prognosis. And the really most amazing thing is she's in the top 1% of researchers internationally, so that'll tell you how Australia punches.

GTR: Well said. That's inspiring in itself, Sam, and perhaps we should be in contact with Sherene. She may be another Inspirational Australian Woman. I think maybe that's something-

SO: I absolutely think she's one. So she won the 2021 Prime Ministers prize for Life Scientists of the Year last year so pretty outstanding individual, and she's supported by 10 years of National Breast Cancer Foundation funding, which really, the whole purpose of that is so that we can relieve the pressure off these researchers so one, they stay in the country and we don't lose them internationally, but two, so they can just focus on doing the research that's required to saving lives.

GTR: And that is important for these people to be able to stay in Australia, to do their research and not go overseas. With this, and I guess, once again, underlining the fact that there are some wonderful people out there doing some wonderful work and sometimes, not viewed too often in the mainstream media, but important for all to understand that the dedication

of people like Sherene, like yourself, like the foundation, is something that makes us a better country and a better place to have confidence in that things will work out in the future, particularly in the field of breast cancer research, which we thank you so much for as Australians to you for the work that you are doing and bless you for that, too. And yeah, a great thing so thanks so much, Sam.

SO: Oh, thank you. And thanks to the generosity of the Australian public. We could not do this without the generosity of the Australian public, where 100% community fund it, and its proof's in the pudding. We've seen that survival rate improve over the past 28 years, but we still have a long way to go. So with continuing investment, I am confident that our very best researchers, our very best research will get funded and it will take us every step closer towards ending deaths from breast cancer.

GTR: That's true, too. So how do people go about accessing information about funding to the foundation, Sam?

SO: You can visit our website at **nbcf.org.au** and all information's there if you want to leave a gift in your will or other ways of donating. Every dollar counts. Every single dollar counts to us meeting our vision of zero deaths from breast cancer. So please visit our website. All the information's on there of how to donate and you can contact our lovely staff. You mentioned Diana the other day whose head of bequests and so you can visit all of the information on the website.

GTR: Wonderful stuff, wonderful people. nbcf.org.au to access information about leaving some money in your will or just giving an outright donation to the National Breast Cancer Foundation. People like yourself, Sam, and the whole team doing some wonderful, wonderful work and happy to share that through the magazine, so thank you once again.

SO: Thank you very much. ■



1 in 7 Australian women will be diagnosed with breast cancer in their lifetime.

Support the National Breast Cancer Foundation and help save thousands of lives each uear.

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With your support we can stop breast cancer taking the lives of those we love.

For information please contact our Gift in Wills Manager on 02 8098 4848 or bequests@nbcf.org.au



Intelligent Blundstone boot created for healthcare workers

Monash University and Blundstone Australia have created a hi-tech boot concept designed to address the specific needs of doctors, nurses and other healthcare professionals.

Monash's Design Health Collab and SensiLab partnered with Blundstone Australia to incorporate the latest technology and design techniques to increase personal safety and comfort in demanding healthcare environments. The design has been shortlisted for the prestigious Designers Australia Awards 2022.

Healthcare workers were at the forefront of the project, with the design team regularly conducting workshops with doctors, nurses and other health specialists to ensure the boot addressed challenges specific to the industry, including comfort, durability and hygiene.

Dr Rowan Page, from Monash Health Design Collab, says the technology captures rich information about the day-today challenges faced by the wearer, and uses machinelearning techniques to provide real-time feedback and task classification.

"We've integrated a sensor system that analyses multiple parts of the foot to provide real-time feedback via a smartphone app that detects abnormalities and highlights potential issues," Dr Page said.

"The shoes classify different tasks undertaken throughout a work shift and can identify different postures, changes in walking gait and the lifting of heavy loads.

"The visualisation of this data can show areas of high pressure on the body across the workday and highlight potential problem areas."

With further development, the technology could highlight safety concerns, such as injury risk and fatigue, and prevent accidents before they occur.

The team's research highlighted comfort and hygiene are priorities for healthcare workers when selecting shoes for work. The boot's upper - the material covering the foot provides chemical and bacterial resistance to the wearer.

Blundstone Joint-CEO Adam Blake says people rely on Blundstone boots to protect them in all sorts of environments.

"We strive to be an innovator and collaborator that leverages the best science and technology, seeking to partner with leading expertise and knowledge," he said.

"Partnering with Monash's Design Health Lab and SensiLab has been a great opportunity for

Blundstone to dive deeply into understanding the needs of workers within the healthcare space".

Sustainability and ethics are also at the forefront of the design. The concept boot uses synthetic and plant-based materials, a computer-knitted collar that eliminates material waste, an upper that provides chemical and bacterial resistance, and a sole made from a recyclable polyurethane. ■

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Depression Best Treated by Nonpharmacological Approaches in People Living with Dementia

Research led by UNSW Sydney's Centre for Healthy Brain Ageing (CHeBA) has confirmed treating symptoms of depression is most effective when a non-pharmacological approach is adopted, in people living with dementia.

Depression is a common psychological symptom associated with dementia and is estimated to occur in between 10% and 62% of people living with dementia. To date, pharmacological approaches continue to be used to treat depression in dementia, despite the failure of relying on medications being highlighted in large-scale studies.

The review and meta-analysis, published in Ageing Research Reviews, investigates a range of nonpharmacological approaches for symptoms of depression in dementia. It identified 37 relevant nonpharmacological studies from 27,126 articles published between 2012 and 2020.

Lead author and Postdoctoral Fellow at CHeBA (formerly at the Dementia Centre for Research Collaboration (DCRC) UNSW), Dr Claire Burley, said that the findings support a positive link between nonpharmacological approaches and reduced symptoms of depression in people living with dementia.

"Our aim was to provide an updated review of nonpharmacological approaches to manage depression in dementia - the evidence, clinical significance, and sustainability of different nonpharmacological approaches for treating depression in dementia.

Edward Caser, who co-founded a private markets firm, has experienced over-prescription of pharmaceuticals within aged care, while caring for his mother who has Alzheimer's disease.

"I've witnessed firsthand the unnecessary push of multiple medications to manage behaviour in my mother.

"I have seen the benefits of adopting a personalised approach with my Mum, and strongly support methods that avoid drugs," says Caser.

According to UNSW's Professor Henry Brodaty AO, Co-Director of the Centre for Healthy Brain Ageing (CHeBA), the findings have statistical and clinical significance.

"We found there is great potential to reduce symptoms of depression in dementia - without the use of medications," said Professor Brodaty. "This is even more relevant as randomised trials of antidepressant medications have not been shown to alleviate depression in people living with dementia."

The research highlighted that the use of methods such as reminiscence, cognitive stimulation and rehabilitation, music-based approaches and education and training had the potential to reduce symptoms of depression.

"Psychosocial approaches should be first-line consideration for treatment of depression. An even more compelling reason is that antidepressants are associated with side effects while psychosocial interventions are free of these.

"Pharmacological approaches should only be considered when psychosocial approaches have been proved to be ineffective or in cases of urgency," said Professor Brodaty. University of South Australia. ■

UNSW Sydney Centre for Healthy Brain Ageing (CHeBA)



Vitamin D deficiency leads to dementia

Dementia is one of the major causes of disability and dependency among older people worldwide, affecting thinking and behaviours as you age. But what if you could stop this degenerative disease in its tracks?



Investigating the association between vitamin D, neuroimaging features, and the risk of dementia and stroke, the study found:

- low levels of vitamin D were associated with lower brain volumes and an increased risk of dementia and stroke
- genetic analyses supported a causal effect of vitamin D deficiency and dementia.
- in some populations as much as 17 per cent of dementia cases might be prevented by increasing everyone to normal levels of vitamin D (50 nmol/L).

Dementia is a chronic or progressive syndrome that leads to deterioration in cognitive function. About 487,500 Australians live with dementia and it is the country's second leading cause of death. Globally, more than 55 million people have dementia with 10 million new cases diagnosed every year.

Supported by the National Health and Medical Research Council, the genetic study analysed data from 294,514 participants from the UK Biobank, examining the impact of low levels of vitamin D (25 nmol/L) and the risk of dementia and stroke. Nonlinear Mendelian randomisation (MR) – a method of using measured variation in genes to examine the causal effect of a modifiable exposure on disease - were used to test for underlying causality for neuroimaging outcomes, dementia, and stroke.

Senior investigator and Director of UniSA's Australian Centre for Precision Health, Professor Elina Hyppönen, says the findings are important for the prevention of dementia and appreciating the need to abolish vitamin D deficiency.

"Vitamin D is a hormone precursor that is increasingly recognised for widespread effects, including on brain health, but until now it has been very difficult to examine what would happen if we were able to prevent vitamin D deficiency," Prof Hyppönen says.

"Our study is the first to examine the effect of very low levels of vitamin D on the risks of dementia and stroke, using robust genetic analyses among a large population.

"In some contexts, where vitamin D deficiency is relatively common, our findings have important implications for dementia risks. Indeed, in this UK population we observed that up to 17 per cent of dementia cases might have been avoided by boosting vitamin D levels to be within a normal range."

The findings are incredibly significant given the high prevalence of dementia around the world.

"Dementia is a progressive and debilitating disease that can devastate individuals and families alike," Prof Hyppönen says.

"If we're able to change this reality through ensuring that none of us is severely vitamin D deficient, it would also have further benefits and we could change the health and wellbeing for thousands."

"Most of us are likely to be ok, but for anyone who for whatever reason may not receive enough vitamin D from the sun, modifications to diet may not be enough, and supplementation may well be needed."

University of South Australia

See the study report here:

https://academic.oup.com/ajcn/article/116/2/531/6572356





Envision Life Solutions

"Live with vision, purpose, passion and service"

This organisation is veteran founded, owned and run. It is a coaching, mentoring, training and events business designed to inspire women to achieve what they want in their life through establishing what that is, what their values and vision are and the steps to get there. It was founded out of Anna Maria Lang's (the CEO and Founder) vision and life lessons which taught her that to have a vision, mission, purpose and live your values is imperative to quality of life, results and growing into the person you are meant to be. She leads by example through her resilience and ability to create ideas, actualise them and generate success through inspiring others to rise up.

Having a vision can give you a reason to live, go on and achieve and EnVision is here to assist women including women veterans and veteran families. For example, the most recent impactful project that has been born out of inspiration to help women overcome the odds and keep rising is

the 'Unstoppable' event. This event is predominantly women veteran speakers designed to assist women to live their vision, mission, purpose and values while being resilient in a changing world. Through this work, the team at EnVision aim to inspire women to be able to embrace their calling in life. live it and make the most of any situation to be a leader in their family, business, workplace and/or society.

EnVision also provides one-on-one coaching and mentoring or group training that is specifically and individually designed to cater for the needs of the modern woman. These programs are for women who want to become inspired in their relationship, health and career and be encouraged by coaches and mentors who have lived experience in the being 'Unstoppable' game. As the generations are changing, this organisation is leading the way to assist more women to find their truth, their calling and way of life that they are wanting and destined

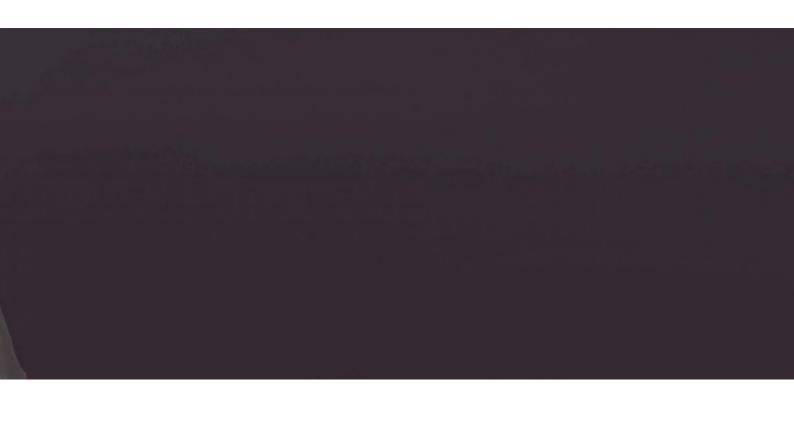
for. It is here to pave the way in a world that is changing and to assist women to be able to find their inner strength, knowing and ability to be able to achieve anything they are called to and choose to do.

It is a great passion of Anna Maria's to see women succeed in Australia and to be able to fulfil on her calling in this area through this work. It is vision, mission, purpose and values that have gotten her to this point and keep her going while appreciating all aspects of the spectrum of failure and success as part of the success journey.

Her top 3 tips for succeeding are:

- 1. Success breeds success so focus on small wins and compound them over time.
- 2. Your focus determines your outcome so always stay true to your vision.
- 3. Be resilient seeing all setbacks and perceived failure as lessons and an opportunity.

