

THE WINSTON CHURCHILL MEMORIAL TRUST OF  
AUSTRALIA

**Report by - John William Coyne - 2005 Churchill Fellow**

**To study the rehabilitation of younger veterans and the effectiveness of support groups which positively engage and impact upon the community – United States of America, Canada, United Kingdom and France.**

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John Coyne

27 November 2006

*"Some, indeed, came out of this inferno of war apparently unscathed; the bounding vitality of youth for the time triumphed over the fearful shocks and strain of war. As the honourable member for Reid and others have said, when the war was over, they made haste to throw off their soldier's tunic and put on the jacket of a civilian, thanking God they had been spared, and resolved to put all thoughts of the horrors they had endured behind them. For three, five, or perhaps ten years they pursued their various civilian vocations, apparently hale and strong, and then with startling abruptness comes the end. Their strength oozes from them, their youth passes, they are broken men. The expectation of life at the age of 24 years, which we may assume was the average age of men of the Australian Imperial Force, is 43 1/2. The average death rate at 35 - that is 11 years after the Armistice - is 45 per thousand; but the men of the AIF are dying at the rate of 75 per thousand. The war is doing its deadly work, but then again how many of them are below par? They are still far from old but they are getting toward middle age. Disease takes a thousand shapes; some of the men develop Locomotor Ataxia; some tubercular trouble but these maladies are due to one thing - a lowering of vitality. The nervous force has been reduced until the men no longer have the power to resist disease. Their war service has prematurely aged them."*

**Prime Minister Billy Hughes addressing the Australian Parliament on 21 March 1929.**

## **Thanks and Dedication**

I would like to pay tribute to the Winston Churchill Trust, and its members, for providing me with this opportunity. This Fellowship has allowed me to explore and investigate an issue that I not only feel passionate about but which has touched me personally.

This research would not have been possible without the love and support provided by my partner Penny. Penny's understanding of the need for the constant hours spent in front of a computer planning and researching this journey followed by her support during my absence have permitted me to complete this project.

I would also like to add a special thanks to Meg Martin for her support throughout my Fellowship.

Finally I would like to thank the veterans and their organisations all over the world that have contributed to this project, their strength of character and resolve has inspired me and was the primary reason I was able to complete this body of work.

## Definitions

### ***Ex-Service Organisation***

An ex-service organisation is any organisation, whose membership conditions require a potential member to be a veteran. The goals of the organisation can be either directly focussed on veterans rights, or alternatively on an issue that impacts upon veterans. This can include social clubs.

### ***Non Profit***

A non-profit organisation (often called "non-profit org" or simply "non-profit" or "not-for-profit") is an organisation whose primary objective is something other than the generation of profit. Such organisations are typically funded through a mix of private or public (i.e. government) donations.<sup>1</sup>

### ***Social Firm***

A social firm is a business created for the employment of people with a disability and disadvantage in the labour market. A social firm uses its market-oriented production of goods and services to pursue its social mission. Over 50% of the income of a social firm will be derived from the sale of goods or services to a market. A significant number of its employees (greater than 25%) will be people with a disability who are integrated into the staffing of the social firm. Social firms aim to pay a market rate wage or salary appropriate to the work. Work opportunities should be equal between disadvantaged and non-disadvantaged employees. All employees have the same employment rights and obligations.<sup>2</sup>

### ***Veteran***

For the purposes of this project a veteran is defined as a soldier, sailor, airman, airwomen or police officer who has served overseas for their country as part of a peacekeeping, peacemaking, or humanitarian operation or as a combatant in a war, or warlike operation.

### ***Younger Veteran***

A younger veteran in the Australian context is a veteran who has served since the Vietnam War. In the case of the other countries that were visited where there was no commitment to the Vietnam War it includes veterans of post 1975 operations.

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<sup>1</sup> Wikipedia Definitions.

<sup>2</sup> Scottish Council For Voluntary Organisations.

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## Introduction

In 2002, John Coyne was awarded a Vincent Fairfax Fellowship (a Leadership and Ethics Program) with the Saint James Ethics Centre. As a result of this award John became involved in the Australian Veteran Community. Between 2002 and 2005 John contributed to a variety of activities including the presentation of evidence to Senate Inquiries, lobbying the Departments of Defence and Veteran Affairs for improvements to Australian Veterans' conditions and services, the planning for the development of memorials/ commemorations and general planning for an Ex-Service Organisation (ESO).

In November 2004 John observed that the majority of the products and services offered by Australia's ESOs were focussed on the provision of advocates for pensions and lobbying the Australian Government on issues relating to veterans' conditions of service. These activities are of course integral to maintaining the financial well being of veterans but do not necessarily ensure, nor directly contribute to, improvements in their quality of life.

By December 2004, John had identified a growing level of anger and disappointment in the Australian veteran community, especially amongst younger veterans. It is important to note that there is no cohesive or consensual group called younger veterans.

At around this time John found himself discussing the state of veterans' affairs with a World War Two veteran who was actively involved in community service with a Rotary Club. During this important conversation he mentioned that at the end of World War Two many veterans banded together in service clubs such as Rotary, Lions and Freemasonry for fellowship but also to enjoy the pleasure of community service.

It was from this moment that John sought to explore how ESOs could contribute to the rehabilitation of younger veterans. John's Churchill Fellowship has involved the examination of various programs undertaken by veteran groups that contribute to the wellbeing of younger veterans. In doing so John sought to obtain knowledge to develop programs in Australia that could improve, or at least contribute to, the quality of life of younger veterans and channel the destructive anger that many veterans experience into more positive outlets.

This research is established on the theory that there are multiple dimensions to rehabilitation<sup>3</sup> and that the successful rehabilitation of veterans and their quality of life is reliant on medical, psychosocial, physical and psychological components.<sup>4</sup>

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<sup>3</sup> Interview with Maj Gen Bill Crews, National President R&SL.

<sup>4</sup> Quigley, P 1998, Successful Experiences with Clinical Pathways in Rehabilitation, *Journal of Rehabilitation*, Apr-Jun.

## Executive Summary

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This Winston Churchill Fellowship was undertaken between 20 July and 12 September 2006. The aim of the fellowship was to study the rehabilitation of younger veterans and the effectiveness of support groups, which positively engage and impact upon the community – United States of America, Canada, United Kingdom and France. During the conduct of the Fellowship the researcher visited a range of ESOs, Government Departments, health care providers and independent veterans.

### **Lessons Learnt**

- Despite injuries and illnesses younger veterans remain a highly capable group of individuals capable of bringing about positive outcomes in their communities.
- One of the greatest findings of this research has been that the quality of life for veterans is less an issue of a destination but more a journey facilitated by the combined efforts of the military, the Department Veterans' Affairs (DVA), doctors, medications, peers, family and friends.
- To be successful, rehabilitation is reliant on a multidisciplinary approach, which takes a whole of life/whole of person perspective to be effective. This includes a requirement to undertake extensive case management.
- Fellowship and mateship plays a pivotal role in psychosocial rehabilitation.
- Peer support plays an important role in a rehabilitation program.
- No single program will be suit every veteran, and as such there is a need to establish a range of programs that can be chosen from by a veteran.

### **Recommendations**

One of the greatest outcomes of this research will be the linking together of a large number of organisations and individuals so that ongoing dialogues and information sharing can occur.

#### **Ex-Service Organisations**

It is recommended that ESOs:

- Encourage their members to develop volunteer projects that contribute to the local community.
- Develop programs and initiatives that support younger veterans in establishing social networks with other veterans on separation from the military.
- Lobby the Department of Veteran Affairs (DVA) to develop a more holistic, whole of person approach to the rehabilitation of younger veterans.
- Establish a program that supports veterans finding employment or establish micro businesses.

#### **The Australian Department of Veteran Affairs**

It is recommended that the Australian Department of Veteran Affairs:

- Develops a peer support program for Australia's younger veterans.

- Undertake a study on how to introduce a framework for provision of case management for veteran rehabilitation.
- Establish a program that supports veterans to establish small or micro-businesses.
- Research the development of products and services that assist with skills development for employment.

**Australian Defence Force**

That the Australian Defence Force develops a training product for DVA staff so that they can better understand the challenges of military life.

