

WORLD VETERANS FEDERATION
23rd Meeting of the
Standing Committee on European Affairs
Cetinje (Montenegro), 16-19 June 2014

REPORT
OF THE SCEA WORKING GROUP ON WESTERN EUROPEAN COUNTRIES
AND THE SCEA WORKING GROUP ON VETERANS' HEALTH AND WELFARE
PERIOD 2011-2013

Members of the SCEA Working Group on Western European Countries (SCEA-W) met during the General Assembly in Jordan in November 2012 and the WVF Peace and Security Summit Stockholm in May 2013.

The SCEA-W group consists of organizations from Great-Britain, Germany, Poland, France, Austria, Luxembourg and the Netherlands. However, organisations of Austria and Luxembourg have not yet attended and did not react to mails and /or invitations.

As a result of talks during the above mentioned conferences, an exchange of information took place between Poland, Germany and the Netherlands about the definition/status of veterans and their networks and administration.

Another result has been a conference organised by the BNMO with the support of the Netherlands Veterans Institute in Doorn, the Netherlands. This was a **'co-production'** with the Chairman of the SCEA Working Group on Veterans' Health and Welfare , Mr. Jos Weerts.

This was a small but important conference that took place on 3-4 November 2013. It was important for two reasons. One is the theme of the conference: 'Meaning as a mission'. The other reason is that this conference is an example of sharing information on issues that are relevant, not only for veterans in one country, but likewise for those in other parts of Europe.

During the conference there were excellent presentations on the meaning that veterans assign to their mission, on making sense of these experiences and on support for veterans by professionals working for veterans' organisations and by peers/comrades. These presentations can be viewed via www.bnmo.nl/175.

As a follow up to this conference, a mailing was sent to all European affiliates, inviting them to identify POCs in their respective countries regarding the theme of this conference, and to suggest themes that are relevant for future conferences. The limited response to this mailing serves as a starting point for developing structures and processes for exchanging information.

SCEA-W and the Veterans Health and Welfare Working Group (VHWWG) recommend continuing along this line, organizing small conferences with a well defined agenda, stimulating interaction between the participants and at the same time developing networks and capacities.

Appendices:

1. Executive summary of SCEA-W and VHWWG conference in Doorn, 3-4 November 2013
2. List of participants SCEA-W and VHWWG Conference in Doorn, 3-4 November 2013
3. Article 'Making sense of experiences in war zones' by Laurens van Aggelen
4. Programme SCEA-W and VHWWG meeting Nov 2013
5. Developments in the Netherlands

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APPENDIX 1: EXECUTIVE SUMMARY CONFERENCE IN DOORN, 3-4 NOVEMBER 2013.

On November 3 and 4, 2013, 28 representatives from 8 countries met at the BNMO in Doorn, Netherlands, for a conference on the following subjects:

- Meaning after the mission;
- Erosion and protection;
- Support for veterans by professionals, by veterans and by veterans' organisations;
- Rehabilitation by sport and recreation.

Dr. Michaela Schok (NL) presented the results of her research on meaning after the mission. She pointed out the importance of positive appraisal, also with regard to health and well being. Her research also gives indications of various aspects of deployment that contribute to a positive or a negative appraisal. She made a plea for not just counting symptoms, but for a real engagement with veterans. It is important to create awareness about meaning after the mission and to educate both the public at large and the military and veterans' community as well.

Commander Erwin Kamp, MSc (NL), who works as the coordinator for chaplaincy for veterans at the Veterans Institute in Doorn (NL) informed the audience about his work. Providing support and assistance in finding meaning is an essential element and helps to establish a meaningful life today and tomorrow.

Michaela Schok and Erwin Kamp have developed an app (in Dutch) for smart phones, in which the results of their work are available in a practical manner.