For information on this free 'Unstoppable' event and EnVision Life Solutions go to www.envisionlifesolutions.com.au







The Royal Commission into Defence and Veteran Suicide has released its interim report after more than 1,900 submissions and 194 witnesses.

It includes recommendations considered so urgent the royal commission is making them now (it still has two years left to run).

After years of lobbying efforts by the veteran community, the government finally relented and established the royal commission in 2021. The evidence presented and initial findings justify how important it is.

The interim report is a good start and we hope the problem of independence and accountability for the effects of the Australian Defence Force (ADF) culture and systems will be addressed.

A culture of tribalism and exclusion

Defence and veteran suicide is predominantly understood as a mental health issue. But an overemphasis on mental health neglects the impact institutional cultures and systems have on the wellbeing of service personnel.

Institutional abuse is a significant issue in the ADF. The hierarchical and closed character of the military provides environments where service personnel can harass and bully each other.

Cohesion and a sense of pride and loyalty in each unit are central to military effectiveness. But this can create the conditions for abuse.

As we told the royal commission, there's often a culture of tribalism and exclusion in military settings. This is created by factors including hyper-masculinity, intense stigma against acknowledging injuries (physical or psychological), and the total authority commanders have over military life.

The military justice system permits commanders to use their discretion to discipline their subordinates, which can result in administrative violence. This refers to commanders using their authority arbitrarily to make the life of a subordinate unbearable.

From our own research into institutional abuse in the ADF, the effects of a closed system that perpetrates administrative violence against members can be a contributing factor in veterans self-harming.

We also consistently heard how these processes were used to further traumatise victimised members. We call this the second assault.

Moving from military to civilian

The royal commission recognises the importance of the transition from military to civilian life. Moving from the closed military institution to the open civilian world is a significant upheaval, with service personnel losing their sense of identity, purpose and belonging.

The ADF is very effective at socialising civilians into the military – it needs to direct that expertise to transitioning them safely out.

Another key focus of the interim report is the management of the Department of Veterans' Affairs (DVA) and the claims system. When veterans leave the service the DVA manages their injuries.

The royal commission noted the DVA had yet to determine more than 62,000 claims as of June 2022. It recommends urgent and immediate action to clear the backlog of claims, as claim delays can significantly worsen veterans' mental health.

Unable to change

The royal commission is right to ask why it has taken so long for the ADF to change, despite decades of scrutiny.

It identified over 50 previous reports, with 750 recommendations since 2000. The commissioners say:

We have been dismayed to come to understand the limited ways that Australian Governments have responded to these previous inquiries and reports.

We recently concluded an Australian Research Council Discovery grant on institutional abuse in the ADF. We conducted nearly 70 interviews with survivors and assessed the ADF's inquiries and policy attempts to reform military culture. Our yet-to-be-published research extends back to 1969 – when the same culture of bullying was identified, followed by institutional cover-up and victim blaming.

The ADF has undertaken many inquiries into these problems yet has been unable to effect meaningful change.

Independent scrutiny is crucial

The royal commission flagged there's a "compelling case" for an independent body to oversee the implementation of recommendations from inquiries and reviews. The commission will explore this further over its final two years.

We think the development of an independent body that sits outside the chain of command is urgent. The entity should also be able to address member grievances.

At the institutional level, Defence has been unable to reform itself and needs to be subject to independent scrutiny.

But this isn't the first time such an entity has been flagged. In 2005, the Senate Inquiry into the Effectiveness of the Australian Military Justice System recommended something similar, called the Australian Defence Force Administrative Review Board. It was vetoed by Defence and the federal government.

This highlights a fundamental tension for the ADF – between keeping things in house and continuing the legacies of

abuse, or empowering an external body that protects the rights of service personnel. The problem is such an entity will inevitably come into conflict with the ADF command.

The royal commission must seek more answers from the leaders and commanders of the ADF and DVA. Their leadership is the key site of institutional dysfunction that disempowers members, veterans and their families, and perpetuates the systems of abuse.

The royal commission must stand up to this power in order to recognise and support those who serve their country. ■

BEN WADHAM

Director, Open Door: Understanding and Supporting Service Personnel and their Families, Flinders University

JAMES CONNOR

Associate professor, UNSW Sydney

theconversation.com

If this article has raised issues for you, or if you're concerned about someone you know, call the following support services:

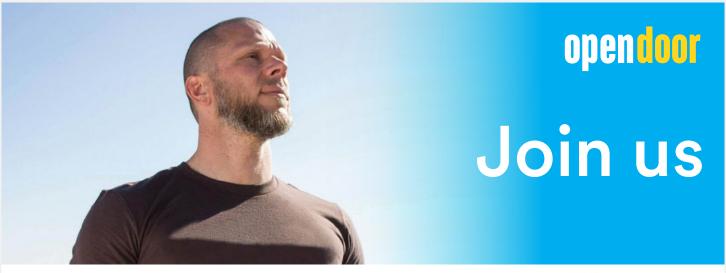
Suicide Call Back Service: 1300 659 467 (phone and online counselling)

Defence Member and Family Helpline: 1800 628 036

Lifeline Australia: 13 11 14 or text 0477 13 11 14 (24-hour crisis support)

ADF Mental Health All-hours Support Line: 1800 628 036

1800RESPECT: **1800 737 732** - 24-hour counselling service for sexual assault, family and domestic violence Men's Referral Service - **1300 766 491** (for men concerned about their own use of violence, or abuse) Open Arms: **1800 624 608** (free and confidential, 24/7 national counselling service for Australian veterans and their families, provided through the Department of Veterans' Affairs)















Open Door: Understanding and Supporting Service Personnel and their Families

Workshop: Servicing the health and wellbeing of male veterans: lived experience and research evidence

Fri 21st Oct 2022, 10:00am - 1:00pm ACDT

This free workshop held by the Freemasons Centre for Male Health and Wellbeing (FCMHW) will bring together community-based service providers with experts and veterans to lead an evidence and lived experience informed conversation on the issues impacting the lifelong health and wellbeing of men within our veteran community.



Greg T Ross: Ken Tsirigotis, Chief Operating Officer at Melbourne Legacy, thank you so much for joining us here at The Last Post. How are things there in Melbourne?

Ken Tsirigotis: Hi, Greg. Thanks for the opportunity. Things in Melbourne are fine. We've bounced back as a city. The city is starting to see a fair bit of foot traffic again, and as you'd know, after such a long COVID lockdown, it's really good to see people out and about again.

GTR: Yeah. Good point to start off with. I was in Melbourne three weeks ago and took a walk through the city and noticed the same thing that you spoke about. There is a rejuvenation of sorts that's taking place and knowing Melbourne, it will bounce back properly in the not too distant future. Ken, your story is an interesting one. And I think this is what led me to wanting to include you in the magazine. Of course, you can't roll in Legacy Melbourne, which we will get onto in just a moment, but moreover, I guess, the path that led you there, can you just give us a brief run? I know you had 22 years in the army,

but there was a hell of a lot going on there, including some awards that you got in service in Afghanistan, et cetera. Can you just give us a background, Ken, of what you actually did and how you were attracted to the army, et cetera, et cetera?

KT: Yeah, a hundred percent, Greg. So I grew up in the Northern suburbs of Melbourne, very close to the center of Melbourne, really, in those inner suburbs to Greek immigrants. I grew up from day dot, not knowing any different than the average punter, really about military service. All I knew was that my father had served, as did all my grandparents and uncles, back in the old country.

So it was a given that as a male, predominantly, you have to give back to your community, to your country through military service. And I grew up hearing all those stories and I was really interested in, particularly, ancient Greek history, Spartan history, where my family derives from.

So at a very early age, probably 13 or 14 years old, after a visit to Greece and seeing the Evzones at the front of Parliament House there and in front of the Tomb of the Unknown Soldier and

listening to all those stories and loving my history, I kind of knew that within me, there was something that really wanted to do his bit, and that was through military service.

So at the earliest possible point that I could, which was 18, I joined the Australian Army. And to be honest, whether my parents had immigrated to Germany or America or any other of those countries, I would've joined the military as well. So I'm glad that they made the long venture from Greece to Australia. And I joined the Australian Army and I did that straight after school, when I was 18.

GTR: There's a couple of things, Ken. Thanks for giving a background on that. And we'll carry on with that in just a moment, but there's a couple of things there. I know that post-World War II, Australia was effectively introduced to the Greek and Italian cultures, through food and music and the mere fact that we had the postwar immigration boom. So things began to change in Australia and we are very happy. That is continuing. I know personally, a lot of Greek and Italian people that I went to school with. So that's a great thing. And, of course,



the history of Greece, itself, as a civilisation, goes back a lot longer than Australia. And there is a lot of cultural strings for you to pull, I guess, which you mentioned there of course, about the history of your original country, or your family's country, and then your transition to being in Australia, your family, and then of course serving. Did you find the experience? Was it exciting from the start?

KT: A hundred percent, Greg. So I was really excited from a young age, knowing that what my path is going to be. I suppose that as a 13 and 14-year-old, amongst my peers, that the guys and girls I went to school with, they really didn't know what they wanted to do, moving forward. People would chop and change. And as you do, growing up, I had my focus. I knew exactly what I was going to do. I was just buying time, I suppose, between that time in my early teens, to the point that I could join.

Now, my parents were very happy that I was going to join the defense force. I was a little bit of a rat bag teenager and kid growing up. Quite an aggressive nature, to be honest. And they knew that the defense force would probably be a good option for me within that framework, that the defense force was really good at helping young men and women with guidance and mentorship and teaching you discipline and controlled aggression and that kind of stuff.

So was I excited? Yes. I walked into

recruiting at the earliest point. My parents wouldn't sign off. They said, "When you're 18, you can make that decision on your own." So I did. Walked into recruiting and basically said along the lines of, "I want to be a combat soldier and I want to jump out of airplanes."

And the guy that I spoke to, which was across the counter, I believe he was a captain, had some parachute wings on his sleeve and he said, "Yep, no worries. Come this way." And the rest is history, really.

GTR: Well, that's very interesting. I know my partner would be very interested in that. She's a great fan of parachuting, And there's a buzz about that. That's for sure.

The aggressive behavior, it may sound a strange flip side of things, but did that actually help control or bring that into some sort of controllable element of your personality, when you joined the army, that they helped you?

KT: Yeah, look, as a 46-year-old now, reflecting back, I obviously look at things much differently and realise how much that system, how much that mentorship, how much that guidance really did help me, because what I did have, and this is on reflection now, is a lot of inner turmoil as a young man, a lot of uncontrolled aggression. And that was just the way I was brought up and my default, I suppose, but actually being guided and being taught discipline and living that warrior



ethos of doing the right thing, always training hard, playing hard, and then being accountable for your actions really put me on the right path.

GTR: Excellent. And I guess one of the interesting things or the benefits for you also was a cultural one. I know you'd had the culture of Greece, et cetera, and the history of that country, but of course you went overseas. Obviously, that's part of what you do. Indonesia, New Zealand, France, Belgium, Thailand, UK, Switzerland, and of course Afghanistan and East Timor. Just briefly about those first groups of countries, but mainly East Timor or in Afghanistan, what were those experiences? What did it teach you? How did you cope with that?

KT: Well, East Timor, I'll start off with East Timor in 1999. That was my first deployment. And for most of us, our first deployment ever. So I'd been in the army five years at that stage or going on to five years.

GTR: Yeah, what a year.

KT: Quite an experienced soldier. I was a specialist by that stage. So I was a trained reconnaissance soldier at that stage and pretty good at my craft, but low in the ranks, really.

So I went over as part of an infantry section, as part of the 3rd Battalion of the Royal Australian Regiment, which was the designated parachute battalion at the time and deployed to East Timor, as part of the International Force East Timor. What did I learn? I learned that we were very well trained troops and I suppose I can say that it is based on what I saw from other countries that were deployed there at the time.

I thought that were a much more professional outfit. My experiences there were good. It wasn't what I thought it would be. Well, kind of. We weren't sure what we were going to come across there. We weren't sure whether we would be in kinetic actions. as in fire fights, for our non-military listeners, with Indonesian soldiers or within Indonesian-backed militias.

GTR: That's right.

KT: I suppose what I learned there is that empathy is something that is ingrained, or not ingrained, is a value that Australian soldiers have. And we leveraged off that a lot. We mingled with the locals and with the local children and did whatever we could, which was outside the scope of the traditional role of an infantryman. But it was really about winning hearts and minds and doing whatever we could do, to support them. We would do our normal patrolling, our

"...FOR EVERY SOLDIER, SAILOR, AND AVIATOR THAT PUTS THEIR LIFE ON THE LINE, A FAMILY DOES THE SAME."

aggressive patrolling, and all that kind of stuff. Vehicle checkpoints. Coordinate searches and that kind of stuff. But the second part of that was that the hearts and minds, and that's where I think we excelled.