## Itinerary

### Canada

- **Toronto 21 – 25 July 2006:**
  - Canadian Peacekeepers Veterans Association;
  - Sonny Brook Veterans Hospital - Veterans Affairs Canada;
  - Canadian Legion;
  - Toronto – Canadian Forces Peer Support Program; and
  - Independent younger veterans.
- **Montreal 26 July 2006:**
  - Canadian Peacekeepers Veterans Association; and
  - Canadian Korean War Veterans Association.
- **Ottawa 27 July 2006:**
  - Veterans Affairs Canada – Rehabilitation;
  - Canadian Peer Support Program Managers; and
  - Association of Veterans of the United Nations
- **Montreal 28 – 29 July 2006:**
  - St Anne-de-Bellevue Hospital – Veterans Affairs Canada;
  - Montreal - Canadian Forces Family Peer Support Program; and
  - Montreal - Canadian Forces Peer Support Program.

### United States of America

- **Washington D.C. 29 July – 07 August 2006:**
  - Veterans for Peace;
  - Iraqi Veterans for Peace;
  - Vietnam Veterans for Peace;
  - Veterans of Foreign Wars of the United States;
  - Veterans Affairs;
  - Disabled American Veterans;
  - American Legion;
  - Heroes to Hometowns Project; and
  - Independent younger veterans.
- **Raleigh N.C 07 August – 09 August 2006:**
  - Severely injured younger veterans; and
  - Independent younger and older veterans.
- **Asheville North Carolina 09 – 21 August 2006:**
  - Veterans for Peace Asheville Chapter; and
  - Independent younger and older veterans.

### **United Kingdom**

- ***London 22 August – 03 September 2006:***
  - The Not Forgotten Association;
  - The Royal British Legion;
  - Combat Stress Org;
  - Tyrwhitt House;
  - Ministry of Defence; and
  - Independent younger and older veterans.

### **France**

- ***Paris 04 – 06 September 2006:***
  - *Les Invalides*; and
  - Independent younger and older veterans.
- ***Normandy 06 –07 September 2006:***
  - Museum of Peace and War.
- ***Marseille 07 – 09 September 2006:***
  - Soldiers of Peace.
- ***Aix En 09 – 12 September 2006:***
  - Institution des Invalides; and
  - Veterans from the *Institution des Invalides*.

## Highlights

With a research project of this size and duration there are of course innumerable highlights worthy of mentioning. However the following specific highlights are worthy of a special mention:

- Meeting a Canadian veteran who, after suffering from a significant mental health issue was able to seek and obtain specialist assistance and recover. But just as importantly was able to resume his military career once he had stabilised his condition.
- Being briefed on the Veteran Affairs Canada (VAC) peer support and family support programs, including the provision of case studies.
- Meeting with Veterans of Foreign Wars (VFW) in Washington D.C. and listening to the staff members discussions on their work.
- Seeing the number of younger American veterans employed by the American Legion.
- Receiving a brief on the 'Heroes to Hometown' initiative being undertaken in Washington.
- Visiting the Vietnam Memorial in Washington D.C. with a Vietnam veteran and paying tribute to two of his friends who had been killed in Vietnam.
- Participating in a peaceful demonstration against war with the members of Veterans for Peace in North Carolina.
- Meeting a young American veteran who had suffered a severe injury (amputation of an arm and brain damage) and witness how he had harnessed his experiences to recover and challenge the American Veterans Affairs (VA) system to improve its services. Furthermore, to discuss with this veteran how volunteer service had improved his quality of life.
- Being able to link individuals and groups in North America and Europe with each other for support and to share information.
- Visiting the Combat Stress Organisation and see how they value 'love' and 'caring' in the rehabilitation of younger veterans.
- Seeing so many individuals and groups committed to improving the quality of life for younger veterans.

## Aim

The aim of this Winston Churchill Fellowship was to study the rehabilitation of younger veterans and the effectiveness of support groups, which positively engage and impact upon the community – United States of America, Canada, United Kingdom and France in order to develop programs in Australia that will contribute to the rehabilitation and quality of life of Australia's younger veterans.

## Background

The Australian Federal Government has been deploying soldiers, sailors, airmen, airwomen and police to wars and conflict zones since the birth of the nation. At every stage of this proud tradition these same governments have made solemn and public promises that they will look after these men and women, as well as their families, on their return to Australia. These promises have been made because of the unique challenges and risks associated with such endeavours. During these declarations, and commitments, there has been no clear definition provided on what will or should be provided by the Australian Government. The hidden caveat to these promises is that these men and women will be looked after to the best level that can be afforded by the government of the day. The details of what this promise includes has been an increasing issue for veterans over the last twenty years.

The nature of military service has changed significantly over the last fifty years from the volunteer militia to the profession of arms. Younger Australian veterans have been volunteers, who have selected a career in the military or police well before any decision to deploy forces. As well as this change in the military and police there has been a change in the nature of military operations away from the traditional conventional offensive operations.

These new deployments have ranged in length and operational tempo and have seen veterans faced with a variety of threats from both environmental and operational perspectives. Despite the development of the profession of arms and policing, and their volunteer status, improved training and equipment, these operational tours still involve a significant physical and psychological risk to young Australians. In meeting these challenges these young men and women have sacrificed and served with the knowledge that should something happen to them they will be 'looked after'.

In Australia there is a large population of younger veterans (66,000)<sup>5</sup>, which is steadily growing. The members of this group are for the most part highly qualified and capable of bringing about great social change. Just as importantly a number of these people suffer from physical, psychological and emotional health injuries as a result of their service.

In addition to the cost of undertaking military and policing operations there is an ever-increasing per capita cost for rehabilitation and compensation. There is increasing debate between government departments, researchers, veterans and ESOs over the affects of operational service. In many cases research is contentious and conflictive. This being said the incidence of health problems amongst veterans have increased above those of their peers within the Australian Defence Force (ADF) and the wider community. This group of Australians has been exposed to environmental and operational threats, which by their very nature contribute to health issues. There is of course varying research as to the actual extent of these health problems or issues.

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<sup>5</sup> Australian Peacekeepers and Peacemakers Veterans Association 2006, [www.peacekeepers.asn.au](http://www.peacekeepers.asn.au).

Since World War One Australian Government's have committed themselves to take care of veterans. This being said *'taking care of'* has evolved to be interpreted by veterans and bureaucrats to mean compensated. This care should extend beyond the provision of pensions to include programs that in the first place rehabilitate in a holistic sense, secondly develop capacity and finally but just as importantly contribute to or promote quality of life rather than sustainment.

As a group younger veterans are suffering from an identity problem, and indeed are not viewed as a primary client group by the Australian DVA. This group's needs are different from those of previous generations. In the Australian context the DVA has been established to support older veterans which now includes Vietnam Veterans; the youngest of which are over fifty. Furthermore the number of female veterans as a percentage of all troops deployed has steadily risen especially with the deployments of the last ten years. The DVA is seeking to address these changes in veteran demographics and these efforts have been evident in their younger veteran forums.

Regardless of age there should be a number of provisions put in place by governments, ESOs and veterans that ensure quality of life issues can be addressed. These provisions should focus on financial security and confidence building to ensure that veterans are capable of participating in a program in the first case. The need for financial security is paramount in promoting greater success in rehabilitation of younger veterans. There is a need to ensure that this type of payment is a compensation payment rather than a welfare 'handout'. Secondly a veteran should be able to access health care. If these are achieved then there is a greater likelihood that a veteran can achieve rehabilitation and greater levels of quality of life. These issues are of course beyond the scope of this research, although paramount in achieving the greatest chance of positive results.

It is important to note that because veterans are a diverse group no single program will be able to cover the needs of all veterans, and that there will be many veterans who, due to personal choice or health reasons, could or would not participate regardless of what programs were available. This being said any program that contributes is better than none.

Australia's Veterans' Affairs system is world class but still has much to learn from other nations especially those who have comparable social systems such as Canada, the United States of America (USA), the United Kingdom (UK) and France. In these countries much more pressure is placed to bear on ESOs to contribute to the rehabilitation and care of veterans. This can be attributed to a variety of historical and cultural reasons but this reliance has generated many positive results. This by no means decreases the responsibility of governments, whether in Australia or abroad, from supporting, rehabilitating and compensating veterans.

## **What is a Veteran?**

Politicians, media, ESOs, and bureaucrats often use the term 'veteran' despite the fact that it is not a clearly defined term. In reality defining the term 'veteran' is complex, as it is a cultural, legal and social construct. The term appears to be well understood by government departments challenged to look after this group and ESOs who seek to represent this group of people. Yet given its complexity, and the reluctance of younger veterans to use the term, there would appear to be much more to it than what is seen at first glance.