Ms. Heilwine Bakker, MSc (NL), director of 'Balans en Impuls' explained the importance of being aware of one's level of comfort and stress. She has developed an instrument ('traffic light') that helps people to stimulate feeling comfortable. An important aspect of this, is the fact that people themselves are in charge, they are the actors in the process of stimulating comfort.

Dr. Walter Busutill (UK) works as the director of the medical services at Combat Stress, with the Royal British Legion. He introduced the audience to his work with veterans who need support for mental health problems. On one hand, the professional community have ignored the relevance of special mental health care for veterans, while on the other hand, dedicated professionals who are familiar with the military and veteran context and culture have teamed up in the services of Combat Stress. Combat Stress is a private initiative, working in addition to the National Health System. It is based on and directed at the specific needs of the veteran population; outreach is an important element. It is largely privately funded (60%).

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SCEA WORKING GROUP ON VETERAN HEALTH AND WELFARE, PERIOD 2011-2013

APPENDIX 2: LIST OF PARTICIPANTS SCEA-W/VHWWG CONFERENCE
3-4 NOVEMBER 2013, DOORN (NETHERLANDS)

NAME	ORGANISATION	COUNTRY
LTC Retd. Joe Falzon	British Members Council	UK
Dr. Walter Busuttill	Director of Medical Services at Combat Stress	UK
MajGen Retd. Rainer Fiegle	Ass. of the reservists of G. Army	Germany
Rechtsanwald Sebastian Lohmüller	Deutscher Bundeswehr Verband	Germany
Major of the reserve Peter Metzger	Ministry of Defence Germany	Germany
Andreas Borchert	Reservistenverband der D. B.	Germany
LTC Frank Schultz	Ministry of Defence Germany	Germany
PhD Trine Madsen	Research and Knowledge Centre of the Danish Veteran Centre	Denmark
Coll. Ret. Bjarne Hesselberg	Denmarks Internat. Vet. Org.	Denmark
Physiotherapist Lili Hesselberg	Denmarks Internat. Vet. Org.	Denmark
Birgitte Refslund Sørensen	Ass. Prof. at the dept. of Anthropology	Denmark
LTC Ret. Sture Fredell	Swedish Veteran Federation	Sweden
Vice Pres. Dan-Viggo Bergtun	Executive Board WVF	Norway
Maj.Gen.Retd.Dr. Stanislaw Wozniak	VN Peacekeeping Missions Vet. Ass.	Poland
Prof.dr.Hab.Med. Mieczyslaw Szostek	World Union of Vet. of the home army	Poland
Mr. Jacek Polanczyk	Office for war vet. and victims of Opr.	Poland
Mr. Przemyslaw Wojtowicz	Ass. of maimed and Wounded Abroad	Poland
Ltgen Retd Remco Seijn	WVF Executive Board, President BNMO	Netherlands
Ms. Heilwine Bakker MSc	Director Balans & Impuls	Netherlands
Mr. Jos Weerts, MSc Med	Centre of Research and Expertise Veterans Institute	Netherlands
Mrs. Michaela Schok, PhD	Research psychologist at the Veterans Institute	Netherlands
Mr. Erwin Kamp, MSc	Lieutenant Colonel at the Humanist Chaplaincy in the Dutch Armed Forces	Netherlands
Mr. Jan Burger	former General Secretary BNMO	Netherlands
Mr. Mark Peters	Board member BNMO	Netherlands
Mr. Laurens van Aggelen	General Secretary of the board BNMO	Netherlands

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APPENDIX 3: MAKING SENSE OF EXPERIENCES IN WAR ZONES, LAURENS VAN AGGELEN

During a conference of the West European members of the Standing Committee on European Affairs of the World Veterans Federation (SCEA-W, WVF) in Doorn, the Netherlands, 27 participants from eight countries had an opportunity to exchange information about the life of military personnel and veterans after deployment. Five lectures stimulated lively discussions that were perceived as very useful and inspiring.

