



EUROMIL Position Paper on Veterans¹

1. About EUROMIL

The European Organisation of Military Associations and Trade Unions (EUROMIL) is an umbrella organisation composed of 33 military associations and trade unions from 21 countries. It is the main Europe-wide forum for cooperation among professional military associations on issues of common concern. EUROMIL strives to secure and advance the human rights, fundamental freedoms and socio-professional interests of military personnel of all ranks in Europe and promotes the concept of "Citizen in Uniform". As such, a soldier is entitled to the same rights and obligations as any other citizen. EUROMIL particularly calls for recognition of the right of servicemen and -women to form and join trade unions and independent associations and for their inclusion in a regular social dialogue by the authorities.

2. Background information

There is no unanimous definition of veterans, on the contrary, there are many different definitions of veterans in European countries – and some do not define them at all. The time and type of service plays a role as well as the question whether military personnel has (combat-)experience in missions and operations abroad.²

Definitions matter, as often benefit packages and access to care is linked to the veteran status. A general observation is that the more exclusive the definition of veterans, the more generous the benefits are that veterans enjoy³.

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.⁴

¹ As adopted by the 122nd Presidium in October 2020.

² For more detailed information on national definitions of veterans, please consult the Veteran Chapter in the [OSCE ODIHR / DCAF Handbook on Human Rights and Fundamental Freedoms of Armed Forces Personnel](#).

³ <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/veterans/Dandeker2006-whatsinaname.pdf>

⁴ EUROMIL definition as agreed on in the 2005 paper on new veterans.

3. International standards

The national legislative frameworks around veterans are highly fragmented as outlined above. On the international level, some standards have been formulated.

The above mentioned OSCE ODIHR / DCAF Handbook on Human Rights and Fundamental Freedoms of Armed Forces Personnel recommends that *"All former servicemen and -women who have been involved in war or warlike circumstances should be included within the definition of veteran"*.⁵

The World Veterans Federation (WVF) defines veterans as *"all those who served in the forces of a nation in armed conflict whether they have suffered consequential disablement, or not."*⁶

Despite the increasing number of multinational military missions under UN, NATO or EU flags, no common definition of veterans have been found and fostered by any of these organisations. The UN, NATO and the EU call on their member states to provide the troops but in the end leave the veteran care and policy up to deploying states without a proper international framework.⁷ Within the EU, care for military personnel – especially veterans with mental problems after deployment – is strictly regarded as a national competence with the European Union only *"investigating the need for harmonisation and standardisation, ..., encouraging a collaborative approach."*⁸

4. EUROMIL recommendations

The recommendations below cover the most important issues of veteran 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"*.⁹

4.1. International Missions

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

⁵ Upcoming revised edition of the OSCE ODIHR / DCAF Handbook on Human Rights and Fundamental Freedoms of Armed Forces Personnel.

⁶ [WVF 7th International Conference on Legislation – Final Document – 2010](#). Concerning Veterans and Victims of War

⁷ For concrete recommendations on the issue of a lacking international definition and framework, please see point 4.4.

⁸ [Answer](#) given by HR/VP Mogherini on the [parliamentary question](#) asked by MEP Clare Moody on CSDP missions and PTSD in 2018.

⁹ Upcoming new edition of the OSCE ODIHR / DCAF Handbook on Human Rights and Fundamental Freedoms of Armed Forces Personnel

Before missions:

- Provide appropriate training, including the psychological aspects of international missions, including detailed information concerning military personnel's obligations and responsibilities towards the civilian population under humanitarian and human rights laws.
- Medical screenings (both physically and mentally) should be undertaken before deployment.
- Families must be informed about the mission, the objectives, timeframes and how to deal with the absence of the family member deployed. Family networks can be established as a part of the support network.
- Provide information on insurances, social services and security systems etc. related to international missions and their consequences. This information should be provided to the soldier to be deployed as well as to his / her partner.
- Attention should not only be given to soldiers being deployed together with their whole unit but also those who deploy alone or as a member of a multinational unit, HQ or organisation. Often times, they lack the support structure of the unit or bigger entity but should nevertheless have access to information, support and care.