The term itself is elusive at best and complicated at worst. A member of a nations military force can be a veteran but not all members of military forces are veterans. In

the Australian context the term is troubled by the inconsistencies in definitions. The DVA<sup>6</sup> defines a veteran for pension purposes as:

*For service pension purposes the term 'veteran' has a particular meaning. To be a veteran you must have rendered eligible war service, meaning continuous full-time service in one of the following roles:*

- *as a member of the Defence Forces of Australia in various wars and conflicts*
- *as a member of the Defence Forces of Australia during various peacekeeping activities*
- *as a member of the Defence Forces of a Commonwealth or Allied country in specific circumstances during various wars and conflicts*
- *as an Australian mariner or Allied mariner during World War 2*
- *in certain specific circumstances, as a civilian.*

Although this definition appears to be sufficient to cover the Australian government's commitment to its military, it does leave a large number of 'veterans' outside of the definition. Until recently those Australian soldiers who served in Rwanda with the United Nations (UN) were not recognised as having served in war like service despite bearing witness to the deaths of thousands.

The Returned and Services League (R&SL) defines a veteran as:

*Any person who has served in any of the Australian Defence Forces in either of the two World Wars or in any theatre of conflict. Any person who has served for not less than six months in the Regular or Reserve Forces of the ADF, or of any country not an enemy of Australia. Shorter service can also qualify if discharge was honourable and for reasons beyond the individual's control. Any Australian citizen who has served overseas for not less than six months as a member of an approved Peacekeeping Force. Any Australian or allied citizen who served with or in support of the ADF or Allied Forces in any theatre of conflict or during World War II, as a member of the Australian Women's Land Army or a Voluntary Aid Detachment in a Military of Convalescent Hospital.<sup>7</sup>*

There are additional factors that make defining what is a veteran even more difficult. There are naturally significant differences between operations and wars with operational tempo, threat and context. There are also significant differences between the experiences of these veterans on the same deployment within the same country at the same time based on their employment.

There are also differences in experiences resulting from being in a certain place at a certain time:

- There are operational situations, which see transport drivers drive repeatedly under enemy fire as experienced by Bombardier Reilly in the Battle of Coral in Vietnam.<sup>8</sup>
- There are situations where deployed personnel are on leave and experience situations worse than that in their deployed country. An example is the story of Rodney Cocks who takes leave from East Timor, as a UN Observer, only to be confronted by the destruction of the Bali Bombing.<sup>9</sup>

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<sup>6</sup> DVA Facts IS 44.

<sup>7</sup> Returned and Services League of Australia National Constitution.

<sup>8</sup> McAulay, L. 1988 The Battle of Coral: Vietnam Fire Support Bases Coral and Balmoral may 1968 Arrow Australia Sydney.

<sup>9</sup> Cocks, R (2005) Bali to Baghdad and Beyond, Penguin Books, Victoria.

- There are emergency humanitarian operations where military personnel are faced with incredible horrors. Soldiers in Banda Aceh, Indonesia, following the Boxing Day Tsunami were exposed to the corpses of large numbers of dead children.<sup>10</sup>

There are added pressures from veterans themselves which leads to arguments over whose war was the worst or most difficult, which has caused fragmenting of the veteran community. Australia's veteran community is filled with these issues with those who returned from the Second World War met by veterans of the First World War who were adamant that their war was worse. Then there were those who served in Vietnam who were not accepted into the wider veteran community and now there are of course those Vietnam Veterans who would and do say that the conflicts and operations of the present are nothing like Vietnam.<sup>11</sup> The bottom line is that there is conflict between different veterans and that veterans are not a homogenous group. There are in fact many veterans who actively and deliberately choose not to be members of an ESO.

As previously stated the term 'veteran' is both a legal and social construct. The issue is that many veterans feel that the receipt of compensation from a government is an endorsement of their identity as a veteran. They feel that the receipt of a pension or compensation is validation of their position in society as a veteran.<sup>12</sup>

What can be said is that each veteran's experience is different and as such each veteran's rehabilitation needs are different. There has been continuous evidence that despite these differences veterans are a capable group of individuals, even if they have not achieved wide spread acceptance, with the potential to challenge the status quo but more importantly get organised to help each other with rehabilitation in a meaningful manner.

This is not an academic dissertation on who veterans are, so for the purposes of this paper the definition of veteran is that provided on page two. A younger veteran in this context will include all those Australian or allied defence forces personnel regardless of employment who have served overseas in an operational environment. This does not represent any drawing of lines or finalised definition of what it is to be a veteran.

## Veteran Health Issues

Following the declaration of war that marked the beginning of the First World War, young men lined in the streets at recruiting offices to ensure that they had their opportunity to serve their country and to enjoy the adventure. These two dimensions to military service and recruitment have not changed in the intervening years although the demographics have. Young men and women still line up to serve their nations and to experience the adventurous lifestyles offered by the military.

The obligation of the state to recompense the soldier for service in its defence is an ancient one dating at least from the Assyrian empire circa 1200 BC.<sup>13</sup> Australia's commitment to Veterans dates from 1903 with the introduction of the *Defence Act 1903* which served to make provisions for the Defence Force members and their widows in the event of incapacity or death resulting from wounds or disease acquired

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<sup>10</sup> Interview Captain Lachlan Fryer.

<sup>11</sup> Interview with Peter Ryan ACT Branch Vietnam Veterans' Association.

<sup>12</sup> Zabinski, J. (2003) Post-traumatic stress disorder in the Vietnam veteran community: a bio-psychosocial approach.

<sup>13</sup> Lloyd C and Rees J (1994). *The Last Shilling: A History of Repatriation in Australia*. Melbourne University Press, Melbourne.

whilst on active service. Since this time there has been a raft of legislation enacted to provide services to ensure Australia's commitment to veterans is met.

The deployment of soldiers overseas on active service in war like, peacekeeping, peacemaking and humanitarian operations results in a wide range of health issues for those deployed, and in many cases their families. These health issues include a range of both physical and psychological injuries.

The effects of a deployment are varied and dependant on a number of factors including the veteran's specific employment in the area of operations as well as their specific experiences. Regardless of these factors there are significant health issues related to military service; its very nature increases the risk factors for almost all health issues. The types of health issues that are identified are similar to that in normal employment but the rate of injury is significantly higher than in normal populations.

Despite the variance in deployments there are some common factors associated with operational service. It would appear from existing research that almost all health issues have a mental and emotional health dimension. This is illustrated in the 2003 Australian Gulf War Health Study, which states:<sup>14</sup>

*The most striking and consistent health finding in the study was that the Gulf War veteran group had developed more psychological disorders than the comparison group in the time since the Gulf War. The Gulf War veterans were also more likely to have persisting psychological symptomatology in the twelve months or four weeks prior to the study. The greatest increase in risk was for posttraumatic stress disorder, but other anxiety disorders; depression and substance use disorders including problem drinking were also more common in the Gulf War group. Within the Gulf War veteran group, the risk of psychological disorders increased as the number of reported adverse military experiences related to the Gulf War increased. The increased risk of psychological disorders was only slightly reduced when Gulf War veterans were compared with comparison group subjects who had also been on an active deployment. The effect of Gulf War service on psychological health, therefore, cannot be fully explained as representing a 'deployment effect'.*

One of the most troubling veteran health issues is the trend of veterans not maintaining ongoing care for their conditions after receiving compensation. Research indicates "Forty-three per cent of participants reported they were not receiving health care for their compensated condition, and 23% (particularly Peacekeepers) reported they had stopped their health care treatment."<sup>15</sup>

What is interesting about veteran health issues is that many perceived veterans' issues supported by apparent anecdotal evidence is not found to be true when researched. For instance US DVA research in 1996 indicates that combat veterans are less likely to be homeless than other ex service personnel. This being said the veteran health issues are not about statistics. Reverend Muller best expressed this on ANZAC Day 2006, "war service is not just a chunk of time in the life of a young person. War Service is life changing, dreams can be shattered, plans can be devastated and buried". Australia should be committed to seeing these people realise their dreams rather than debating the cause of their illnesses.

All health issues impact upon the quality of life of veterans at levels higher than that experienced by the general public. There appears to be no succinct and widely accepted definition of 'quality of life' despite the fact that it is increasingly used social

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<sup>14</sup> The Australian Gulf War Veteran's Health Study 2003.