The conference, organized and hosted by the Dutch Association of Military War and service Victims (BNMO) had as its theme "Meaning as a Mission". The central question was the relevance of the appreciation of experiences during deployment. All together, 27 participants from the United Kingdom, Poland, Germany, Denmark, Sweden, Norway, Finland and the Netherlands gathered in Doorn, the Netherlands on 3 and 4 November 2013. They were joined by the President of the WVF, Mr. Hamid Ibrahim from Malaysia, and by SCEA Chairman Mr. Dan-Viggo Bergtun from Norway. This conference took place two days before the official opening of the new building where the BNMO, the Veterans Institute and several other organisations have their offices. Participants were mostly former officers, representatives of public and private organizations, such as the BNMO, engaged in the care for military war victims and their families. Many participants had met earlier, at previous conferences of the WVF or SCEA; this provided a good basis for easy and quick contact among the participants.

SELF-IMAGE.

During the conference, the results of various research projects were communicated, e.g. during the presentation by Dr. Michaela Shock, psychologist and researcher at the Veterans Institute. Based on her research, she explained the sense and the necessity for those who have been deployed, to identify and appreciate what these experiences have done with them. In other words, "What do these experiences mean in relation to one's self-esteem, personal growth, and to their position in relationships and work".

In her study, Dr. Schok contacted 3,000 veterans, 52 per cent of whom participated as (former)-soldiers of various wars and missions, such as the war in the former Dutch East Indies (Indonesia), Cambodia, Korea and the former Yugoslavia. To clarify the difficult conditions under which soldiers sometimes have to operate in more detail, part of the investigation focused, by means of in-depth interviews, on soldiers who were sent to Cambodia. "They were indeed confronted with a real culture shock, primitive living conditions, deaths and injuries, as well as the constant presence of danger".

For many missions, the conditions are more or less the same. Major-General (ret) Fiegle, from Germany, therefore asked Dr. Schok why she focused specifically and only on Cambodia. "Compared to other missions, this was a relatively low-intensity conflict." Dr. Schok replied that she will include comparisons with other types of missions in future studies.

The effect of a deployment on military personnel obviously depends on more than just the nature of the mission. "Mental problems after a mission occur relatively frequently among those who have been deployed just once. We also see that there is an increase of complaints or symptoms when a person has been deployed for more than twelve months within a period of three years", said Jos Weerts, (former) head of the Centre for Research and Expertise of the Veterans Institute. Likewise important are aspects of time and memory. How long has it been since deployment? What does someone remember? You can see, for example, that as a matter of self-protection, one tends to remember especially the positive experiences. During the discussion following the presentation of Dr. Schok, the German delegation noted that it was good to realize that there is more than just PTSD; other mental health problems can occur as well. And it is also important to realize that the families of veterans will not find benefits by merely focusing on the weaknesses and vulnerabilities with which one is confronted. Deployment can also make a positive contribution to the development of a person.

CHAPLAINCY

There followed a lecture by Mr. Erwin Kamp, coordinator of chaplaincy for veterans at the Veterans Institute, who has been deployed several times himself as a humanist chaplain. "The point is to find a balance between positive and negative experiences. This is necessary to develop a clear appreciation of what your mission means for you. One can see, for example, that after a mission, other perceptions of friendship have developed, and that a veteran has a different position in the relationship with partner and children". Among those who have been in a mission, divorce is relatively common, while, on the other hand, being on a mission can also lead to deepening these relationships.

Having to deal with feelings of guilt and shame can be equally complex, e.g. after the loss of comrade or in relation to witnessing war crimes without being able to interfere.

"Fortunately, the debriefings after a mission nowadays are better than before", remarked Colonel (ret) Hesselberg (Denmark).

In addition, according to Mr. Kamp, the chaplain can play an important role because he is neutral. "For the leadership of a military unit, it is good to have a chaplaincy, because they pretty well know what is going on among the men and the women," noted Lt. Gen. (ret) Remco Seijn. "Problems can be identified in time and the worst can be prevented."

GROUPS AT RISK.

