



EUROMIL Position Paper on Veterans¹

EUROMIL's recommendations below cover the most important issues of veteran² care. All recommendations should be implemented in a non-discriminatory way, i.e. support should be given to all veterans regardless of their sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Furthermore, "*veterans policies need to be based on: (1) recognition of veterans; (2) effective communication between veterans and care-providing agencies; and (3) effective care meeting the demands and needs of veterans*".³

EUROMIL recommends offering support to military personnel, before, during and after international missions.

Before missions:

- Provide appropriate training, including the psychological aspects of international missions.
- Medical screenings (both physically and mentally).
- Families must be informed and family networks can be established.
- Provide information on insurances, social services and security systems etc..
- Attention should also be given to those who deploy alone or as a member of a multinational unit, HQ or organisation.

During missions:

- Mental Acute Crises Intervention Teams should be established to take care of soldiers exposed to serious incidents in mission areas to prevent Post Traumatic Stress Disorders ([PTSD](#)) cases.
- Services and programmes to support families must be developed.

After missions:

- Medical screenings.
- Possible exposure to traumatizing events during the deployment or negative effects resulting from the deployment should be added to the personnel file and/or the file of the entire unit.
- Recognition (of the importance of the service and the sacrifices) is the foundation of the effort to support veterans.

¹ This is a concise version of the position paper adopted by the 122nd Presidium in October 2020. The complete version of the paper is available [here](#).

² In the following, the term veteran will be used to describe all those who served in the armed forces of a nation in armed conflict with special attendance to those who suffered consequential disablement. Armed conflict includes participating in multinational operations.

³ Upcoming new edition of the OSCE ODIHR / DCAF Handbook on Human Rights and Fundamental Freedoms of Armed Forces Personnel

The armed forces as employer have a duty to care for their employees. Caring for its personnel even after retirement is thus a key task of the armed forces. Regarding medication and allowances, the following recommendations apply:

- All medical treatment and care with hospital priority as a direct charge upon the government.
- Provision of medicine as a direct charge upon the governments.
- Priority and assistance in the provision of housing facilities.
- Entitlement to receive adequate protection and/or assistance.
- Allowances during his or her lifetime for the following dependants:
 - the wife or husband,
 - the unmarried dependant living as his/her spouse,
 - the children, particularly for their education and training.

Should despite the prevention effort, a soldier develop a mental illness the following recommendations apply:

- Peer support groups are often the first step for veterans seeking help.
- It is advised that the treatment of PTSD is carried out either by military psychologists or by specialists who have a military background or at least have been educated in the field of PTSD as a result of an international mission.
- Nations are responsible for the veterans, also when they are developing PTSD many years after they left active service.
- It is recommended, to have (national) expert centres responsible for developing programs and procedures for identifying and treating mental problems of veterans
- Families of returning veterans should be alerted and briefed in order to see first signs of possible PTSD and be encouraged to seek help as early as possible.

Transition to civilian life

- In addition to the recommendations for short-term contracts (as outlined in the [EUROMIL Position Paper on Recruitment and Retention](#) from April 2019), special attention should be given to the most vulnerable groups of veterans who do not succeed in a smooth transition: Unemployed, poor and homeless veterans.

Institutional Framework and Cooperation

- Of paramount importance is good cooperation between the different institutions and organisations.
- It is useful to have a "single point of entry" for a veteran and his/her family.
- Coordination should not stop at the implementation of policies but also regularly evaluate the policy.
- On the EU level, EUROMIL calls for more harmonisation and standardisation efforts of the definition of veterans, but more importantly of the care and support systems for military personnel. Additionally, a European Centre of Excellence for Research and Treatment of Military Personnel with PTSD could be set up.⁴

⁴ Suggestion by PDFORRA in EUROMIL survey on PTSD as result of a military mission (August 2017).