<sup>15</sup> The Australian Centre for Posttraumatic Mental Health (2004), *Pathways to Care Report*.

construct in the social sciences.<sup>16</sup> Regardless, there is an implied commitment from the Australian public to ensuring the quality of life of its veterans. This being said the current systems of compensation have identified that “*compensated veterans have poorer health and quality of life, and higher health service consumption when compared with age-adjusted norms*”<sup>17</sup>.

## Post Traumatic Stress Disorder and Mental Health

One of the most prevalent injuries or illnesses faced by younger veterans is Post Traumatic Stress Disorder (PTSD). PTSD is characterised by an exposure to one or more events that involve death, threat to life or limb or serious injury and a cluster of psychological responses to the memories of these events consisting of intrusive avoidance and hyper arousal symptoms.<sup>18</sup> Awareness of PTSD amongst veterans and the wider community in western nations has significantly increased over the last twenty years<sup>19</sup>. This new awareness can be attributed to the plethora of books and websites that highlight the effects of war and conflict on veterans. This new awareness is slowly increasing the social acceptance of the condition but also is leading to self-diagnosis and earlier intervention.

There has been a trend amongst veterans to loosely use the term PTSD to describe all psychological conditions experienced by a veteran without specific reference to the clinical definitions. This is evidenced by its constant use by veterans’ affairs departments across the world and the increasing number of compensation claims. Whilst this has occurred there is also an increasing trend amongst some doctors and medical providers to not specifically highlight mental health issues but consider them from a holistic health or whole of person perspective.

There are a number of references to the stigma associated with mental health problems amongst serving military members. There is also an increasing trend amongst military personnel separating from their parent services to seek out mental health service providers and self-identifying with the condition of PTSD. The scope of this fellowship does not cover this issue, suffice to say that there are elevated rates of mental health conditions in younger veterans and that veterans are increasingly being diagnosed with mental health conditions.

In the treatment of these conditions there are a number of approaches and strategies, which use combinations of counselling, therapy and pharmaceuticals. These of course are linked to treating the illness but there is one important component to recovery and rehabilitation that to date appears to be missing. This missing component is the development of a sense of a sense of self worth and purpose in veterans with mental health issues.

## Goals of Veteran Rehabilitation

As many of the government departments charged with the management of veterans’ affairs have become administrators of compensation systems, the focus on meaningful rehabilitation has been reduced. One of the major issues facing these

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<sup>16</sup> Zabinski, J. (2003) Post-traumatic stress disorder in the Vietnam veteran community: a bio-psychosocial approach.

<sup>17</sup> Hawthorne, G. Hayes, L. Kelly, C. and Creamer, M. 2004, *Pathways to Care in Veterans Recently Compensated for a Mental Health Condition*, Australian Centre for Posttraumatic Mental Health .

<sup>18</sup> American Psychiatric Association 2000, *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed.) Washington DC.

<sup>19</sup> Martz, E 2005 The Prediction of levels of PTSD stress levels by depression among veterans with disabilities *Journal of rehabilitation*. Jan - Mar 2005.

organisations, as well as ESOs, is defining the goals of rehabilitation. In many cases the severity of the physical and psychological injuries involved are such that full recovery will never be possible. As a result there seems to be a trend towards the calculation of appropriate compensation, which although important, inhibits meaningful rehabilitation or development of quality of life.

Across the world there is dissatisfaction and anger with successive governments in every country over the poor treatment of its veterans. A question remains as to whether this anger is linked to a lack of treatment. Although there are definitely indications that not all veterans are receiving sufficient care, nor compensation and income protection there is also some indication that this community is angry, with lives that have been left destroyed or not returned in the same way that they started their service.

The issue of compensation inhibits veterans from developing goals for their own rehabilitation. When you ask a veteran who has lost a limb or suffered a severe injury would they rather have their health or a compensation payment, without reservation, most say I want to be normal. But if they cannot be normal then they want the most beneficial financial compensation, but the process to achieve this focuses on proving higher levels of severity, which rewards injury not rehabilitation.

The truth is that many veterans will never again experience a life that they would consider 'normal' ever again after their operational experience. They will always suffer, but the goals should be to provide these veterans with the highest levels of support that a nation can afford to promote quality of life and fulfilment. This is achievable and during this research there were numerous examples where this has occurred. From a female marine who lost two legs in Iraq who has sought to be a politician, to a US soldier who after suffering brain damage volunteers at the botanical gardens. In each case these veterans received compensation, suffered horrific physical and psychological injuries but are able to find and achieve fulfilment.

The goal for each veteran is personally different. To support them identifying and achieving these there needs to be a balanced approach between counselling medication and opportunity. The opportunity in this case is the opportunity to interact with the world within the limits defined by their illness whilst still challenging them to step beyond their self defined limits. But the initial step is to deal with the anger that they feel due to the loss of previous potential.

The responsibility for the development of these rehabilitation goals should be a shared vision between the individual who suffered the highs and lows of operational service and a inter-disciplinary team of professionals rather than with a budget driven government body. ESOs could play an integral part in the realisation of these goals because of their community contacts and interest in outcomes over financial performance.

Australia's current ESOs may not be structured to provide such support as they have been established to coordinate commemoration and compensation products rather than to support rehabilitation or the creation of opportunities. There is a need for a coordination point to draw in members or veterans to participate in programs. With the use of ESOs there needs to be an approach that is accepting of all, without the same levels of tests and hurdles associated with compensation claims. This way it is an inclusive approach or strategy. There is also a need for a tailored approach whereby each person's participation is defined by his or her capability rather than operational experience. One thing that should be remembered are the words of R. A Kidd, "*Health is found not in isolation but community*".

## Not meeting the needs

Over the last ten years successive government organisations dealing with veterans have become increasingly aware that their existing programs and services are not meeting the needs of younger veterans. This recognition has come in many forms such as the following statement from a senior Canadian Forces Commander “we have become increasingly aware that our existing programs and services are not meeting the needs of this younger veteran group, especially those who are medically releasing from the Canadian Forces”.

At the same time as this recognition there have been significant changes in veteran demographics. The veteran populations of World War Two have peaked, and are now declining, although their medical costs are increasing. An ageing World War Two population requires an understanding of the impacts of ageing on their experiences of war and pre-existing health conditions. There is also an increasing desire amongst governments for mechanisms for recognising and valuing that service. At the same time there are an increasing number of younger veterans who have different needs to previous generations of veterans. As a result of this difference in veterans’ needs current DVA services and products are not appropriate. A younger veteran population requires a focus on rehabilitation and putting their experiences into context, which is not currently being met.<sup>20</sup>

These changes have occurred whilst veterans affairs departments are experiencing greater budgetary pressures. The government perspective appears to be to reduce the overall costs of veterans’ affairs, which is not conducive with improved services, or more personalised service.

Many Australian ESOs have identified a need for further concentration on transition management for younger veterans. This transition management deals with the problems associated with military service and integration back into mainstream society where military support networks are no longer available. This push for transition management has concentrated on awareness training but now needs to include a greater focus on rehabilitation. The lessons from Australian veterans of the Vietnam War indicate a need for further attention closer to the time of injury.

At present there are a myriad of veteran health studies, think tanks and research facilities being established all over the world to study and understand the health consequences of war. The USA has established two new Veterans’ Affairs medical facilities called ‘War Related Illness and Injury Study Centres’.<sup>21</sup> These centres are all searching for answers to questions relating to war service especially in the treatment of stress syndromes and other conditions, which involve symptoms that cannot be adequately explained. This research driven strategy has been adopted in part to address the growing frustration amongst veterans with medical practitioners who do not understand military service or its health problems.

Against this backdrop of increasing need for representation and lobbying ESOs have not been able to address the less pressing issue of what can be done to improve the quality of life of veterans. In this context many ESOs and groups of veterans have been quick to identify as victims of government meanness.

Rather than identifying as victims, veterans need to identify as a group of individuals that have great potential. As a group, and individuals, veterans are entitled to a degree of gratitude and support from their governments because of their service and

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<sup>20</sup> Statement of Intent of the New Zealand Defence Force for the year ending 30 June 2005.

<sup>21</sup> Keating, S. Studying the health consequences of war: In what is being hailed as “a new era of caring for combat veterans” VFW Magazine April 2003.

sacrifices. This research has indicated that those groups, which build upon this mindset in a positive way, appear to have better outcomes for the quality of life of their members.