It is well known that problems after a mission can lead to various sorts of health complaints and to addiction. In a study by the British organization 'Combat Stress' this was clearly demonstrated.

Dr. Walter Busuttill, Director of medical services at Combat Stress, reported in detail on the extent of this problem. He pointed out that thirteen per cent of those who have been on a mission, show alcohol related problems afterward. This percentage is even higher than that of those who suffer from PTSD. Likewise, younger soldiers under 24 years fall into the highest risk group when it comes to suicide. Soldiers with lower ranks and those who had been confronted with violence before entering service are also more at risk of health problems. A survey shows that chances that one commits a violent crime himself are 53 per cent higher among those who have been on a mission, compared to other military or civilians.

Dr. Busuttill : "Research shows that soldiers are becoming increasingly aware of one's own mental health. A further positive development is that the time between a mission and the first recognition of symptoms of a disease has decreased considerably." It is known, for example, that problems among WWII veterans or veterans from the wars in South East Asia were often identified much later. They

did have complaints but often could not identify these problems, with the result that nothing was done.

THE TRAFFIC LIGHT

The presentation by Ms. Heilwine Bakker, Director of Balans & Impuls was also clarifying likewise. "It is much easier to prevent someone becoming mentally exhausted than is often suggested. It just does require discipline. It bothers me that others often consider it to be a long process to get someone back on track".

Bakker used the metaphor of a traffic light and invited the audience to give, privately, each one for him/her self, an impression of being in the green, the orange or the red zone. When you are able to recognize how you are doing, you can intervene in time to make sure you stay in the green zone and that you will remain in charge yourself of your own life and your state of mind.

REHABILITATION THROUGH SPORTS IN POLAND

Sports can be an important tool. Mr. Przemyslaw Wojtowicz, representative of a Polish organization for the wounded and for victims of foreign missions, highlighted in his presentation the benefits of sport. "We are working hard to develop programmes, leading to rapid recovery." Sports can be an effective means to overcome barriers, to enhance self-esteem and to cope with addiction. The organization of Mr. Wojtowicz is supported by the Ministry of Defence, however it is a private organization.

After the missions in Iraq and Afghanistan, Poland was also confronted with PTSD; these missions took their toll in terms of fallen and wounded soldiers. 22 Polish soldiers fell in Iraq, in the period 2003-2013, and more than 200 were wounded. In Afghanistan, 43 Polish soldiers were killed and more than 600 wounded. During other mission, for example in Kosovo, Bosnia, Macedonia, Congo, Lebanon and Syria, ten were killed in action and an unknown number of wounded.

After the conference the Polish delegation, together with members of the Board of the BNMO and with Ms. Heilwine Baker, visited the Polish graves at the Airborne Cemetery in Oosterbeek near Arnhem. This visit concluded a memorable conference where on one hand everyone had to find his own way in defining the relevance of these issues, but on the other hand everyone agreed that it was of utmost importance to share this knowledge and information, and to join forces in promoting veterans' interest in one's own country.

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APPENDIX 4: PROGRAMME SCEA-WEST-WVF/VHWWG MEETING
3 – 4 NOVEMBER 2013, DOORN (NETHERLANDS)

The meeting is hosted by, the Association of Dutch Military War and Service Victims (BNMO). Representatives from several SCEA-countries are invited to explore two themes:

1. Meaning after the mission.
2. Support for veterans.

These themes will be introduced by experts, followed by an exchange of experiences and opinions. We should also discuss how this information could be made available for other WVF members.