GTR: East Timor, what an important time in history. 1999, Ken. I remember that very well. I actually, I feel guilty for saying it, but I was sailing up the Whitsundays and enjoying a very peaceful environment. And I thought, this is happening not too far away from me. You were part of that and a moment really, for Australian military.

KT: Definitely. I think that we did what we could there. We did really well. And then I had subsequent tours to Timor as well and saw the place change and evolve.

I had another tour there in 2002, which was under the United Nations. I served under the United Nations mandate. Although, unlike other countries, we didn't patrol around with blue berets and that kind of stuff, it was mainly a brassard that we wore on our uniform, but we still did a lot of field work, a lot of patrolling along the boundaries, or the border, I should say, between East Timor and Indonesia, West Timor. And again, worked with many other countries. And I thought that, from a... I suppose it is proud to say this, that I still think that our level of training and our professionalism, in front of other troops that we worked with, was higher. And I'd say at the same level with our New Zealand counterparts. It was really good working with them as well.

GTR: Yeah. well done. Well done. It was an interesting time in history and an important time. And look, of course, Ken, Afghanistan. Still very relevant, very recent in the news. What happened there for you and a bit, if you could share with readers and listeners, your experiences, Ken?

KT: Yeah, definitely. So I deployed to Afghanistan in 2012, at very short notice. At that time, I was posted to Melbourne in an instructional capacity at the Melbourne University Regiment. And I was asked if I would like to deploy with the unit that I basically grew up with, again, the 3rd Battalion of the Royal Australian Regiment, to Afghanistan, to which I jumped at the opportunity. It was something that I really wanted to do. And within me, I believed that I needed to do, as an infantryman.

And I deployed in 2012. I deployed as part of a mentoring team. And my job there really was... It was myself. The team was called India 17 Bravo. I was the mobile mentoring team commander. I was a sergeant, but it was in most cases, a warrant officer would probably fill that role. I had another sergeant as my second-incommand and we would have an infantry section, plus support elements that we would embed ourselves with the Afghan National Army and mentor them, basically support them, to patrol their areas, secure their areas, and basically teach, train, and mentor these Afghan National Army soldiers, officers, senior non-commissioned officers, and that, to take responsibility of their areas of operation and make it safe, on their own.

GTR: Right. Okay. So you spoke about East Timor and how you felt when you went there. When you got to Afghanistan, had you had time to really imagine what it may be like when you got there? Was it any different? And what was some of the problems that you encountered, Ken?

KT: Yeah, so it was completely different to East Timor, from the point of... It wasn't a peacekeeping mission. It wasn't a peace enforcement mission. I knew that I was deploying to a war zone, in a war fighting capacity But mind you, I have to say, at this stage, I was a seasoned soldier. I was a senior sergeant. I was a sergeant, but I'd been a sergeant for quite some years and I was looking forward to it. And I had faith within my own ability, and faith within my equipment, faith within the troops, faith within the mission. So I was more than happy to go there.

Were there constraints and restrictions around what we did? Yes, there were. Was it a difficult mission? Yes, it was. Am I happy that I deployed there and did my part? Yes.

And I feel within myself, we did whatever we could do, at that time, at the tactical level. And we did have significant tactical gains, while we were over there.

And I do know that the Afghan National Army, particularly from my personal point of view, with the people that I worked with, they gained a lot of knowledge from us, and the vast majority respected us and did take out points on board whilst we were over there.

GTR: It must have been a great cultural learning for you, Ken. It would be for me, I imagine. And that you carry that with you today, and of course, a lot of the things you learned during your service, Melbourne Legacy, 2016, what led you to that, Ken?

KT: What led me to Legacy, I suppose, along the way, from day dot, from the first day I joined the army, along that journey, many times people would ask me whether it was my hierarchy, or friends of mine that were in the Royal Australian Medical Corps, whether I'd consider becoming a medic? Because they knew how much I really enjoyed looking after the lads within my section,

my recon patrol, when I was a section commander, when I was a patrol commander, when I was a platoon sergeant. I was actually a trained combat first aid [inaudible 00:16:22] and a patrol medic within the recon patrol that I worked with or worked in. And so I really always cared about people and liked doing that kind of stuff anyway. So as I matured within my roles and went up the ranks, I was offered the opportunity to become a welfare officer, to people that were sick, ill, injured, or wounded, along the way, particularly in my last position as the CSM, the company sergeant major, at a headquarters that I was there in two roles. One was the company sergeant major and the other one was the training warrant officer role. And I really enjoyed that.

And I was thinking about what I'd like to do post-service. And I couldn't think of a better fit than Legacy, being that it's the only organisation that's solely dedicated to the families of our deceased and incapacitated veterans. So I made the call. I walked into the Legacy House one day in Melbourne and spoke to some people and just got a better understanding of what Legacy does. And I started off as a voluntéer, initially. I did three months full time as a volunteer with no pay, during my loan service leave. And near the completion of that, I was offered full time employment and I took it on. And I transitioned out of the Defence Force, basically on the Friday, finished off on the Friday, and started working for Melbourne Legacy on the Monday and have been here ever since.

GTR: Wow. What a story. You came in off the street and approached them and look what's happened since you've joined. I mean, Legacy. You are with Melbourne Legacy, but Legacy has been going since 1923. And one of the things that I did when I first started the magazine back in 2011, Ken, was to approach Legacy, and have been learning more and more about the history of this amazing organisation ever since. It's people like you, that carry it on to the next generation and to keep learning, bringing some younger ideas in. It's a beautiful thing that you're doing. I mean, Legacy, if you can just take us briefly through. I know you have these impacts on families, of course, through the death or illness of soldiers, veterans. Social connection, Legacy helps with also social connection and that's a damn important thing. And of course financial help and development opportunities, too. So there's a whole raft, there are whole different layers of things that Legacy does, Ken.

KT: Yeah. A hundred percent. Grea. You've nailed it. I mean, Legacy has been in an evolutionary state since it





started almost a hundred years ago. So next year will be our centenary year.

GTR: That's right.

KT: Melbourne Legacy was the first Legacy club. And then I suppose the best way to explain it, it was a movement. It was a movement that moved within Victoria and other states along the way.

And Legacy has evolved to meet those needs. People are under the impression that, still, people are under the impression that our main focus are elderly war widows. But if you really have a think about it, these elderly war widows in many... If you think about it, once upon a time, were young, vibrant women. So the support to them was different to what it is now.

So at Melbourne Legacy, our service delivery can be explained quite easily. It's about case management, advocacy programs, and events. The main point of difference, I suppose, for Melbourne Legacy is that main case management, that main support, to our beneficiaries comes from professionalised staff. So that's qualified social workers. counselors, and veteran liaison officers. We have then the other part of our case, our case, or our service delivery, I should say, which is the support that our wonderful legatees do, which are our volunteers. And they're basically the salt of the Earth, these people. Many of the veterans all were supported by a Legacy along the way. And they support, mainly, our older cohort, our pre-91 cohort, widows and so forth, with minimizing social isolation, helping with widows clubs, and doing the outreach with that cohort

We provide advocacy at two different levels. One is the normal advocacy, which is helping veterans' families with gaining their entitlements or their best entitlements through the Department of Veterans Affairs. And advocacy at its rawest form, which is supporting people the best way we can, because they can't.

So were they local, state, and federal

levels, advocating on their behalf, because it's ethically the right thing to

And then we have our programs and events. And our programs and events are everything from youth camps-

GTR: All right. Yeah.

KT: ... Equine-assisted therapies and other referral pathways and actual events like the ANZAC Student Commemoration, which we've just had our 90th one of those, in the month of April.

Another point of difference, I suppose, with our service delivery, Greg, is our referral partners that we use, or everything that we do is basically based on a needs assessment. So it's not something that we just come up with. Oh, yeah. We should provide our beneficiaries with this. We actually provide them something, because we've asked them what they need. And we also have spent many hours and years with deep diving through such things as ex-service organisation mapping and drilling down through social impact reports through Swinburne Uni, so we can find out what we're doing well and what we need to improve.

So two of our referral pathways that I'm really energised about, and I'm really happy that we've embedded into our service delivery, one is the Australian Money Mentoring. Australian Money Mentoring basically enables our social workers, but at the heart of it is the beneficiary, to really understand where they are within their finances, and teach, train, and mentor them to budget better, understand where they could do things better with their money, and really alleviate stress when it comes to money, which is a massive problem, not only for the veterans community, but also for community in general, the other one is to provide an alternative therapy, which is equine-assisted therapy through Path of the Horse, to try and enable our beneficiaries to head out there in a beautiful tranquil environment,

do their equine-assisted therapy and really benefit from support that isn't your normal referral, which is into a psychologist and then to a psychiatrist, through a psych ward, and that kind of stuff. Not that that isn't important. Yes, that is. But this is an alternative to that. And in many cases, everything comes back through the case manager to make an assessment of what the best outcome is for that family.

GTR: Yeah. Wonderful, Ken. And Melbourne Legacy deserve a lot of credit, obviously, from the first Legacy clubs being formed in Melbourne. And the tradition continues now, nearly 100 years later. 99 years later, with things, that you've just described, being offered to those that need. And so we thank you very much. And I was just going to say, there's so much there. We have worked with Path of the Horse ourselves and we will be featuring them in the coming edition. So we will have to get out there and then have a look at what they do, Ken, but thank you very much for being part of this important coming edition. We will talk more and we will meet in person again, soon, but thank you personally and to Melbourne Legacy, Ken.

KT: No worries, Greg. I will just close off by saying for every soldier, sailor, and aviator that puts their life on the line, a family does the same. So the Australian public, what I'd like them to understand is, is that in many cases, it's the family that fills the brunt of their loved one's service and has to deal with, in many cases, a lot of serious problems that are associated with that veteran's service, or as a result of that veteran's service. So our focus is to support the families. And thanks for listening to me today.

GTR: No, it's been an absolute pleasure, learning more about you, Ken. And as Chief Operating Officer at Melbourne Legacy, it couldn't be in better hands. Thank you, once again.

KT: Thanks, Greg. ■

It would have broken mum's heart to see us miss out. Please give to help other kids like me... and families like ours.



Thank you for reading my story.

Our veterans' children deserve a happy and safe childhood and a bright future. That's something you can help with this Legacy Week.

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Hi, my name's Emma and I am 12 years old.

Last year was hard for me and my brother Robbie... but I know it was even harder for my mum.

We had to leave home because it wasn't safe anymore. We were on the run for three months...





1800 LEGACY (1800 534 229) legacy.com.au/donate

Starting over was tough, but mum says we got through it with a lot of help...

My brother got Christmas presents too – a caddy for his bike and a remote-control car.



We also received...

Money for school uniforms, books and excursions, a used car so mum can take us to school and appointments and counselling sessions so I can talk to someone about what we've been through.

When I opened a Christmas present and found a laptop for school, I was so happy I cried. I was worried that mum wouldn't be able to pay the bills ... but then she told me it was a gift from Legacy!







Australia must make more of the rich experience disability brings to the workplace

Last week's Jobs and Skills Summit was closely watched by business leaders around the country including Jo-Anne Hewitt, the CEO of disability service provider Achieve Australia.

At a national level, employment is a key driver of economic success but to many individuals who feel they are on the outside looking in, having a job is their ticket to social inclusion.

According to government figures, just 53.4% of people with disability are in the Australian labour force, compared with 84.1% of people without disability. The employment rate for people with intellectual disability and complex disability is even lower.

In the lead up to the summit, Achieve Australia took part in a forum hosted by NDIS Minister Bill Shorten where people with disability, family members, advocates and service providers worked in groups to generate ideas that Minister Shorten took to the summit.

One of the big ideas was for government to create a national workforce strategy to increase opportunities for people with disability across a range of sectors including roles in the disability service sector itself.

"It makes sense to employ people with lived experience in disability work in our sector at all levels from the frontline to board level," Ms Hewitt says. "It will be a process but we have started work to realise this ambition."

"The benefits of having a job for any of us are well known – a higher standard of living, financial independence,

a greater ability to engage with the world, better health, and increased self-worth," she adds.

"However, increasing the number of people with disability employed across most sectors and at all levels in Australia, especially in leadership roles, offers enormous benefits to the economy and society," she says. "Achieve is no different and we plan to employ more people with disability in a number of roles across the organisation at all levels."