There should be no doubt that a veteran who has been permanently injured because of their service should be compensated. There should also be no doubt that a veteran who is suffering from ill health related to their military service should have financial security to ensure that they can concentrate on addressing their rehabilitation needs. There is a genuine need for compensation for loss of functionality or quality of life, and for government's contribution to medical costs but there is also a need for governments to contribute to improving the life of veterans.

The current legalistic approach to veterans' affairs and compensation in Australia concentrates on the approval of compensation claims, which has little to do with rehabilitation. The onus is placed on proving invalidity rather than rehabilitating from their injury.

The problems with compensation are increased with the sense of identity that many veterans achieve from being a recipient of compensation payments. The receipt of compensation payments from governments means that ones veteran status has been legally recognised by government. This creates a problem over how to address the issue of rehabilitation without taking away a sense of identity.

One of the greatest findings of this research has been that the quality of life for veterans is less an issue of a destination but more a journey facilitated by the combined efforts of the military, veterans affairs, doctors, medications, peers, family and friends. This being said the current systems are focussed on the entitlement to the services of veterans' departments. There is also a significant lag in the approval of appropriate medical treatment and a particular focus on older veterans rather than those of newer conflicts. The veteran needs to be assured their access to medical services as early as possible and the assurance of financial compensation to ensure the greatest opportunity for rehabilitation.

## Canada

### **Introduction**

In 2006, following some three years of development, the Canadian Government introduced the 'New Veterans Charter'. This program represents a significant change in approach from Veterans Affairs Canada (VAC), which is focussed on wellness and rehabilitation.

The 'New Veterans Charter' introduces programs that are aimed at ensuring that those injured while serving their nation will have an opportunity to return to civilian life, and be prepared to participate and contribute as learners, workers and members of families and communities.<sup>22</sup>

Of particular interest in Canada is the excellent working relationship between VAC, ESOs, veterans and the Canadian Armed Forces (CF). A number of programs had been developed to achieve this outcome including the out posting of VAC staff to military facilities. Also of interest was the interaction between ESO and VAC.

### **Veteran demographics**

More than 125,000 CF members have served in international peacekeeping missions to more than 35 countries over the past sixty years. During this time over 125 Canadians have died whilst serving<sup>23</sup> with thousands more having been injured during this service. The CF are experiencing increasing numbers of military operations with individual members of the force experiencing more frequent deployments with less time to recuperate between deployments. These conditions are similar to those that are being experienced by ADF service personnel.

The impact of these changes translates into serious human suffering. The issue is complicated by the stigma of mental illness that leads to delays in seeking treatment and recovery. Some examples include:

- Families are often left to deal with a veteran's condition on their own.
- Alcohol and drug dependency is often involved.
- On separation from the forces many veterans experience complications or difficulties with gaining employment.
- A veteran's experience is also contributing to higher levels of family violence and break-ups. In the Canadian context break-ups of relationships are twice as likely with veterans.
- Finally there is a high rate of suicides amongst veterans, by way of example, between May 2005 and April 2006, suicide accounted for 25 percent of deaths amongst CF members.

As of March 31, 2006 there were 8,385 clients pensioned with a psychiatric condition in Canada. Of these cases 68 percent have a pension for PTSD. Over the past five years the number of clients pensioned with a psychiatric condition has increased by almost 400 percent. At the same time PTSD has increased by 700 percent. Furthermore 50 percent of the individuals discharged medically from the CF have

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<sup>22</sup> Vol. 139, No. 51 — December 17, 2005 Canadian Forces Members and Veterans Re-establishment and Compensation Regulations.

<sup>23</sup> Veterans Affairs Canada, *The Face of Peace: Veterans of the Canadian Forces 2005*.

mental health problems. Of all of the clients pensioned with psychiatric conditions 66 percent are younger clients.

The current veterans statistics indicate that by the year 2020 PTSD will be the second greatest injury faced by the VAC. This has been a result of increasing occurrence of operational stress injuries (OSI) in younger veterans and accelerated rates amongst older veterans.

### ***Ex-Service Organisations***

The Canadian veteran community is similar in nature to that of Australia. The veteran community is made up of one older larger ESO, the Canadian Legion, and several newer operationally focussed organisations.

The Canadian Legion can trace its origins back to the end of the First World War. Since this time the Legion has been actively involved in lobbying for veterans' rights and conditions. After declining membership the Legion accepted members without military service, which has resulted in an increase in the number of new ESO that are more closely focussed on veterans with operational service.

The Legion has many advocate volunteers who for the most part are ex-military members who assist younger veterans with claims. More interestingly the most difficult cases, which involve the requirement for longer-term rehabilitation, are referred to full time paid employees of the Canadian Legion. These staff have various qualifications in social work and assist the veteran with case management. These branch service officers have facilities to provide financial grants to veterans to assist in stabilising their situation before government claims are processed. This is an essential component in the early stabilisation of conditions. This type of approach reduces the inherent problems of anger and frustration amongst younger veterans. The Legion is aware that younger veterans feel that their ex-military advocates provide a better service, which is more understanding of their needs. This being said many advocates reflect that VAC staff who have military service are much more stringent with claims.

A number of associations share membership in Canada, as is the case in Australia. These newer associations seek to actively participate in military life and interact with serving members of the CF. By maintaining this contact veterans continue to experience the family relationship or fellowship that is synonymous with military life. In many cases veterans who don't have this avenue and connection yearn for the lost fellowship that comes with military service.

Canada's ESOs have focussed strategically on the provision of social meeting places in the community, ceremonial activities and the provision of claims officers. These officers have similar training to those in Australia but often veterans comment that ESOs are focused on getting conditions approved as service related rather than getting medical care and getting them back on their feet.

French Canadians, or Francophiles, tend to be involved more closely with their units as they are all recruited from the same area and tend to settle after military life in the same region, as such they can maintain friendships. The French ESO reiterate the need for early intervention for injured veterans and that this should be the primary aim of rehabilitation systems. These same groups believe that the sense of community and fellowship is an important part of effective rehabilitation.

## VAC

In April 2006, the VAC had a complete change in the provision of veterans' services with the introduction of the Veterans' Charter<sup>24</sup>. VAC delivers health benefits and services through 14 programs, which include:

- Aids for daily living,
- Ambulance and Medical Travel Services,
- Audio Services, Dental Services,
- Medical Services,
- Medical Supplies Nursing Services Oxygen Therapy,
- Prescription drugs Prosthetics and Orthotics,
- Related Health Services,
- Special Equipment,
- Vision Care.

The VAC also has the Veteran Independence Program (VIP), which has been designed to keep older veterans and disabled younger veterans with services to keep them live independently. VAC is trying to take a much more open approach to the cause of veterans' injuries in order to provide greater levels of support.

### ***Educating VAC***

In 2003, VAC realised that as many of their staff had never served in the military they had little understanding of the demands of military life. This message was received from ESOs and individual veterans who had become frustrated and angry with VAC staff for their apparent ignorance. In response the CF prepared a series of three videos for VAC staff that provided them with an understanding of what a day in the life of each service is like.

The relationship between veterans and VAC has since improved dramatically and VAC staff praise the video for achieving this improvement. A VAC staff member further illustrated the success of the program by saying:

*"I never knew why navy personnel always had ankle and knee problems until that video. All those ladders and steps and narrow hallways".*

### ***Language***

In VAC and the CF there has been a significant move to change the language and stigma associated with mental health issues. The term 'Operational Stress Injury' (OSI) was introduced as a replacement for 'mental health' and 'PTSD' to alleviate the stigma associated with a psychological disorder. OSI is used to describe a broad range of mental health problems, which include diagnosed medical conditions such as PTSD, anxiety disorders, depression and other conditions that may be less severe, but still interfere with daily life.

### ***Peer Support***

One of the most innovative programs in Canada, if not all of those countries that have been visited, was the Peer Support Program. The mission of the Peer Support Program is to establish, develop, and improve social support programs for CF

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<sup>24</sup> Veterans Affairs Canada 2006, *A Guide to Access VAC Health Benefits and the Veterans Independence Program*, April 2006.

members, veterans and their families. The program strives to give hope through social support to those veterans with OSIs.

The groups are established by VAC and are typically led by an ex-CF member who has previously suffered from an OSI. The groups meet every two weeks and have an extensive framework for behaviour. This framework includes rules that prevent discussions from becoming angry and counterproductive. The support groups receive information presentations from health professionals but their greatest value is in the psychosocial support provided by talking with others with similar experience. The programs real strength is the provision of a social contact point, which is understanding and supportive of veterans' conditions and needs.