Sunday, 3 November:

Arrival until 12.00 hrs

Lunch

- 13.00 hrs: Welcome and introduction.
Lt. Gen. (Ret) Remco Seijn, President BNMO, member of the Executive Board of WVF
Dan Vigo Bergtun, President SCEA and member of the Executive Board of WVF
- 14.00 hrs: Meaning as a mission. How do veterans, in hindsight, appreciate their mission? What sense do they make out of their experiences?
Michaela Schok, Ph.D., researcher at the Veterans' Institute
- 15.15 hrs: Tea and coffee
- 15.45 hrs: A sense of meaning after the mission about slow questions and reflective answers after military deployment'. Tips and tools for the soldier who returns from the mission and for his/her family members.
Erwin Kamp, Humanist Chaplain, Veterans' Institute.
- 17.30 hrs: Informal get together
- 18:30 hrs: Dinner

Monday, 4 November:

- 08:30 hrs: Re-opening of the session by Remco Seijn
- 08:45 hrs: Support for veterans by veterans. Recent developments in the Netherlands.
Jan Burger, general-secretary BNMO.
- 10:00 hrs: Tea and coffee
- 10.30 hrs: Support for veterans by professionals and veterans' organisations. The services of Combat Stress and the situation in the UK in relation with National Health Service provision of service for veterans' mental health
Dr. Walter Busuttill, Director of Medical Services at Combat Stress, Royal British Legion.
- 12.00 hrs: Wrap up, conclusion and options for the future, by Remco Seijn and Jos Weerts
- 12.30 hrs: lunch and farewell

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PERIOD 2011-2013

APPENDIX 5: DEVELOPMENTS IN THE NETHERLANDS.

A. DUTCH VETERAN LAW:

SUMMARY VETERANS LAW.
(Unauthorized, unofficial summary and translation)

On 11 February 2012, the Veterans Law was ratified. This law describes the duty of the government regarding the consequences that military deployment can have on the physical and psychological health of soldiers, even if those effects only become apparent after a prolonged time.

The Veterans Law is an initiative of several political parties who consulted with military unions, veterans organizations and other organizations in society, to gain support for this initiative. The purpose of the law is to create a comprehensive, proactive and preventive veterans policy. This bill has been supported by all parties in parliament and the Veterans Law was published officially in April 2012.

The comprehensive policy now provides one single address to which a veteran can apply with any question he may have. At the same time, this provides an opportunity to monitor whether the services are delivered in a timely and adequate manner.

The law also indicates, that the responsibility of the government should be aimed at the prevention of health problems as well as at providing assistance for the next of kin of the veterans. The rapid recovery of the veteran, but also continued support for veterans with health problems is not dependent on the moment in time at which these problems become manifest. This support includes material support, social support and mental health care, but also provides assistance with finding a new job. The law clearly defines who is responsible for what kind of assistance and care, and through this, the lines of responsibility and accountability are also clear.

This law applies to all former soldiers and to soldiers who are still in active service, and who have been deployed in peacekeeping missions or in a war. This is an extension to the existing definition, in which only former soldiers are recognized as veterans.

It further stipulates that the Minister of Defense should promote appreciation and recognition for veterans in society, through a number of activities and facilities. Examples are the Dutch Veterans Day, the Veterans Insignia and free railway tickets.

THE RESPONSIBILITY TO PROVIDE CARE.

The responsibility to provide care is defined as a duty of the government towards its military personnel and veterans. The assistance, support and care before, during and after deployment also involves the primary relations of the veteran. This is organized, for example, through information days, socio-medical and psychological support during and after deployment and through reunions and meetings, also for the home front.

THE SPECIAL RESPONSIBILITY TO PROVIDE CARE

The special responsibility to provide care applies to veterans who return from their mission with physical or mental health problems. This support is aimed at restoring the possibilities to participate in social and professional life as soon as possible. A distinction is made between primary care, such as that provided by a military doctor, and social work, and care on a second, more specialized level, like the Military Mental Health Care or the Military Hospital.

Re-integration is provided by the 'Service for Re-integration'. The objective of this service is to find, as soon as possible, a suitable and appropriate position for personnel who can no longer be deployed for socio-medical reasons. It also sets out which financial claims can be brought forward regarding this disability (taking into account different degrees of disability).