Achieve employs about 1,200 staff and supports more than 570 people with disability in Sydney and the Northern Rivers region of NSW. Services include home-based supports, specialist short term accommodation and activities to support increased community participation. Achieve employs people with disability in its successful social enterprises, The Sewing Basket and AchievAble Enterprises. Its Quality Champions program employs people with lived experience of disability to talk to the people Achieve supports to gather feedback and develop new ways of adding more value to their clients.

"We believe strongly in elevating the voices of people with disability whether as clients or colleagues in all areas of our work," Ms Hewitt says.

"People with disability are hugely diverse in their education, training, work histories and interests but they share an experience of navigating a world not designed for them and the skill, resilience and determination this involves is so valuable."

"Removing barriers to employment for people with disability is good for all Australians," she states.



After a successful trial, Achieve Australia have launched an awesome and unique program called the **Quality Champions**. For the first time in Australia, people with disability are evaluating services delivered to people with disability.

A team of two with lived experience of disability, interview and **evaluate** the services and give extensive feedback to the provider. The Quality Champions become the voices of people with disability.

Scan the QR code to learn more about how Achieve Australia is improving lives and **bringing inclusion to life.**





Could you be entitled?

Many Veterans, including younger Veterans, have service injuries making it impossible to stay on top of household chores. Whether from shoulders, backs and knees cruelled in the line of duty, to the constant spectre of anxiety and depression, registering your condition with DVA is the most important part.

Under the Medical Rehabilitation Compensation Act (MRCA) and the Safety, Rehabilitation and Compensation Act - Defence (DRCA), the Department can then approve those services required for the proper running and maintenance of your household. This includes domestic cleaning, mowing and gardening, gutter, window and solar panel cleaning, laundry, meal preparation, dog walking and more.

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Once your entitlement is approved via a Determination letter from DVA, HomeFront Australia steps in to take care of your service delivery quickly, easily, and without hassle, anywhere in Australia and at no cost to you.

To find out more information about your eligibility for these services ring

> DVA on 1800 838 372 and say "Household Services" when prompted by the voice recording.

To apply for Household Services, fill in the Claim Form with the help of your GP, and forward it to HHS@dva.gov.au.

To commence your services with HomeFront, or to find out more information about the services HomeFront delivers:

scan the QR Code visit us at homefrontaustralia.com.au write to us at info@homefrontaustralia.com.au or call us on 1300 20 60 40 Monday to Friday.



Access your Claim Form here: https://www.dva.gov.au/sites/default/files/dvaforms/d9319.pdf

HomeFront is a Veteran-run organisation providing premium DVA Household Services to other Veterans everywhere in Australia at no out of pocket expense, under the MRCA and DRCA legistlations.



CAF visit to PNG. (L-R) High Commissioner to Papua New Guinea, Mr Jon Philp; Chief of Air Force, Air Marshal Robert Chipman, AM, CSC; Papua New Guinea Chief of Defence Force, Major General Mark Goina; Australian Defence Attaché to Papua New Guinea, Colonel Travis Gordon, CSM, at the commemorative service for the 80th anniversary of the Battle of Milne Bay at Alotau, Papua New Guinea. Photo: CPL Cameron Pegg.

80th Anniversary of the Battle of Milne Bay in Papua New Guinea

On August 27th 2022 members from the Papua New Guinean and Australian Defence Forces joined in a commemorative event for the 80th anniversary of the Battle of Milne Bay in Papua New Guinea.

Attending on behalf of the Australian Defence Force (ADF) was Chief of Air Force, Air Marshal Robert Chipman, AM, CSC, who said it was an appropriate time to reflect on the longstanding bonds between Australia and Papua New Guinea - forged in times of crisis but sustained in peace and prosperity.

"The Battle of Milne Bay was an important victory for the Allies during World War II," AIRMSHL Chipman said.

"Milne Bay is a battle entrenched in the lore and history of both nations. It was the first time that the people of Papua New Guinea, and the armed forces of both Australia and the United States combined in the defence of Papua New Guinea.

"The Allies and the Japanese paid a heavy toll in the battle of Milne Bay. Just under 1000 Papuan, Australian, American and Japanese were killed and at least another 500 were wounded.

"Today we pay our respects to all who fell here 80 years ago.

"To the Papua New Guinean veterans of the Battle of Milne Bay, to their descendants and families, on behalf of the people of Australia please accept my gratitude and heartfelt appreciation for your contribution to the security of our region in World War II.

"In 1942 we demonstrated the strength, courage and determination of the Pacific family. This partnership between people with shared goals and common beliefs continues to this day.

"We deeply value being part of the Pacific family," AIRMSHL Chipman said.

F-35A Lightning II aircraft from No. 75 Squadron conducted a flypast of the commemorative event. This flypast was symbolic of the aircraft from No. 75 and 76 Squadrons who defended the bay eight decades earlier.

In attendance was Major General Mark Goina, DMS, CBE, Commander of the Papua New Guinea Defence Force; His Excellency Mr John Philp, High Commissioner to Papua New Guinea; Mr Joe Zadrozny, US Chargé D'Affaires; Mr Jeff Abel, Chairman of the Battle of Milne Bay Committee and members of the ADF. ■

Jalle TIM PAGE

Tim Page leaves behind an archive of 750,000 war-era images and a legend of getting so close to the action he seldom used a long lens.



JAKARTA - It was dusk when photojournalist Tim Page pulled into a village deep in the mountains of northern Thailand. It had been a long day shooting opium poppies, but he had a roll of new fast film and in his mind was an image of an old man smoking an opium pipe by the dim light of a lantern.

Page soon found the village opium hut. But as he stood unsteadily on one leg taking off his shoes, the floor gave way under him and he descended feet-first into the deep mud under the house. The villagers fell about laughing, but he still got the shot. He usually did.

When the legendary 78-year-old cameraman died at his home in rural Australia today (August 24), his losing battle with pancreatic cancer came 53 years after he was given 20 minutes to live on a battlefield in Vietnam, the decade-long war that was to consume and define his colorful life.

At the time of his death, he was still working on digitizing his work, which began when the self-described "green hippy kid" from Tunbridge Wells, Kent, was given a camera in strife-torn Laos and pointed in the direction of the war in Vietnam.

His collection of 750,000 images is now stored in a converted refrigerated container, painted in garish camouflage and sitting near the modest house in Bellingen on the New South Wales coast where he lived with his long-time Australian partner.

"Once you've been to war, it's the biggest thing in your life," he said in one recent interview. "You form mateships, friendships, which are tougher, harder more cemented than with your family. They become your brothers and your sisters."

As for covering war, "You learn quickly, or you die. You don't go out there with a backdrop in your mind 'I will be hurt this time, I will die.' You can't have this in your mind otherwise you won't function because you'll spend all your time worrying."

It was a much more reflective Page than five decades before when, for a small band of young Saigon-based

photographers hanging out in a house that came to be known as Frankie's Place, the war meshed seamlessly with the world of drugs and rock and roll.

A 1992 British-Australian TV series of the same name sought to capture that period. "Page hated it, probably because in the first segment it made him look like a naïve and foolish young kid, running around doing crazy stuff in a war zone," says close friend Michael Hayes, former editor of the Phnom Penh Post.

It may not have been so far off the mark.

Asked then if he would consider writing a book that took the glamor out of war, Page famously responded: "Take the glamor out of war! I mean, how the bloody hell can you do that ... war is good for you, you can't take the glamor out of that. It's like trying to take the glamor out of sex."

Between the height of the French Indochina War in the 1950s and the fall of Phnom Penh and Saigon in 1975, 135 photographers from all sides were reported killed or missing in the thick of combat or alone on dangerous roads

Page was very nearly one of them. He was wounded four times covering the fighting in South Vietnam, suffering shrapnel wounds in two incidents in 1965 working for United Press International (UPI) and then twice more after that, each time progressively worse.

In August 1966, he was aboard a Coast Guard cutter strafed by three US jets that mistakenly identified it as a Viet Cong vessel. Wounds covering most of his body, he spent two hours drifting helplessly in the South China Sea before being rescued.

During his treatment for cancer earlier this year, doctors discovered he still had 10 tiny pieces of shrapnel in his liver from that incident that prevented him from undergoing magnetic resonance imaging (MRI).

Three years later, after a break to cover the Six Day War, Page was on a helicopter called to evacuate two

wounded soldiers northwest of Saigon. As he stepped off to help, a sergeant ahead of him triggered a mine, sending a two-inch piece of shrapnel into his head.

Miraculously he survived, even staggering back to the helicopter to change lens and shoot a few more frames. He doesn't recall a lot after that, but he underwent a 10-hour life-saving operation and spent the next year in the US undergoing neuro-surgery at Walter Reed military

It left him with what he called a "gimp" and Page-being-Page he often joked that because of a plastic plate in his skull he grew his hair with petroleum products. It also introduced him to the world of LSD, which he credits with helping him through his rehabilitation.

Critics say Page's place in photography will not be so much for his pictures, but as a photographer who got so close to the action he rarely used a long lens. "There was too much to shoot," he once wrote. "Too many frames to be made. No time to do it.

His long-time friend, the great Australian cameraman Neil Davis, who survived 11 years of often close combat in Indochina only to die needlessly in a military coup attempt in Bangkok in 1985, had the same instincts working mostly with Asian soldiers.

"I would always try to go to the extreme frontline," he said in the award-winning documentary Frontline. "You can't get the spontaneity of action if you're not there ... you can't see the faces (of the soldiers), the expressions on the faces.

Typically, Page regarded Francis Ford Coppola's Apocalypse Now as the best movie ever made on Vietnam, simply because it captured the madness of it all. Little wonder he was the model for the crazed cameraman in the film played by Dennis Hopper.

A proponent of gonzo journalism, Page produced nine books, most of them about Vietnam and its long and often painful aftermath, including a short, brilliantly-written railway travelogue

OPPOSITE PAGE:

Tim Page in Chimpou, Cambodia, in 1991. Photo: Jeff Widener, Associated Press.

titled Derailed in Uncle Ho's Victory Garden in 1995.

His best work is probably Requiem, a weighty volume he coproduced with Associated Press lensman and Vietnam veteran Horst Faas containing photographs taken by the cameramen and journalists killed in the Indochina wars, including some from North Vietnamese Army archives.

Still among the missing are Page's close friends, Sean Flynn and Dana Stone, who disappeared along the Vietnam-Cambodia border in April 1970 and are thought to have been eventually executed by the Khmer Rouge near Kampong Cham, northeast of Phnom Penh.

A 1991 film, Danger on the Edge of Town, chronicled his decades-long search to discover their fate, which worried friends say sometimes verged on an obsession. It brought him back to Asia on frequent trips and gave him the idea for Requem, in which Flynn's pictures are prominently displayed.

He was a familiar face in Hanoi, where officials reportedly called him the Vietnamese equivalent of Mr Ganja because he smoked marijuana openly, claiming his doctors thought it helped him with the after-effects of the wounds he had suffered.

In 2009, Page was named United Nations Photographic Peace Ambassador and was attached for a while to the UN Assistance Mission in Kabul, teaching photography to young Afghans.

One of his students, Barat Ali Batoor, has since settled in Australia where he won the 2013 Nikon-Walkley Photo of the Year for a dramatic image he took on a refugee boat in an unsuccessful attempt to sail from Indonesia to Australia.

Published last year, Page's final book, Nam Contact, is another massive 448-page coffee table work, essentially contact sheets of previously unseen black-and-white Vietnam war pictures accompanied by text to explain the military operation Page was covering at the time.

It will serve as a fitting epitaph to a one-of-a-kind citizen of the world who turned the wartime experiences of his youth into a life-long stream of photographic consciousness and, in the end, a reminder that war is not so glamorous after all.

BY JOHN MCBETH asiatimes.com

THIS PAGE, FROM TOP:

Tim Page with his friend Sean Flynn – who disappeared in Vietnam – at a hovercraft base, Dong Tam, east of the Perfume river, 1968. Photo: Michael Herr.

Launch of an A6 jet from the USS Midway, May 1966. Photo: Tim Page .

An evacuation at Quang Ngai airstrip, April 1965 – just one tragedy of millions in the Vietnam War. Photo: Tim Page.







Women Work for Victory in WWII



During World War II thousands of women joined the workforce, many working in jobs previously reserved for men. This exhibition explores their story.

From the fields to the factories, the armed services to the home, women produced the food, clothing and munitions that supplied both the Allied troops in the Pacific region and the civilian population. Many of these jobs were difficult and dangerous, but thousands of women responded to the call.

Doctors and nurses were needed in the services. Other women joined voluntary paramilitary groups or swelled the ranks of established charities like the Red Cross and the Australian Comforts Fund. The National Council of Women established a Women's National Volunteer Register and most workplaces had their own Patriotic Funds, raising money for the war effort.