Typically the veterans involved in this program have been able to stabilise their conditions. They are then screened by mental health professionals to examine suitability for participation in group activities. Prior to the group activities many veterans feel a loss of control. The groups provide the veterans with commonality and bonding experiences. The members of the groups continue to receive formal health services and participate where appropriate in group therapy. The Peer Support Group separates its role from that of group therapy. There are active attempts to have members of the program later become volunteers to assist in establishing, coordinating or supporting the program as their conditions stabilise further.<sup>25</sup>

### ***Family Support Program***

In response to the successes of the peer support program, as well as a growing need to assist the families of veterans participating in the peer support program, the VAC established a family support program. The family support program was established on the same model as the peer support program. This program establishes small groups lead by a family member of a veteran who has suffered from an OSI. The groups seek to provide its members with information and support with dealing with a family member with an OSI. The program recognises that rehabilitation and quality of life is not separate from the rest of a veteran's life but interlinked with their whole life.

### ***Location of VAC Officers***

To further assist veterans with transition and rehabilitation VAC has placed client service officers at major military facilities. These officers assist younger veterans and service personnel with the completion of their paperwork, and act like case officers. This ensures more effective continuity of cases as CF members leave the military health system and enter the VAC system. This initiative has created a closer link between the veteran and VAC to ensure that they will proactively seek support and further promote intervention and rehabilitation.

### ***Claims***

Compensation claims in Canada are processed in a similar system to that of Australia with the only exception being that injuries that are claimed within two years are almost always approved. Furthermore those with injuries of 40 percent or greater are entitled to free health benefits. Veterans consistently provided the feedback that rehabilitation and compensation programs need to have less paper work associated with them and the time taken to undertake claims process shortened to ensure timely access to programs.

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<sup>25</sup> VAC (2006) Operational Stress Injury Social Support: Volunteers Make a Difference.

## ***Education***

The provision of education assistance and retraining in the CF serves as an excellent rehabilitative tool. The veteran who has stabilised their condition and is ready to return to work has an ability to be retrained. The difficulty with these systems is getting the information on entitlements to veterans and the specific focus of staff on reducing or managing departmental costs through a strict application process.

## ***Veterans***

In Canada there are many younger veterans that feel that they are tossed away from their service life when they are injured. It was consistently identified that Canada shares many of the same treatment problems that Australia experiences; including issues such as access to health care in remote areas. It was highlighted on a number of occasions that the best results for rehabilitation, especially for those veterans with OSI, occur when the veteran has some degree of financial stability. Many younger veterans raised this as an important issue, especially where a veteran may return to a remote area, which is economically challenged.

Education and training for injured veterans was highlighted as a major issue. In establishing programs for veteran education and employment ESO highlighted the existence of issues in relation to veterans accepting employment or education that they perceived to be below their military rank. One of the major difficulties highlighted by veterans was the difficulty they experienced when transitioning from highly valued military positions, with significant responsibilities, to civilian positions with far less appeal. ESOs highlighted that of all the CF personnel who reported these issues that it is privates and corporals who experience the greatest difficulty with both health care, education and maintaining long-term employment.

Veterans young and old spoke of the issue of loss of family and social network when they leave the military. This loss in itself is a perceived cause of depression amongst veterans, especially those who are discharged from the military due to injury or illness. Many veterans also express that their participation in ESOs is less about what is being done and more about whom it is being done with.

Other ranks often mention the fact that although they make up the majority of the veteran community they are the least represented in organisations. There is an underlying comment that senior officers do not understand what soldiers are experiencing in the VAC system nor are their best interests being served by ex-officers holding office in ESOs.

## ***Community Service***

Of all the veterans that were visited a number were involved in at least one or more forms of community service either with or without the involvement of the military or an ESO. In each case the veteran would state how this work was an important part of their personal identity and their means of contributing. By way of example one of the veterans interviewed was involved with the 'International Community for the Relief of Starvation' (ICROS), which was established by another CF veteran. The veteran collects money and other donations for overseas projects such as the building of a 15-bed hospital in Africa. Other projects have included the production of 'Izzy Dolls'. The Izzy doll was named after a CF soldier killed on operations in Afghanistan. In the first six months 2000 were produced, in the second six months 6000 were produced with all being sent to Afghanistan for distribution to children. In this case veterans banded together as a group to make a difference in other people's lives. The organisation provides veterans with a means to make an important contribution to their community.

## ***Frustration***

One of the greatest concerns amongst younger veterans was their frustration with the lack of control and the difficulties in navigating the various government process associated with VAC. The lack of control deals with their own destiny and the lack of answers especially around OSI. This also comes from the transition from the very direct approach of the military to the less controlled and independent nature of the VAC systems.

The CF are lengthening the period of time that it takes to discharge veterans from the military, especially for those who have been diagnosed with OSI and severe injuries until such time as injuries are stabilised. This is resulting in more positive results with veterans with OSI returning to work and continuing to serve after a year or two of medical treatment and stabilisation. This is a positive outcome for both the service and the individual with the maintaining of skill sets. Service personnel are able to maintain a sense of purpose and social interaction that is contributing to rehabilitation rather than being left to feel like they have been cast aside.

## **United States of America**

### ***Introduction***

The sheer size of the United States (US) veteran community serves as a massive problem for the US Government and veterans alike. From the US government's perspective they have increasing numbers of veterans to support, especially in light of their large-scale deployments over the last twenty years. The decentralised nature of the US bureaucracy results in a large number of veteran services split between ESOs, state/ federal government bureaucracies and other private organisations. This dynamic environment places the individual veteran in the difficult situation of case management between services from a large number of specialist and general ESOs, health providers as well as government funded or subsidised programs.

The American Armed Forces have identified the need to place greater focus on mental health within their deployed forces. This new strategy has focussed on a three-stage process of prevention, timely identification and tailored follow up.<sup>26</sup> This body of work has seen the development of new pilot programs for the individual case management of seriously injured veterans returning from Iraq. As a result of recent research the Armed Forces have identified the need to involve families in all of these processes. Although the focus of communication and support is on families of currently serving veterans there would appear to be a logical argument to extend this coverage to the provision of such services to all veteran families.

One of the most interesting developments in America is the way that the major ESO are working together to assist in case management and strengthening their lobbying position. This approach has resulted in a reduction in the costs associated with undertaking lobby work and administration. This reduction in costs is maximising the financial resources available to ESO for the development of rehabilitation services. To further enhance the value of ESOs, significant training is invested in case officers and staff to ensure that they are aware of all of the available programs and benefits.

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<sup>26</sup> Ursano, R. 2006, *'The Minds and Hearts of Soldiers, Airmen and Marines and their Families'* Uniformed Services University of Medicine.

## ***Veteran demographics***

In the financial year 2002/2003 there were an estimated 25.4 million male and 1.6 million female veterans in America.<sup>27</sup> America's 26 million strong veteran population, which is steadily growing with military operations in Afghanistan, Iraq and Philippines, represents a significant workforce and economic capability for its government. The American government and ESOs are both keen to see this population actively contribute in an economic and social sense to their community.

PTSD is a growing issue for the US Veterans Affairs (VA). Between September 99 and September 2004 the number of veterans being compensated for PTSD increased from 122,070 to 217,893.

## ***Employment***

Studies by the American ESO community indicate troubling employment trends in both the general veteran community and the disabled veteran community. One of the most significant trends is the rate of unemployment amongst those veterans aged 20-24, which was estimated to be 15 percent. Furthermore the unemployment rate for disabled veterans has risen from 6.3 percent in 1976 to 8.3 percent in 2004. This trend has occurred despite a number of programs developed by veteran affairs including a Hire Vets First campaign developed by the Labour Department to heighten employer awareness and referral services.<sup>28</sup>

There are numerous employment programs and assistance services available to veterans in America. Programs such as 'Veterans Corporation' continually seek to provide opportunity for these people to not only survive but flourish in America. The program was developed in response to criticism that successive Federal Administrations "have done too little to assist Veterans in playing a greater role in the economy of the United States".<sup>29</sup> This is interesting as the implication is that veterans as a group in America are entitled to more than just compensation but to assistance in flourishing.