NATIONAL VETERANS CARE SYSTEM

The National Care System for Veterans is a network of health care institutions in the field of social services and of the military and civilian mental health care. The law stipulates that a veteran can apply to the so called Central Access Point of the Veterans Institute 24 hours a day, 7 days a week. The demand or need for care is assessed and, as a next step, the veteran will be referred to an institute that provides the care that suits or fits the needs of the veteran best. In most situations, the veteran is offered a choice between care provided by a military service or department or by a civilian institution.

VETERANS REGISTRATION SYSTEM

Furthermore, the Ministry of Defense is obliged to set up and maintain a Veterans Registration System. This guarantees that every veteran is identified, and it provides the means for the Ministry to communicate with every veteran. This data can also be used for policy development or research. The law also stipulates that the Minister promotes scientific research into diseases or disorders related to being deployed as a soldier .

OTHER MEASURES

The Law specifically offers the option to extend employment for three months, to prevent a soldier from leaving the service directly after returning from a mission. It further guarantees that a veteran will receive an income of 80% of the last earned salary, in case of disability and during reintegration.

A case coordinator supervises the implementation of all these measures, and this case coordinator monitors every step in the process. Also, a Veterans Ombudsman will be appointed, extending the possibilities for a veteran to submit a complaint regarding the acting and services of the government and of official public services. This function is accommodated by the National Ombudsman. The Veterans Ombudsman can conduct an inquiry or investigation upon request by a veteran, or on its own initiative and he reports to both Houses of Parliament and to the Minister of Defense.

The law is currently (April 2014) being elaborated in detailed legislation and administrative measures. Within two years after the law has become effective, an evaluation will take place on the effectiveness and impact of this law. From then on, this evaluation will take place every two years, thereby creating a legal base for the Veterans White Paper to be sent bi-annually to Parliament.

B. THE VETERANS-DESK

VETERANS DESK

As requested by the House of Parliament, a Veterans Desk will be established as a department within the Veterans Institute, providing access to all services and care for veterans, military service and war victims. This desk also aims at strengthening cooperation between these services.

Up until now, three portals are available for services and care for the material and non-material needs of veterans. Starting in June 2014, this desk will combine these three portals, providing one joint front office. Questions regarding the aforementioned areas will be addressed by the Veterans Desk, and, if necessary, directed to the existing back-offices, at the Veterans Institute, providing access to the general and at the Veterans Mental Health Care System, at the Department of Special Defense Provisions at the ABP Pension Fund processing disability and other financial claims, debt restructuring and repayment services, and at the Basis for training and aftercare. The existing duties, responsibilities and competences of these – independent – back-offices will not change. As a front-office, the Veterans Desk, will also be responsible for the coordination of care. Case coordinators will assist and guide veterans/clients throughout the process, in the application of assistance for material and non-material needs. They are the central point of contact for their clients. This case coordinator will develop and supervise a care and treatment plan for every individual client, while the actual care and treatment will be delivered by the various back-offices.

C. RECOGNITION OF PTSD AS A WORK RELATED DISORDER FOR MILITARY AND POLICE

NEW GUIDELINES FOR PTSD IN THE POLICE FORCE.

On 1 January 2013 a new directive regarding posttraumatic stress disorder (PTSD) in the police force was adopted. This defines how, on a national level, the police should deal with this condition. It involves both the prevention of PTSD as well as medical and legal procedures. The directive is an implementation of the agreements with the police unions in the Employment Agreement 2012-2014. Various police departments had different procedures, regarding the assessment of PTSD as an occupational disease. This means that inequality existed for employees of the police. The premise is that if PTSD is recognized as an occupational disorder, it will also be recognized as an occupational disease in the legal sense. So far, the assessment of this took place differently in different police units. This inequality now belongs to the past. In addition, this directive stresses the importance of investing in the prevention of PTSD. Recently, several measures have been adopted to improve the physical and mental health of the police and thereby reduce the risk of developing PTSD.