'Women Work for Victory in World War II' was researched and curated by the Old Treasury. It was funded by the Victorian Government's 75th Anniversary of the End of World War Two Grant Program. ■

FREE EXHIBITION Women Work for Victory in WWII Until late 2022 Old Treasury Building

www.oldtreasurybuilding.org.au/work-for-victory

FREE EXHIBITION at Old Treasury
ONLINE NOW

WOMEN WORK FOR VICTORY IN WORLD WAR II



See OTB.ORG.AU/WORK-FOR-VICTORY to view the online exhibition and for detailed museum opening hours







A Nation Divided: The Great War and Conscription

Debate over conscription during the Great War is described by some historians as the most bitter, divisive and violent ever to consume the nation.

In 1916 and 1917, during the darkest days of the Great War, two referendums were held asking Australians to decide whether men should be conscripted to fight overseas. The issue was hugely controversial, dividing families, communities and political parties. Thousands of impassioned speeches were made, endless newspaper columns written, mass meetings and huge rallies held throughout the country. In fact the debates surrounding these two referendums have been described by some historians as the most bitter, divisive and violent ever to consume the nation. As Australians divided in bitter recrimination, it seemed as if the soul of the grieving nation would tear itself apart.

This exhibition tells the story of this extraordinary period in our history. It is a tale of political intrigue, industrial turmoil, civil unrest and a lurid propaganda war. There were passionate idealists on both sides of the debate, but also many ordinary people who quietly made up their own minds. In the end Australians voted against conscription, despite a huge government campaign to persuade them otherwise. In a sense then, the conscription story is also a story of the triumph of democracy, amidst the most testing circumstances ever experienced in Australia

Why did the Australian Government consider conscription?

When Great Britain declared war on Germany in August 1914 the Australian Government responded generously, offering to send and equip 20,000 troops, with more to follow. Australia had only a very small standing army in 1914, and its use overseas was prohibited by the Defence Act 1903, which meant that any force raised had to be voluntary. It was an ambitious promise, but in the first months of war men flocked to enlist. The Australian Imperial Force (AIF) sailed from Albany in convoy with New Zealanders, and accompanied by the Japanese battleship Ibuki, on 1 November 1914.

Enlistments fall

For the first year or more of war enlistments remained high. By early 1916 over 200,000 men had volunteered to fight. But as the long lists of casualties began to arrive in Australia, from Gallipoli, Palestine and then the new battle fronts in France, shocked Australians struggled with their grief. Social, economic and political differences, masked in the first months of patriotic fervour, surfaced once again. Enlistments fell off sharply. At the same time the British Government pressed Australia for reinforcements to replace those who had fallen.

Conscription - or not?

Labor Prime Minister William Morris (Billy) Hughes began to consider conscription, following the example of Britain (from January 1916) and New Zealand (from June 1916). Despite promising in 1915 'in no circumstances would I agree to send men out of this country to fight against their will', one year later he had changed his mind. He became an increasingly forceful supporter of conscription.

In 1916, then again in 1917, the Australian Government held referendums to decide whether men should be conscripted to fight overseas. It was a question that ignited the nation in bitter controversy.



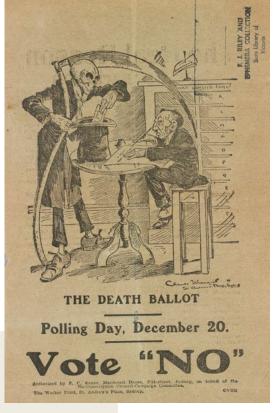
A Nation Divided: The Great War and Conscription Until late 2022

Old Treasury Building

www.oldtreasurybuilding.org.au/whats-on/exhibitions/conscription



Mrs. Toorak: "What a blessing it's a boy! He can work and fight for us."





MELBOURNE ANSWERS "NO" TO MR. HUGHES MAIN HALL, EXHIBITION, 20th September, 1916. (The Annexes, which could not be included, contained like crowds)





SUCH A SIMPLE QUESTION.

THE ANTI'S CREED

- 1 believe the men at the Front should be sacrificed.
 1 believe we should turn dog on them.
 1 believe into our women should betray the men who are fighting for them.
 1 believe in the sanctity of my own life.
 1 believe in taking all the benefit and none of the risks.
 1 believe in taking all the benefit and none of the risks.
 1 believe in murder on the high seas.
 1 believe in murder on the high seas.
 1 believe in slinn Fein.
 1 believe in Sinn Fein.
 1 believe that Britain should be crushed and humiliated.
 1 believe in the massare of Belgian priests.
 1 believe that Britain should be crushed so humiliated.
 1 believe in the murder of women, and baby-killing.
 1 believe that Nurse Cavell got her deserts.
 1 believe that treachery is a virtue.
 1 believe that desertion is emnobling.
 1 believe that desertion is emnobling.
 1 believe in the desertion is emnobling.
 1 believe in holding up transports and hospital ships.
 1 believe in holding up transports and hospital ships.
 1 believe in burning Australian haystacks.
 1 believe in burning Australian waters.
 1 believe in handing Australian over to Germany.
 1 believe I'm worm enough to vote No.

 Those who DON'T Believe in the above Creed

Those who DON'T Believe in the above Creed

will VOTE YES



THIS PAGE, CLOCKWISE FROM TOP LEFT:

Melbourne Answers "NO" To Mr Hughes.

Courtesy State Library of Victoria

The Blood Vote. Courtesy Australian War Memorial.

The Anti's Creed. Courtesy State Library of Victoria.

YES or NO? Such a Simple Question. Courtesy National Library of Australia.

Australia has promised Britain.

Courtesy State Library of New South Wales.

OPPOSITE PAGE:

TOP: Mrs Toorak published in Labor Call 23 November 1916. Courtesy National Library of Australia.

BOTTOM: The Death Ballot Anti-Conscription Propaganda. Courtesy State Library of Victoria.



The **Twilights**

The Twilights formed in the satellite town of Elizabeth, 20 km north of Adelaide in South 1960s was largely made up of families who had recently migrated from the UK, and all the original members were born in Britain.

Like many other nascent pop bands, The Twilights were strongly affected by The Beatles' film A Hard Day's Night and other emerging British beat groups, notably The Hollies, The Who and The Small Faces, and they kept abreast of the latest trends with packages of records and tape recordings of Top 40 radio shows that they regularly received from relatives in Britain. Drawn together by their common origins and musical interests, singer Glenn Shorrock (hailing originally from Kent, UK), and his friends Mike Sykes and Clem "Paddy" McCartney (born in Belfast) formed an a cappella trio, eventually gaining regular bookings around the small Adelaide folk/coffee-house circuit.

Occasionally, and especially for more prestige engagements, this original vocal 3-piece teamed up with local instrumental outfits, including The Vector Men and The Hurricanes. Typical of the era, the Hurricanes had started out as a Shadows-style instrumental act, but the impact of The Beatles and other "British Invasion" bands saw many guitar bands around Australia recruiting lead singers and changing over to vocal-based material. The Twilights and The Hurricanes developed a solid bond, leading to the formation of the six-piece, fully electric-and-vocal group, The Twilights.

Still based in Adelaide, and originally self-managed and produced, the band released its debut single, "I'll Be Where You Are" on EMI's Columbia imprint in June 1965. A ballad written by Shorrock and Britten, the single gained some airplay in Melbourne but failed to chart outside Adelaide. Subsequent singles made further inroads - the second release, "Wanted To Sell", cracked the Melbourne charts and the third, the brisk, Beatles-styled Brideoake/Britten original "If She Finds Out" gave the band its first chart success in Melbourne, Sydney and Brisbane.

The Twilights quickly gained a strong reputation for their dynamic live shows in Adelaide. Early in 1965, drummer Frank Barnard left the group after the band hired Gary Spry as their manager. Barnard was replaced by Laurie Pryor, a well-known local drumming prodigy, who had previously played with another popular Adelaide band, Johnny Broome & The Handels. The new Twilights line-up with Pryor remained intact for the rest of the life of the band.

The band's first recording after relocating to Melbourne was a version of the Animals song "Baby Let Me Take You Home", which marked the beginning of their successful collaboration with EMI house producer David Mackay; it gained a minor chart placing in Melbourne but made no impact in other cities.

The Twilights fared much better with their next two releases. Their fourth single was a cover of Larry Williams' "Bad Boy" (June 1966), a track made famous by The Beatles; a video recording of the group performing this song on the pop program The Go!! Show has survived and can be seen on YouTube. ■

BOB GARDINER musicfinder.online/the-twilights





VINCENT GIL 1939-2022

"I am the Nightrider, I'm a fuel-injected suicide machine. I am the rocker, I am the roller, I am the out of controller," are the first lines of Vincent Gil's turbo-charged soliloquy that grab the opening scenes of George Miller's 1979 dystopian drama, Mad Max, by the throat.

Unforgettable as they are, the Nightrider's lines still get guoted at house parties, trivia nights and movie conventions by hordes of Mad Max devotees as well as gifting Gil with a culthood all of his own. Vincent Gil, one of Australia's finest character actors, passed away on August 22 at age 83 after several years of frail health. Nearly all media obituaries referenced him as "legendary Mad Max actor" - which is only about half right. Gil leaves behind a fifty year plus oeuvre filled with so many memorable performances and roles.

Gil was a product of Sydney's New Theatre, a long established community theatre company housed behind a car showroom in Darlinghurst, where he stage managed and appeared in a number of plays before crossing over to the big screen as a professional actor. In the 1966 comedy/romance, They're A Weird Mob, Gil can be seen briefly in the film's beginning as a ship passenger standing behind lead actor Walter Chiari. The role was uncredited and non-speaking, an ironic start for an actor who would later tear up the screen with a manic intensity. A year later, Gil had attracted the attention of Hector Crawford who initially cast him as a delinquent in early episodes of

Homicide before elevating him into more substantially villainous roles.

Along with Bill Hunter, Roger Ward, Brian Wenzel and Graham Rouse, Gil became one of Crawford Productions' favourite screen hoods and could often push the envelope with his portravals of giggling psychopaths and wisecracking bash artists. From 1967 to 1974, Gil featured in over twenty episodes of Homicide, Division 4 and Matlock Police. In between, he appeared in the film version of Jon Cleary's novel You Can't See Around Corners alongside Ken Shorter and Rowena Wallace. In 1968, Gil snared the role of Aboriginal boxer Wayne Small in the half hour TV series The Battlers, a 26 episode storyline loosely based on Lionel Rose. By the early 70s, Gil was a regular presence and instantly recognisable - he had more than one expression and that made the difference. No one could leer, smirk, glower or sneer quite like Vince Gil.

The bulk of Gil's work was in television which may explain why he was never granted the acclaim of some of his contemporaries. Over four decades, Gil constantly appeared in cop dramas, TV movies, comedies and soaps. From The Sullivans to Prisoner, from Cop Shop to Kingswood Country, from A Country

Practice to Neighbours, Gil was there playing all sorts of off-centre characters and always delivering the goods. In the short-lived series Chopper Squad, Gil appears as Captain Doo-da, a hippy burnout who attempts to hang-glide under Sydney Harbour Bridge. Firing an imaginary machine gun at a rescue helicopter while singing We Shall Overcome and Do You Know The Way To San Jose, it's Gil at his scene stealing best.

Equally effective on the big screen, it was no accident that Gil featured unforgettably in four groundbreaking Australian films. 1974's Stone, Australia's first biker movie, was an excellent vehicle for an actor with Gil's range. Written, directed and produced by Sydney actor Sandy Harbutt, Stone's plot was built around an infiltrating undercover cop (played by Ken Shorter) and a charismatic outlaw biker (played by Harbutt himself) who presides over a gang of motorcycling devil worshippers called The Gravediggers. Gil was perfectly cast as Dr Death, a satanic nut job who sleeps in a coffin. Swanning around in a stovepipe hat and black eyepatch, Gil, looking like a cross between Deadly Earnest and Screaming Lord Sutch, comes close to stealing the film away from co-leads Harbutt and



Shorter. Although dismissed by some as a Down Under attempt at Easy Rider, Stone holds the double distinction of being much loved by Quentin Tarantino and becoming the catalyst for Mad Max.

Upon release, Mad Max polarised critics, particularly Phillip Adams who savaged the film unmercifully, but it grew into a franchise unto itself while launching the career of Mel Gibson and spawning three sequels with the possibility of a fourth. The Nightrider, even though killed off in the first fifteen minutes, remains one of the film's most loved and talked about characters among Mad Max aficionados. Gil's hotwired monologue, all madness and menace, will always be remembered as his signature piece.