The Veterans Corp was established as The National Veterans Business Development Corporation and was created by *US Federal Public Law 106-50*. The organisations mission is "to create more prosperous communities and a stronger national economy by fostering business opportunities for Veterans and Service disabled Veterans".<sup>30</sup> This organisation works on two fronts, it seeks to provide financial opportunities and also support for the veteran. In the first place it provides expert assistance with the establishment of a business. It then seeks to provide access to networks such as organisations and other veterans to assure success. As to how successful this is, is of course reliant on a veteran being healthy and capable. This program provides an excellent model for supporting veterans returning to the work force after their medical conditions have stabilised and would be an excellent extension to an extensive rehabilitation program.

On the 14th of February 2001 the VA Centre for Veterans Enterprises was established by the *Veterans Entrepreneurship and Small Business Development Act 1999* to promote veterans' business enterprises.<sup>31</sup> The organisation was established

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<sup>27</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration 2006, *Male Veterans with Co-Occurring Serious Mental Illness and Substance Use Disorder*.

<sup>28</sup> Autry D. 2006, 'Veterans' jobs programs lagging', *DAV Magazine* March-April 2006.

<sup>29</sup> The Veterans entrepreneurship and Small Business Development Act of 1999.

<sup>30</sup> The Veterans Corporation, 2005, *Where Veteran entrepreneurs Partner for Success*.

<sup>31</sup> Department of Veteran Affairs 2005, *DVA Fact Sheet: VA Business Programs for Veterans*, August 2005 US.

to make it easier for veterans to establish and expand their businesses. For the purposes of this organisation veterans included service personnel who have served on active duty. The centre provides assistance through a national network of experienced business specialists. The centre assists with promoting the engagement of veterans companies, which includes five million veteran owned businesses.

In addition to these programs there are a large number of state based programs designed to establish financial independence for veterans. These programs are designed to be empowering. The programs themselves value the benefit of veterans' economic activity to the overall America's state and national economy. The concept for these types of programs is simple, if you empower capable men and women, they will flourish.

### ***Vet Centres***

In 1979, in response to the readjustment problems of the Vietnam Veteran community the US Congress established the Vet Centre Program. The Centres were established to support veterans with the provision of quality readjustment counselling in a caring manner. In 1996 the US Congress extended the services of the vet centres to those who served during other periods of armed hostilities.<sup>32</sup> The central aim of these centres is to assist veterans and their families with successful post war adjustments in or near their community. The specific services offered by these centres include a broad range of counselling, outreach and referral services. The interesting part of this program is that its services are available to all family members without reservation. In 2003 the services of the centres were extended to provide bereavement counselling for parents, spouses, children and sibling of those who died on active service.

There are 206 Veterans Centres in all 50 states of America, which have been established outside of medical facilities to avoid any stigma associated with such assistance.<sup>33</sup> The centres have an interdisciplinary medical team, which assist with providing a range of medical, counselling, family and education services. Veteran Centres are available to all veterans regardless of service. The centres do not however provide any form of peer support nor do they assist with the VA processes to achieve financial assistance or compensation. It is also interesting that there are no additional members of the interdisciplinary teams other than medical and social work staff.

### ***National PTSD Centre***

In 1989 the VA established a national centre to research PTSD titling it the National PTSD Centre. The centre is organised into seven divisions consisting of behavioural science, women's health science, clinical neurosciences, education, pacific islands ethno culture, and executive and resource centre. The centre is focussed on research education and consultation of patients, their families and health practitioners. Surprisingly the centres do not have strong links with holistic rehabilitation programs that approach PTSD from a whole of life perspective.

### ***Veteran Residential Communities***

One of the common themes in this research was that veterans wanted to be able to have social support from other veterans. In fact a large number of veterans indicated

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<sup>32</sup> US VA 2006 Vet Centres: 2006 National Vet Centre Directory.

<sup>33</sup> Department of veterans Affairs (2004) Fact Sheet VA Programs for Veterans with PTSD.

that successful rehabilitation programs needed to address the issue of fellowship, as it was one of the most lamented facets of military life.

In America there are a small number of veteran residential communities whose membership requires military service. One of the largest is "Harpers Community" in Washington. "Harpers Community" is a place where members of the armed forces go to live and thrive. It is a self-sufficient residential centre for some 1200 veterans, which is funded by contribution payments by residents as well as beneficiaries from marine's fines in the military justice system. The words of one veteran sums up the benefits of such a centre "I just like to be around old soldiers who been through what I have been through".<sup>34</sup> "Harpers Community" residents range in age from their thirties through to 101 and are from such diverse conflicts as World War Two and Desert Storm.

"Harpers Community" is not a military establishment, nor a medical facility; residents are living fulfilled lives with a range of formal and informal social outlets. The community operates a range of rehabilitative outlets regardless of whether these are discussion groups or sport, however they all encourage peer support.

### **Severe Disability**

Improvements in battlefield medicine and the nature of current conflicts have resulted in increasing numbers of severely disabled veterans returning to America. Although battlefield and emergency medicine has improved there is constant discussion amongst younger veterans that the ongoing rehabilitative care of this group has not developed at the same rate. Increasingly severely disabled veterans report difficulties in accessing the latest in rehabilitative care including services such as prosthetics.

Improvised explosive devices in Iraq and Afghanistan are making brain injuries and multiple limb amputation more common. In America at present there are some 2000 veterans defined as severely disabled from the second Gulf War. The injuries being sustained in these current conflicts are significant and the time taken to recover is long, especially as there are so many traumatic brain injuries. These veterans find it difficult navigating the myriad of legislation and gaining access to non-mainstream or modern treatments. There is a feeling amongst these veterans that they are being 'warehoused' by VA and Defence bureaucrats.

Veterans in all of the countries that were visited, including Australia, frequently used the term 'warehoused'. It refers to the feeling that the military no longer want you and you have been discarded and are simply waiting to die.

These veterans when approaching government are seeking assistance, which in many cases is followed by offers of institutionalising veterans or full time nursing care. Although there is a severe burden on the families and partners of these veterans, what is common is that this group are not sitting back and accepting their lot, they are seeking to be as active as possible.

All this being said there are amazing stories of veterans overcoming adversity. American veterans and their families lobby departments like VA and, despite severe injuries, many are either working or volunteering. By way of example a female pilot with a double leg amputation has sought senate preselection, another with a reconstructed jaw and mouth, and lost vision continues to serve in the military, another is employed as an instructor with the Department of Defence, whilst another is working at a botanical gardens as a volunteer despite severe brain trauma and an

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<sup>34</sup> Kyriakos M. 2006, 'Old Soldiers enjoying their Peace', *The Washington Post*, Saturday August 5 2006.

amputated arm. In almost every case the common complaint is that the current VA systems penalise them for their efforts rather than reward them.

US ESOs are only now coming to grips with how to better support these veterans. Research indicates that disabled veterans experiencing depression have a high likelihood of the coexistence of PTSD further complicating their rehabilitation.<sup>35</sup> What has been obvious at least in anecdotal stories is the importance of ongoing peer support. In many cases such as that of LCPL Brandon Burns of the US Army, ongoing support from the military and the Disabled Veterans of America provides him with peer support and fellowship after his discharge and the long rehabilitation program associated with the removal of a large portion of his brain as a result of being shot by a sniper.<sup>36</sup> American ESOs are providing their service officers with education and they are acting with a communicative and determined approach that makes maximum use of their experience.<sup>37</sup>

### **Veterans for Peace**

One of the most interesting and perhaps original veterans groups in America is the group Veterans for Peace. This group has a decentralised approach to its governance and organisation. A group of ten veterans is required to establish a local chapter. The chapter is established and meets generally on a weekly basis. By default the chapter provide a number of services to its members including peer support and fellowship. The groups generally are opposed to the war in Iraq.

Veterans for Peace undertake a number of community projects and many chapters take on a service organisation approach to the community. With the recent devastation resulting from Hurricane Katrina in the Gulf Coast of America, Veterans for Peace have undertaken a number of projects including provision of Internet facilities, purchase and delivery of relief and building supplies.

These veterans are positive about peace at the same time as being supportive of America's Troops. Some of the work that Chapters undertake includes presentations at schools. These presentations are designed to be educative and promote ethical decision-making and informed views of historic and current events. This work is coordinated at the Chapter level, but appears to be successful with all of the veterans who are involved in these activities feeling that it is an important part of their rehabilitation. This group provides no medical, financial or compensation advice and concentrate more closely on lobbying government and community work.