During missions:

- Mental Acute Crises Intervention Teams should be established to take care of soldiers exposed to serious incidents in mission areas to prevent PTSD¹⁰ cases.
- Services and programmes to support families must be developed.

After missions:

- Medical screenings should be repeated after the deployment.
- Possible exposure to traumatizing events during the deployment or negative effects resulting from the deployment once back in the home society should be added to the personnel file and/or the file of the entire unit to be able to link possible mental problems at a later stage with the deployment.
- Within the society at large and individually for the veteran, recognition (of the importance of the service and the sacrifices) is the foundation of the effort to support veterans: It is important to preserve the self-respect of the veteran. He / She and the nation must be proud of what he / she has done in his active service period. A joint and combined action from governments, high level military leaders, military associations and voluntary veteran's organisation will be necessary to keep the population informed about the political aim and objectives for any international mission. This includes active information about the soldiers in the mission area and their achievements for the international world and for his own nation. After returning from the missions, it is important, that the veterans are seen, recognised and respected by the society.

4.2. Duty of care

¹⁰ PTSD – Post Traumatic Stress Disorder. More information: <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>

The armed forces – and in a broader sense the governments - as employer have a duty to care for their employees, be it in the military or civil service. Military service can, due to the nature of the military profession including missions and operations abroad, leave military personnel physically or mentally wounded. Especially mental problems can occur after the deployment or sometimes even years after the military service ended. 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 in, and assistance in, the provision of housing facilities, especially in respect of adaptations within the home, to facilitate a normal life despite disablement.
- Entitlement to receive adequate protection and/or assistance by way of supplementary allowances intended to relieve specific hardships and difficulties.
- 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.

Medical screenings and prevention efforts are discussed in 4.1. 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, as they allow easy-entry and contact to people who have made similar experiences. Given the importance of peer support, such programs, groups and organisations should be supported by government institutions through resources, training etc.
- 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. Governments must follow-up on their duty of care and pay expenses for treatment.
- It is recommended, to have (national) expert centres responsible for developing programs and procedures for identifying and treating mental problems of veterans. Links between the military system and academic research at universities can be especially useful.
- Veterans suffering from PTSD are sometimes at risk of suicide, other times unable to control their emotions towards family members leading to domestic violence. 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. It is important to be aware that also partners and children of affected military personnel might be in need of psychological support. Veterans on the other hand should be offered treatment.

4.3. Transition from Military to Civilian Life

Another issue the armed forces are confronted with due to a shift from life-long careers to short-term contracts is the transition of military personnel to the civilian labour market, from the public to the private sector. For the armed forces, the duty of care as well as the support for veterans to transition into a new civilian life are not only important to fulfil as a legal obligation, but also help the armed forces to be seen as an attractive employer – which can be useful when recruiting new personnel.

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: Veterans are overrepresented in the group of homeless persons. Support networks¹¹ should be in place to prevent the vicious circle of mental or physical illness, unemployment, poverty and homelessness.

4.4. Institutional Framework

The institutional framework differs from country to country. There are:

- Veteran Ministries or a department in the Ministry of Defence
- Armed Forces structures dealing with veterans
- Veteran associations
- Professional associations and trade unions
- Civil society organisations, including peer support initiatives

Of paramount importance is good cooperation between the different institutions and organisations. Best practices also show that it is useful to have a “single point of entry” for a veteran and his/her family, meaning that no matter where the veteran goes to seek help, he / she will be directed to the service(s) he or she needs from there. The coordination should not stop at the implementation of policies but also regularly evaluate the policy in order to finetune and ameliorate the support and care.

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. Having served together in EU missions abroad, military personnel currently falls back on very different national care and support systems in terms of clarity and quality. At least for missions mandated by the EU, this should not be the case – further harmonisation is thus urgently needed. Additionally, a European Centre of Excellence for Research and Treatment of Military Personnel with PTSD could be set up.¹²

¹¹ The various forms of support networks are listed in point 4.4.

¹² Suggestion by PDFORRA in EUROMIL survey on PTSD as result of a military mission (August 2017).