"Vince Gil - what a bloody great actor," insists Melbourne musician Tim Brosnan. "Those first fifteen minutes of Mad Max belong to him and they really set up the whole film. Mad Max would have been a lot less "mad" without the Nightrider's marvelously unhinged 90mph rant and then when he starts to cry- exquisite. Vince is underrated giant of Australian cinema and was always an utter gent when we'd occasionally cross paths. He will be missed"

Former Melbourne film student John Hillcoat was busy knocking up rock videos before making his auspicious debut as a director in 1988. Hillcoat's grim, uncompromising prison drama Ghosts...Of The Civil Dead, later described as "the most powerful film ever made in Australia", is mainly notable for Nick Cave's involvement as both actor and co-writer but the large ensemble cast certainly merits equal time. Among the inspired mix of professional actors and real life ex-cons, Vince Gil makes his presence felt as long term inmate Ruben. Snarling and riffing behind wire and bars, Gil makes

every minute of the role his own. Almost convulsing with unrepressed fury, Gil's performance nearly burns through the

Philip Brophy's Body Melt (1993) is a film that defies genre. In an 80 minute timeframe. Brophy seamlessly mixes satire, horror and science fiction into a body of work that is both grotesque and hilarious. Body Melt's plot is all about the introduction of a new health drug to residents of a bland suburban housing estate and the catastrophic sideeffects that follow. Stomachs explode. tongues elongate, flesh liquefies and heads implode among other hideous mutations. Brophy deliberately recruited a wonderfully eclectic cast of old stagers (Gerard Kennedy, Lesley Baker, Ian Smith) and soapie regulars (Andrew Daddo, Lisa McCune, Matthew Newton, Brett Climo) who all rose to the occasion. Gil took on the role of Pud, a feral mutant patriarch, with his usual aplomb. (Coincidentally, Gil played a small time thief called Pud in a 1969 episode of Division 4.) Gil yuks it up magnificently in Body Melt and invites the viewer to laugh at his portrayal of such a gruesome moron but he also understood the balance between comedy and horror. Throughout his long career, Gil never lost the gift of making unlikeable characters seem likeable.

For the rest of the nineties and into the noughties, Gil appeared in several TV series and a few cutting edge films such as The Bank, Mallboy and The Long Lunch. He also doubled as an accomplished screenwriter, penning scripts for Cop Shop, The Flying Doctors, Home and Away and the children's TV series Chuck Finn. As he entered his 70s, Gil's health began to decline but he always made the effort to attend Mad Max conventions and in 2015 he

travelled to Japan to interact with local Mad Max fans. 2015 was also the year Gil made his final screen appearance in The Doctor Blake Mysteries, a TV series set in Ballarat during the late 1950s. Gil plays old timer Clarrie Porter, a pyjama clad, wheelchair bound hospital patient and although the role is remarkably brief, Gil's performance is memorably touching and a reminder of what good character actors do - take on challenging parts and give them life.

In 2017, Wollongong band Dark Clouds, who proudly bill themselves as the bastard offspring of Midnight Oil and The Dictators, released a single titled MFP with an accompanying film clip, an unashamed and loving homage Mad Max's Nightrider scene. Almost three minutes into the clip, Vincent Gil is seen standing on the roadside - grey haired and weather-beaten, he shouts at a passing car: "No! I am The Nightrider!" Even as he closed in on eighty, Gil's charisma had remained intact plus his ability to send himself up. An actor who truly loved his job right to the end.

"What is Vince Gil?" explains Philip Brophy. "Think Cate Blanchett re-sexed, unliteralised, non-staged, not swooning and compressed into the true grit of all stagecraft: the character actor. Vince Gil was always such a beast. Selfless yet overwhelming; minor yet magnetic. The character actor is dramatic energy pulped into human form. Vince's snarl, his stare, his breath, his swiveling hips. He throbbed acting. If you call it camp, I call you a dickhead."

Vincent Gil – you shall ride on, so long as night falls. ■

MICHAEL MACDONALD

Special thanks: Rod Bishop, Philip Brophy, Tim Brosnan, Henry Crawford.





When Achie Roach spoke, I listened

Every concert with Archie Roach was a thunderbolt.

To be on stage with Uncle Archie Roach, Gunditjmara and Bundjalung elder, was to be elevated by his spiritual energy. His voice had so many layers, textures, registers and modes of expression, striations on a sonic rock face, rich with soul. His songs were exquisite distillations of complex ideas to do with, on the one hand, his personal journey of theft of selfhood and subsequent reconciliation and, on the other, universal messages around ancestors, country, love and hope.

I first met Archie in 1995 in Pimba, South Australia, where the Indian Pacific rail line crosses the Stuart Highway. I was making Access All Areas, a series of music documentaries for the ABC, and he and his partner, the late Ruby Hunter, both featured on it. They had been travelling with an extraordinary group of musicians from everywhere possible: the WOMAD train. Archie spoke thoughtfully, often with eyes half closed, carefully choosing his words. Later, when I was learning his songs in preparation for Ruby's Story, in which he and Ruby sang up their lives with the Australian Art Orchestra, I became aware that every word had musical weight, phrased and articulated with an idiosyncratic perfection

The storytelling involved in Ruby's Story took us to the dark heart of the experience of the Stolen Generation, but it also lifted us into the sunlight of forgiveness. I came to understand that this was at the heart of Archie's mission and message. His relationship with Ruby was in itself a thing of beauty; she leavened his gravitas with her particular brand of irreverent humour and tender support, and he deferred to her constantly. Her death shattered Archie. But, like the children who came back in his most beloved song, Archie did too.

Over the past few years, I spent treasured time with him, preparing to make the companion recording to his extraordinary memoir, Tell Me Why. We went away together on a retreat to Ukaria, in the Adelaide Hills, the fountainhead of so many special musical projects. Across several days, Archie told me stories from his life, about the love he had for his foster parents, the shock of the discovery of his removal from his birth parents, about music, fire, origins, influences. He would talk, I would listen..

Profundities abounded, disguised by his straight-talking delivery around the kitchen table. We wrote three songs during those

days, one for each foster parent, and one which summoned up the big idea of the campfire as being the place of return. All three found their way onto Tell Me Why, during the recording of which I could see how, despite his compromised health, Archie was able to deliver performances in the studio of such depth and expressive power that musicians would routinely be temporarily undone.

We had talked at Ukaria about his early influences, from Scottish ballads to Hank Williams, Johnny Cash and Mahalia Jackson, and to hear him reference those artists on the album is one of the great joys for any lover of fine music. The fact is, he was as great an artist as any of them – our own, a true original.

Before the pandemic hit, the album was released and we started doing concerts. Every single one was a thunderbolt. His storytelling, followed by songs delivered now in a voice gravelled with age and yet sweet as dark honey, took audiences inside themselves as individuals. He spoke directly to the heart of each person, spinning them into a warm web of empathy.

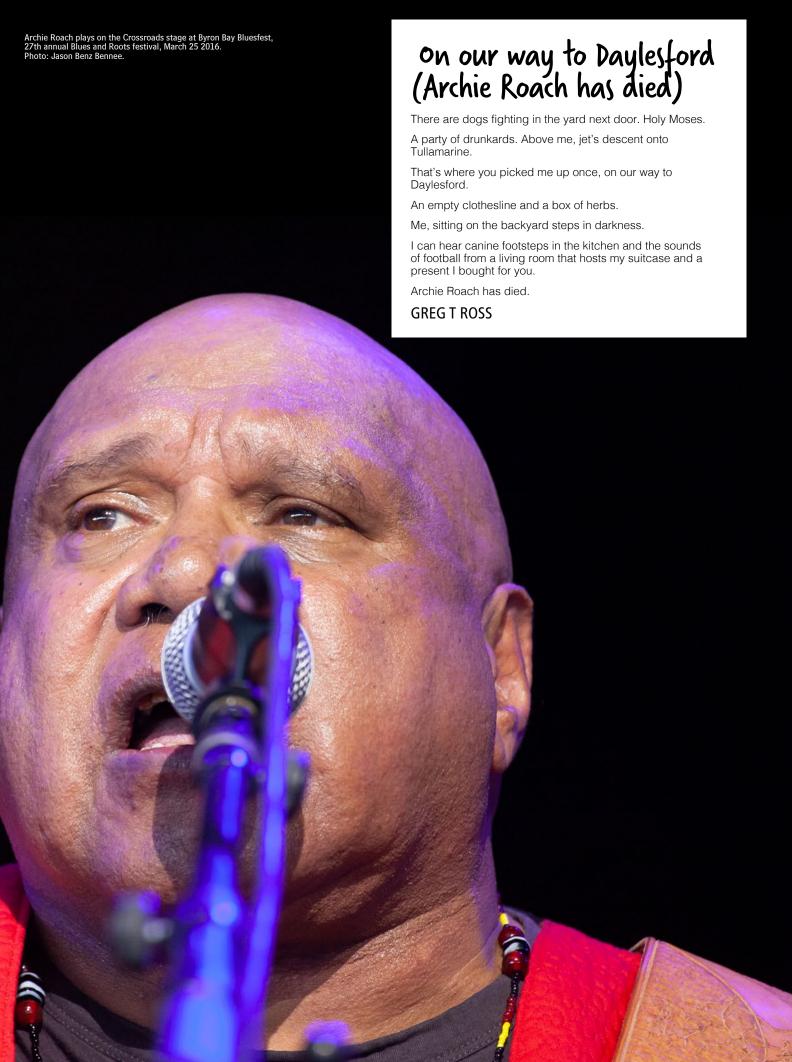
The last project we did together was based on another one of his insights the idea that the human voyage can be understood as a universal song, and that in a sense, we spring from one song. This became the basis of One Song, a concert Archie and I performed with his wonderful band and the Melbourne Symphony Orchestra at the Myer Music Bowl in February. This frail man, on oxygen, flying repeatedly in the face of medical probability, delivered a performance for the ages. Six thousand people cheered, laughed and cried as he yet again let the love flow like a river, as he flew like an eagle, and sang up the land. Indeed, he was very specifically an elder. He was also, in the broadest sense, our elder.

Archie's last song, the title song of the MSO concert, contains these words: Remember well what we have told you Oh don't forget where we come from Mother Earth will always hold you And we are born of just one song Yeah we are born of just one song

I will miss Uncle Archie more than I can adequately express and send my love and respect to his family, friends and the many, many people touched by his song of love.

PAUL GRABOWSKY

Sydney Morning Herald



Beccy Cole and Adam Harvey



While the entire music industry was re-emerging from a difficult few years, Beccy Cole was suffering one of the worst years of her life personally. Adam Harvey suggested that cutting an album with an old friend could be the best medicine... and The Great Country Songbook Volume 3 was born (out Sept 9), which will be backed up with a national tour.



A few months ago when I wasn't doing so well, my friend Adam Harvey checked in on me every week or so," said Beccy in a beautiful post on social media. "He asked if there was anything he could do and I said 'you could tour with me again, they are my happiest times.' So he changed his year around and orchestrated this whole project. He said if I got better he would tour with me till the bloody wheels fall off! That's what you call a friend."

Adam, likewise, couldn't be happier about touring with his good mate. "Going on tour with Beccy Cole is like going on a rollercoaster ride at the amusement park. Its unpredictable, scary at times, amazing, and so much fun! I have to admit the tours I have done with Beccy over the years have always been my favourite's and I can't wait for this one to start."

Recorded at the Music Cellar on the NSW Central Coast with engineer Jeff McCormack and devotedly produced by Adam and Beccy themselves, The Great Country Songbook Volume 3 is about two best friends getting together again to record some of their favourite classic country songs.

Over a period of 20 years Adam and Beccy have run circles across this big brown land – having toured Australia together a dozen times. Country music fans always regard the opportunity to see these great mates on stage together as a real treat and an absolute highlight. Fans received a taste of things to come when the inseparable pair recently hosted the 50th Golden Guitar Awards, leaving the audience in stitches.

Since that first tour 20 years ago Adam has built a landmark career - half a million album sales, Gold and Platinum albums, 9 x Golden Guitar awards and a CMA Global Country Artist award. Not something to be sneezed at. To boot, his recent #1 ARIA album, Songs from Highway One took home the gong for Traditional Country Album of The Year at the 2022 Golden Guitar awards.

With such a storied life it's no wonder Adam is currently working on a book titled, Tales from The Road; a collection of stories from Adam and his country music mates chronicling some of the funny, inspiring and downright scary things that have happened on tour over the years.

Beccy has enjoyed similar success with her unapologetically authentic brand of country music. 11 x Golden Guitar awards to her name (including 5 x Female Artist of the Year), multiple ARIA Top 10 Country and Top 40 Mainstream albums, a Top 10 DVD, 3 x Gold-certified releases, and more than a dozen #1 Australian Country singles. The singer-songwriter was also awarded the Medal of the Order of Australia (OAM) this year. "It feels wonderful [to be recognised]. It's incredible. It's visibility for the arts, for country music, in particular, and for LGBTQI+ community."

Don't miss Adam Harvey and Beccy Cole in concert performing some great tracks off their new album along with plenty of old favourites. Come along and enjoy a fantastic night of music, stories and humour, which is guaranteed to have you singing along and in fits of laughter!

Stick the moon on a string and call it a yo-yo

I was thinking it was too late.
Bad love had long since turned into no love.
Alcohol felt like medicine in a beer can.
My mental filing cabinet was bulging in sections marked:
'We Really Are Different People' and 'Drifting'.
After accepting that my hair would recede any way it damn well pleased,
all I could do was punch my tough shit card.

I was aware of the scientific takes on 'attraction' 'attachment', and 'lust'. Those hormones are busy little buggers!
I liked the names – 'Dopamine', 'Serotonin', 'Oxytocin'.
It was interesting to note that 'Norepinephrine' – which can make you feel energetic, dizzy, and euphoric, is also a key element in the fight or flight response.

In middle life I'd become involved in a seriously problematic relationship.

Two people standing together but ultimately as doomed as the Twin Towers.

I was telling myself furphies day after day and praying for a lucky escape.

After several years of mental incarceration,
I was granted stage one of a miracle –
which arrived down the phone line one afternoon,
in the form of a perfectly timed, crystal-clear piece of advice
from a relationship counsellor.
Giant, psychological doors creaked open on seized-up hinges
revealing a gap big enough for me to
slip through.
The relief was extraordinary – and for this,
I will always be grateful to Alexander Graham Bell
and his wonderful invention.

But it wasn't – as Leonard Cohen wrote on March 7, 2004, that 'I found my house in order'.

There followed an extended period of penance and much-needed solitude.

I ate bananas and slurped tequila, like the romantic monkey I was, and tried to accept that I would always be attracted to pain-in-the-ass, high maintenance love that would never fill the gnawing cavity inside me.

Tragic coffee dates followed and then a few more minor romantic stumbles – which seemed to indicate that there wasn't much left in the tank.

The alcohol thing was solved when my body simply declared – enough already!

To be honest, it was like graduating from high school.

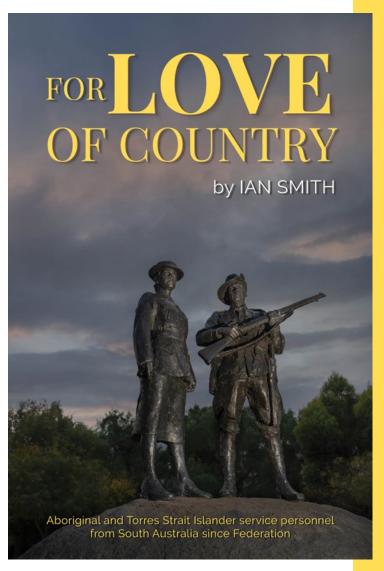
And then, suddenly,
I met The One – on August 2, 2014,
arranged simply and unexpectedly by mysterious powers
in Indonesia.
Possibly by Allah himself!
It seemed all I had to do was to turn up that day,
smile, extend my hand,
and ride up the escalator with her
as stage two of my miracle clicked
into place.

So began a life delayed by powerful, but finally relenting forces.
The holes filled in.
I was no longer needy, scanning the horizon, or having to explain myself.
I felt a cobwebbed reservoir of love deep inside me crack open and pour out in return.

It was big.

JEREMY ROBERTS





FOR LOVE OF COUNTRY BY IAN SMITH

The book is published in partnership with Reconciliation SA, and copies can be ordered via info@provostrws.com for \$55 plus delivery.

All proceeds go towards Aboriginal Veterans SA's current project of marking previously unmarked graves of Aboriginal veterans in SA.

EXTRACT

FOREWORD

In his excellent book Ian Smith chronicles, for the first time, the military service to Australia rendered by Aboriginal servicemen and women who have a verifiable link to South

The truth this book exposes is that Aboriginal and Torres Strait Islander people have served in every conflict in which Australia has been involved from the Boer War until the current day. They have been decorated for gallantry, taken prisoner of war and wounded in action. Many have sacrificed their lives and lie forever in far off lands, never to be reconciled with their "country."

Many of those who returned continued to experience the discrimination from which they hoped their service might deliver them. That must have been a profound disappointment and it represents an extraordinary betrayal.

This book gives life to the lives and service of Aboriginal veterans. It appeals on an individual level as a factual record of their service. At that level it will inspire researchers, young and old alike.

The reader will learn about their life and times before the war, details of the conflict in which they fought, their service and their life when they came home. This type of information has never been collated or presented like this before. Some Aboriginal families were aware of the service of their elders while for others Ian Smith's research has delivered a wonderful gift.

An outstanding aspect of the book relates to what is arguably the single most important aspect of Australian identity, that of Anzac. Historically, many Aboriginal Australians have felt excluded from Anzac and all it has come to represent. They have referred to Anzac as a "party" to which they we never invited!

Ian Smith forensically proves that the claim to an Anzac identity rests as comfortably with Aboriginal Australians as it does with their non-Aboriginal brothers and sisters. In doing so it ensures our Aboriginal peoples are welcomed as full members of the Anzac "family"

This book is so much more than a book on military history and it will have a profound impact on many levels

It will educate Aboriginal and non-Aboriginal people alike. Aboriginal Australians will learn about the service of their people. Hopefully it will raise their self-esteem, and they will feel a true pride and comfort in the recognition of the service of those who have gone before.

This book will also educate the non-Aboriginal community and reveal to them that Aboriginal people stood "shoulder to shoulder" with them whenever our nation has been

This book is not only an excellent historical and academic resource, it is also a valuable aid as Australia addresses the single biggest cultural and moral challenge we face today, that of Reconciliation.

Australians will never be able to successfully embrace our shared future until each one of us accepts the devastating impact our colonial past had on First Australians.

This book will show how much we have in common and hopefully, through the prism of shared service, it will help us meet that challenge of an equitable, shared future together.

I congratulate Ian Smith on this excellent work and I thoroughly recommend it to all.

BILL DENNY AM BM

www.rslsa.org.au/news/for-love-of-country-book



Allan Aldenhoven during recruit training.

Ivan was the fourteenth of fifteen children of Edmund and Martha Aldenhoven of Yorketown, SA. The Aldenhoven family were third generation German settlers from the town of Rhens in Germany. Dorothy had been taken away from her family by the police at the age of four and never knew them. She and Ivan met when he got into difficulty while swimming and she helped him. Dorothy had to get government approval to marry a non-Aboriginal man. Their marriage shocked the family, but the matriarch, Martha, always treated Allan and the couple's other children the same as her other grandchildren. They lived in a camp at Parap until Dorothy had a brain haemorrhage and died when Allan was four.

Ivan took leave from the navy, moved to Adelaide and then discharged, gaining work with Hansen Yuncken as a construction supervisor. The couple's children, including Allan, were split up among other family. After briefly attending Flinders Park Primary School, Allan was sent to live with his uncle Alan and aunt Shirley at Butler Tanks, about 70 kilometres north of Port Lincoln. Alan was a share farmer, and was quite famous throughout the state, having been ruckman in the South Australian National Football League, voted best and fairest for North Adelaide Football Club in 1951, playing in the 1952 premiership side, and representing the state twice. Allan, then aged five, arrived not long after the couple were married, and they later had daughters Jan and Julie. Allan's brother Lionel was living with family at Port Lincoln, so they sometimes saw one another over the next couple of years.

Ivan met Irene Wilson about a year after he discharged from the navy, and Allan and Lionel joined them after they married, when Allan was about seven years old. They lived at Netley and Allan attended Netley Primary School. The couple had daughters Denise in 1955 and Dianne in 1956, and a son lan in 1959. Irene treated her two stepsons as her own and was kind and caring to them.

Allan played soccer from the age of 10. Around that time, he contracted encephalitis. At the time Ivan was supervising construction at Maralinga and Irene drove Allan to the Women's and Children's Hospital where he was declared critical, Ivan flew home. When he recovered, he and his parents were told he was not to play contact sports.

Allan attended Plympton High School, where he was a popular extrovert. His Aboriginal heritage was never raised by the other students due to his fair skin. He started surfing, travelling right across the state chasing waves, and when he turned 16, he left school and got work in construction as a rigger. He quickly became involved in the surfer party scene and Adelaide nightlife.

Allan was called up in the 14th national service intake and underwent training at Puckapunyal in Victoria. Graham "Cornesy" Cornes, then a South Australian National Football League Glenelg Football Club player, was in the same intake. Like Cornesy, he was posted to the 7th Battalion, Royal Australian Regiment, which was being raised at Puckapunyal and was conducting basic infantry training for its own soldiers because the Infantry Centre at Singleton was overstretched. Allan's leadership skills were quickly recognised, and he was soon promoted to lance corporal then corporal, taking over command of a section in Bravo Company. After a series of training exercises aimed at preparing the battalion for service in South Vietnam, 7 RAR departed for South Vietnam in February 1970, with Allan flying with the advance party. Gil Green was in the same company, and they became good mates.

When 7 RAR arrived in South Vietnam to replace the 5th Battalion, Royal Australian Regiment, it was immediately committed to an effort to pacify Phuoc Tuy Province. This meant almost continuous operations aimed at keeping the Viet Cong enemy guessing and separating them from the civilian population. Bravo Company

Allan Aldenhoven

Allan Aldenhoven was born in Darwin on Anzac Day (25 April) 1948. His parents were Ivan Keith Aldenhoven, who had joined the RAN in 1946 and was still serving, and Dorothy Anderson, an Aboriginal woman from the Croker Island Methodist Mission.

was heavily engaged in Operation Concrete in April and May, and the following month Operation Cung Chung commenced, involving extensive patrolling, ambush, and cordon and search operations. While in South Vietnam with 7 RAR, Allan was respected for his bravery, and was considered a fair and firm leader.

With his two-year full time national service stint drawing to a close, in August he chose to not extend his service to remain with the battalion in South Vietnam and he returned to Australia for discharge. It was a difficult decision as he felt responsible for his section.

Soon after returning to Adelaide, Allan got into a fight with a bouncer at the Queen's Head Hotel in North Adelaide. Allan prevailed, and it turned out that the bouncer was a former Australian middleweight boxing champion. Word spread, and Allan was soon contacted by Colin Betty, a boxing trainer who had a gym with several promising boxers in his stable. Allan hitchhiked to Sydney in March 1971 to watch 7 RAR's welcome home parade and catch up with his battalion mates.

He began appearing on the popular television boxing program "Ringside" in 1971, and although he lost his first professional fight on points, he soon scored a win. He recalled being refused service at the RSL West Croydon Sub-Branch, although it is not clear if this was due to his Aboriginality or the fact that he was a Vietnam veteran, as both were reasons given for refusal in the post-Vietnam period. He never forgot it. He won the state welterweight championship by a technical knockout of Gary Brand at the Norwood Football Club, after which he was rated at number three nationally in his weight division.

Allan started a crowd control business, Betty convinced him to work harder in training to develop more power, and in 1972 he was named the most improved fighter on "Ringside". He qualified for a national welterweight

championship title fight against Michael Karpaney, another Aboriginal boxer who had knocked him out in 1971 and he had defeated on points in early 1973. In March the fight was held, and Allan won the 12-round fight with a technical knockout, and in the rematch in May Allan knocked Karpaney out. This was the pinnacle of Allan's boxing career, as he only had one more win on "Ringside" later that year, and his only other win before he hung up his gloves as a professional boxer was a state welterweight title defence in Whyalla in February 1976.

Allan married his long-term girlfriend Robyn Reed, and the couple lived in Unley. Allan continued working in construction, boxed and did security work at hotels, but also became involved in dealing marijuana. Using a war service home loan, Allan and Robyn bought a house in Hallett Cove and had a daughter Dana. It appears that Allan may have been recruited as an informant for the police, and he was involved in the kidnapping of a heroin dealer in 1978, to which he plead guilty and was sentenced to four years' imprisonment. Fortunately for him the sentence was suspended on the basis that he would be of good behaviour for three years.

The kidnapping was a sign his behaviour was becoming irrational, and there were other incidents that reinforced this impression. He continued to associate with drug dealers, and left Robyn for another woman. In February 1979 he was arrested by the police for non-payment of fines, and while held at the Port Adelaide police station, he took his own life. He was cremated and his ashes are interred in the RSL Walls at Centennial Park Cemetery. His name is inscribed on the path of the Aboriginal and Torres Strait Islander War Memorial at the Torrens Parade Ground, Adelaide. Robyn remarried and Dana adopted her stepfather's name. Apparently Allan fathered a son called Shane with another woman in the 1970s. ■



Steve Dodd on his return from Korea in 1953. (SLSA B49354)

In a 2011 interview he stated that he was South Australian. His family structure is also not clear, but in 1971 he stated that his father and six brothers were living in the NT. Steve spent many of his early years at the Colebrook Children's Home at Quorn and attended Quorn Primary School where he had a good attendance record and was a class leader. After leaving school and throughout his time as a younger man, when he was not serving in the Army or acting, Steve was a stockman, horse-breaker and rodeo rider, and performed with the guitar and sang. He was a long-time member of the Rough Riders' Association and worked for the country music star and performer "Smoky" Dawson at his ranch in Ingleside near the northern beaches of Sydney between acting roles.

Steve's first acting experience was in the 1946 movie The Overlanders when the actor Chips Rafferty noticed him and got him a small part. He had small roles in another Rafferty movie, Bitter Springs, which was shot around Quorn in 1950.

In April 1951, Steve enlisted for six years in the Australian Regular Army. After infantry training, he was posted to the 1st Battalion, Royal Australian Regiment (1 RAR). In September 1 RAR was warned for service in the Korean War, which had begun in 1950, and after a farewell march through Sydney, the battalion embarked aboard the troopship HMT Devonshire on 18 March 1952. After training in Japan, the unit deployed to South Korea on 6 April and first moved into positions on the Jamestown Line on 19 June as part of the 28th Commonwealth Infantry Brigade. By this stage of the war the lines were essentially static, and the fighting had settled into trench warfare reminiscent of World War I. The battalion was involved in securing defences, repairing minefield fences, patrolling, reconnaissance and raids on enemy positions.

In July the battalion participated in Operation Blaze, an attack in which 1 RAR suffered four killed and 33 wounded. In September the battalion captured its first prisoner, and at the end of the month it was relieved and went into a reserve position. It returned to the front line in November, when it

suffered 50 casualties re-establishing a poorly maintained position. In December the unit conducted Operation Fauna, in which it destroyed an enemy position, but suffered three missing and 22 wounded. This was the battalion's last action of the war, as it was relieved by the 3rd Battalion, Royal Australian Regiment, on 29 December, and did not return to the front line before it was relieved by the newly arrived 2nd Battalion, Royal Australian Regiment in mid-March 1953. It suffered 42 killed, and 107 wounded during its time in Korea, and spent long periods in close contact with the enemy in the forward trench lines. Steve was apparently the only Aboriginal member of 1 RAR in Korea in 1952-53.

The battalion returned home on the MV New Australia. After a welcome home march by 1 RAR through the streets of Brisbane on 6 April 1953, Steve returned to Adelaide on leave four days later via troopship to Sydney and train from Melbourne and was met by several friends who had also lived at the Colebrook Children's Home. The following day Steve and 31 other returned Korea veterans from SA led a military parade through the streets of Adelaide in front of 20,000 people, and his presence was mentioned in several newspaper reports. Two weeks later, Steve carried the banner for the Korean War veteran contingent in the Adelaide Anzac Day Commemorative March. Steve completed his six-year enlistment in early 1957, having transferred to the Royal Australian Army Ordnance Corps after his return from Korea. For his service, he was entitled to the Australian Active Service Medal 1945-75 with Korea clasp, the Korea Medal, the United Nations Service Medal (Korea), the Australian Service Medal 1945-75 with Japan clasp, and the Australian Defence Medal.

In 1966, Steve had a supporting role as an Aboriginal stockman in a production of Desire of the Moth by James Brazill at the Comedy Theatre in Sydney, which starred Ed Devereaux and Googie Withers, and also had a successful run in Melbourne. In February 1967, the Aborigine's Welfare Board of New South Wales summer camp visited

Steve Mullawalla Dodd

Stephen Mullawalla Dodd was an Arrente man from central Australia. His Australian Army records state that he was born on 1 June 1928 at Oodnadatta, SA, but various other sources state he was born at Coober Pedy, SA, or Alice Springs or Hermannsburg Mission in the Northern Territory (NT).



Uncle Frank Lampard OAM (left) and other members of Aboriginal Veterans SA placing Steve Dodd's ashes at the site of the Colebrook Children's Home in Oodnadatta in 2016. Photo: Simon Kelly

Smoky Dawson's ranch, and Steve was a star attraction for the children. He participated in the Calgary Stampede in Canada in 1964. In March 1969, Steve travelled to Adelaide to visit the Colebrook Children's Home, then at Eden Hills on the outskirts of Adelaide, for a celebration of the 80th birthday of Sister Delia Rutter, who had cared for him when he lived at the home. Between 1969 and 1973, Steve worked as a guide for Airlines of New South Wales, taking tours to Uluru and other areas in central Australia.

Throughout the 1960s and 1970s, Steve had numerous small roles in television shows and documentaries, including Skippy the Bush Kangaroo, Division 4, Homicide and Rush. However, he felt he was typecast, and once joked that he was sick of roles where his only dialogue was "he went that way, boss". He acted in several movies that touched on issues faced by Aboriginal people, including: The Chant of Jimmie Blacksmith in 1978 in which he played Tabidgi, the titular character's uncle; Ground Zero in 1987, about the Maralinga nuclear tests; and Deadly in 1991, about Aboriginal deaths in custody. In the 1980s he also had roles in the films Gallipoli, The Coca-Cola Kid and Young Einstein, and had parts in the popular series The Flying Doctors. He began the 1990s with roles in two films, Quigley Down Under with Tom Selleck, and The Crossing. The decade ended with his role in The Matrix as "Blind Man" in 1999. He continued to act into his late 70s, with his last film

credit in Broken Sun in 2008. He performed in scores of roles throughout a career that spanned over sixty years.

In 2013, Steve received the Jimmy Little Lifetime Achievement Award at the 19th Deadly Awards at the Sydney Opera House. The organisers described Steve as "an actor that created a pathway for others across the entire arts and music sectors to follow, at a time when typecasting stereotypes and discrimination was the 'norm' in Australia's arts industry". In the same year he was a guest of honour at the dedication of the Aboriginal and Torres Strait Islander War Memorial in Adelaide where he enjoyed a chat with the then-Governor-General, The Honourable Quentin Bryce AC CVO (later Dame Quentin Bryce AD CVO).

Steve lived in the northern suburbs of Sydney for many years, then at Manly, and spent his last twenty years living at Aloha Caravan Park at St Georges Basin on the south coast of NSW. He died on 10 November 2014, aged 86. His funeral was attended by over 150 people, and he was cremated. In November 2016, Aboriginal Veterans SA returned part of Steve's ashes to his country at Oodnadatta and the site of the Colebrook Children's Home in Quorn, in accordance with his wishes. His name is inscribed on the pathway of the Aboriginal and Torres Strait Islander War Memorial in Adelaide. In 2020, Steve's photograph was featured on a Sydney Light Rail carriage as part of a project to mark 70 years since the start of the war.

A trip to Staly

WORDS AND PICTURES BY MARK BAU

victorianrailways.net/europe_2022/europe2022_main.html



to Vernazza so we could take some night shots. Before the photos we found a little trattoria away from the sea where the locals seemed to be eating, I had a pesto pasta with fresh made pasta. We then did a little hiking to get some shots of the town in the waning light. RIGHT: Lake Como... There is a stillness, a peace, about the place that is hard to put into words. Yes it was hot, very hot, but I think the usual pace of the place, like most of Italy, is one of serenity. Italy has existed too long for anyone to be in a hurry. For Australians it is a hard concept to grasp. We order and expect it to be at our tables instantly. That's not how it works in Italy. For a people that endured two world wars, just being able to get a vino or a meal is enough, if it takes a while, that's ok. They remember when there was no such thing as a glass of vino or a simple meal. Wars tend to make you stronger, and appreciative of what you have.









CLOCKWISE FROM TOP:

Kris was initially a bit hesitant about visiting Venice, she thought it might be a bit too touristy, it is, and was a bit worried about being in a place that is sinking, it is. Louise booked our accommodation and it is in one of the less touristy areas. We even have a view of a canal.

After a few beers we bought some supplies at a very small deli, mortadella, olives and gogonzola cheese, the old man who served us was so cute Kris has applied to have him adopt her so she can live in Venice and work at his deli, for free. We had a little feast in our appartment and after the sun set we went for a walk to get some photos... I was hesitant to bring a tripped on this trip but I'm so glad I did now.

After an hour our train arrived at Milano Centrale. I have visited many of the world's great railway stations but Milano Centrale never ceases to impress. It seems more like a cathederal than a railway station.

The Port Stephens Koala Sanctuary supports the long-term rehabilitation, preservation and conservation of koala in the wild. Spend an hour or a night immersed in an idyllic koala habitat at the world-class Port Stephens Koala Sanctuary. Your visit to Port Stephens Koala Sanctuary directly contributes to the long term sustainability of koala in the wild.

The Port Stephens Koala Sanctuary is a partnership between Port Stephens Council and Port Stephens Koala Hospital, a volunteer group that aims to provide the world best practice standards of care to sick, injured and orphaned koalas to give them the best opportunity to be returned to the wild.

Opened daily, the Koala Sanctuary offers visitors a unique opportunity to see wild koala in their natural habitat and includes the following features:

- Koala Centre visitor admissions and guest reception areas
- Sanctuary Story Walk offering visitors an immersive educational experience of the koala habitat
- Koala Hospital Visit the state of-the-art Koala Hospital with Intensive Care Unit treatment rooms and holding pens. Take a look through the hospital viewing window as veterinary staff carry out *examinations and administer treatment to koala inpatients' (*subject to treatment times).
- Newcastle Airport SKYwalk and elevated viewing platform - offering a unique treetop perspective into the koala's natural habitat, a perfect photo opportunity
- Fat Possum Café offering a range of 'grab and go' eats and treats, great barista coffee and a range of quality souvenirs in a tranquil bushland setting
- Deluxe 4 star accommodation guests will be able to wake up with the koalas by staying in onsite four star glamping tents.

DAY VISITORS TO THE SANCTUARY ENJOY:

Unique experiences with koalas in a natural and idyllic bushland setting

Tailored education sessions from local guides on koala care, rehabilitation and eventual return back to the wild

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Unique experiences with koalas in a natural and idyllic bushland setting

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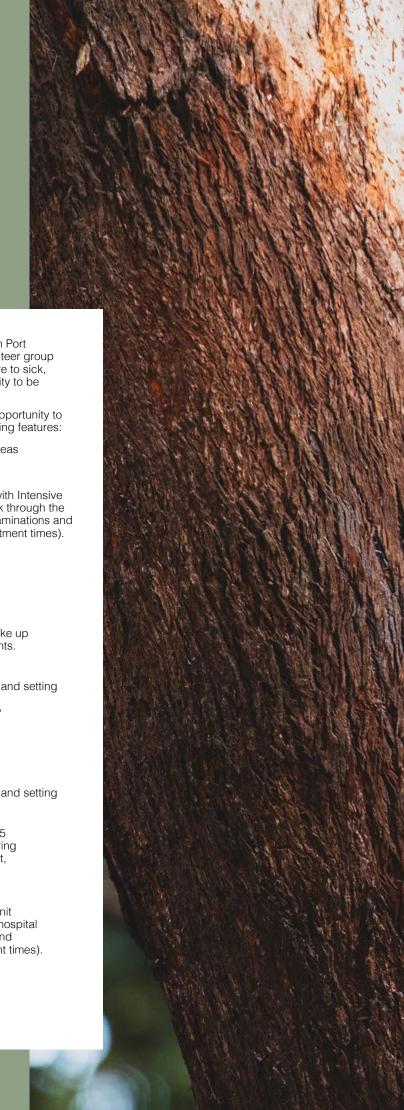
The Newcastle Airport SKY *walk* and viewing platform is a 225 metre in length elevated pathway and viewing platform, offering a unique 'tree top' perspective into the koala's natural habitat, a perfect photo opportunity and educational experience.

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Visit the state-of-the-art Koala Hospital with Intensive Care Unit treatment rooms and holding pens. Take a look through the hospital viewing window as veterinary staff carry out *examinations and administer treatment to koala inpatients (*subject to treatment times).

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Kate Ford
Zelimir Harasty
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Contributing to the cultural fibre of the Byron Shire, Gallery 3 is an artist run initiative offering contemporary works by local artists for the Northern Rivers community and beyond.

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Container 13 Artspace is a working studio for artist Caitlin Reilly situated in the beautiful village of Bangalow in the Byron Bay Hinterland, Northern NSW.

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