### **Veterans of Foreign Wars**

Veterans of Foreign Wars (VFW) is one of the largest veterans organisations in America. The VFW has recognised the need to increase their organisations linkages with other service organisations within the community and for greater engagement with younger veterans.<sup>38</sup> VFW has achieved greater linkages with the community at chapter level using many initiatives including mentoring of children, cleaning of parks, and community health programs. VFW Chapters who have embraced this new strategy have experienced improved membership levels as well as positive feedback from members on the sense of accomplishment that has come with membership.

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<sup>35</sup> Martz, E 2005, The Prediction of levels of PTSD stress levels by depression among veterans with disabilities, *Journal of rehabilitation*. Jan- Mar.

<sup>36</sup> Disabled American Veterans, 2005 Iraq War Veteran becomes Third Generation Member, *DAV Magazine* November- December 2005.

<sup>37</sup> Hall, J. 2005, DAV Service team assist disabled Iraq war Veteran, *DAV Magazine* Sep-Oct 2005.

<sup>38</sup> J. Blankenship (2002) Forming Partnerships in Community Service, *VFW Magazine* August 2002.

At the same time VFW has sought to engage further with younger veterans. This program has involved a number of projects including providing support to military units deployed and case management for severely injured veterans.

For veterans the VFW has begun developing programs not provided by the VA. This includes the provision of accommodation for stabilisation of veterans' lives and vocational training such as programs for computer training. There is also a compensated work therapy program, which sees veterans in stabilisation phases of rehabilitation undertake paid and/or voluntary work.

### ***American Legion***

The American Legion is one of the oldest and largest ESOs in America. The Legion provides assistance to veterans using a decentralised approach, which makes maximum use of its 15,000 posts. The American Legion posts historically were community based and the first point of call when a veteran, or family member, had health or financial problems. Legion chapters have continued to strive to meet these needs but also extend to support the community, current serving forces and their families. All of these roles serve to make the work of each post attractive to disabled and able-bodied veterans alike and allows for the development of a sense of community and contribution.

The American Legion remains a powerful lobby group and a major employer of veterans. Some of the most innovative work of the Legion is at individual post level and is very much hands on. American Legion posts have been directly involved in supporting their communities through contact with schools and disadvantaged youth. They have also been actively involved in the support of returning injured veterans by raising funds for much needed modifications to houses for disabled veterans.

One of the most innovative programs that the Legion is currently supporting is a combined pilot project with Defence, and VA. The project named "From Heroes to Hometowns" is a project established to ensure a seamless transition for severely injured younger veterans. The program involves case management and coordination of all elements of the veteran community to ensure ongoing access to rehabilitation programs as well as other services to ensure quality of life for injured younger veterans.

The Legion is also actively involved in the development of opportunities for veterans to flourish after transitioning from the military. These programs include job search and business development projects. In each case the Legion draws upon veterans who have achieved a level of success in their chosen field to assist and mentor newly discharged veterans.

### ***Disabled American Veterans***

The Disabled American Veterans (DAV) ESO operates a large number of programs specifically developed for disabled veterans. These programs include therapeutic and rehabilitation services and products, which are not currently provided by the VA system such as the modification of houses and the provision of financial assistance for veterans in need.

These programs are all supported by a large number of veterans who have volunteered their time and skills. In many cases these veterans are disabled or injured themselves. The programs allow the volunteer to contribute to the wellbeing of other veterans. Each veteran volunteer contributes based on his or her skills, physical/mental/emotional capacity and available time. These types of volunteer programs are important contributors to the development of a veteran's self esteem and sense of contribution to their community.

The importance of these types of programs, which dovetail with rehabilitation, cannot be underestimated. A number of case studies of these types of programs affirm their positive results for the volunteer, the client and the community. In one case a veteran was assisted with obtaining compensation and housing. This was followed by receipt of education and rehabilitation assistance. The veteran in question then became involved in volunteer work and has since been able to obtain and maintain full time work as well as establish a new relationship. This was from an absolute bottom start point of long-term homelessness. It was made possible through a number of factors including peer support, an adequate compensation system, education assistance and hard work.<sup>39</sup>

## United Kingdom

### *Introduction*

The UK's support of veterans has a long history and is established from a cultural perspective. As a result of the Second World War and the years that followed with deployments during the Cold War, the Falklands War, the Gulf Wars, Peacekeeping and Peacemaking and Northern Ireland the UK has had large numbers of veterans for almost 80 years. This combined with the political concept of the Welfare State has created a unique system that supports veterans.

Within this system support of veterans comes in the first instance from government welfare, which seeks to provide free medical services and income protection. Until recently there was no specific government department, other than the Ministry of Defence (MoD), that sought to provide special assistance to veterans. These arrangements may change in the future with the needs of veterans being recently recognised and affirmed by the appointment of a minister for Veterans Affairs and the expansion of the MoD's Veteran Affairs Office. The close link between veterans' issues and MoD will likely be of great benefit if a new veteran affairs system is developed in the UK.

The appointment of a minister, and the improved veterans' funding has been due in part to the number of younger veterans suffering ill health as a result of their military service. The UK government has recognised that there is a need to provide tailored services to veterans in order to achieve higher levels of rehabilitation rather than compensation. This focus has seen greater funding for veteran affairs for increased studies, additional staff within MoD and the development of a ministerial position. Funding aside there has been little developed that will address the long-term rehabilitation of veterans in the UK especially for those whose conditions that do not immediately present at the time of discharge from the military.

The ESO community in the UK provides veterans with those services and products over and above the normal welfare system. These ESOs have been established for long periods of time and have well-established networks of service officers. In many cases funding from government allows for these organisations to operate although by and large they are funded through donations.

The ESO community in the UK is well organised because of its age. Over time the UK's ESOs have sought, to strike formal and informal agreements, which de-conflict between the services and products provided by each organisation.

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<sup>39</sup> Hall, J. (2006) From being helped to Helping others, The journey of Joe Goniea Disabled American Veterans Magazine March- April 2006.

The peak ESO in the UK is the Royal British Legion, which seeks to provide lobbying and fund raising for veterans as well as providing several unique services. The remainder of the ESOs consist of a range of small to medium organisations, which provide a variety of tailored support services to veterans. These support services are generally focussed on providing assistance to veterans in matters or issues that are not addressed by government and deal with improving quality of life.

There are a large number of unit, regiment and corps associations, which provide first line financial and peer support to veterans in need. These organisations play a pivotal role in supporting veterans to achieve stability in their lives whilst awaiting formal government support. Where a veteran needs more specific support beyond that provided by these organisations there are a number of avenues for either the individual or their unit, regiment and corps associations can approach specialist ESO, including the Royal British Legion, for assistance.

### ***Not Forgotten Association***

The Not Forgotten Association (NFA) is one of the most interesting organisations visited in the UK as it is primarily focussed on providing specific entertainment and social opportunities to veterans. These services range from the provision of televisions to the payment of grants for holidays, group trips and royal parties. These types of services could be viewed as an excellent extension to a rehabilitation program, which includes psychosocial rehabilitation. The NFA's services although linked with other ESOs are not part of a wider targeted program although they do serve as a very practical recognition of a veteran's service.

One of the NFA's major activities involves the distribution of televisions and television licenses to veterans. This program was established to ensure that veterans were able to have some form of entertainment and link with the outside world. In most cases these televisions and associated licences are provided to disabled veterans who have a limited income. In many cases these veterans would be left not just without a source of entertainment but also without a link to what is outside of their homes.

The NFA's second largest program involves the provision of group holidays for veterans who would otherwise not be able to afford one. Each year NFA coordinates and funds four group holidays for veterans. Each group holiday usually involves ten to twenty veterans who are provided with a fully funded weeklong trip to a coastal holiday destination. This activity has been incredibly successful on a number of counts. In the first instance it provides a social outlet, which serves in many cases in re-establishing contact with other veterans in a fun informal environment. It also provides a veteran with a positive event to look forward to. These trips have been the catalyst for the development of a number of friendships and at least one marriage. As these trips are not linked with any larger program the positive effect that they bring about is of only a limited duration.

As well these services, the association coordinates garden parties with members of the Royal family to ensure that a veteran's service continues to be recognised. Veterans are invited to attend a function at one of the Royal residences and are provided with the opportunity to meet and speak with members of the Royal family. For many veterans the event provides a much need break from normal life and a pleasant reminder that they are valued.

Of greater interest are the social activities provided by NFA for younger veterans. Each year NFA organises two group trips for younger veterans. These trips involve groups of ten to twenty veterans who undertake activities such as canoeing, fly fishing, abseiling and indoor parachuting. These trips are targeted at younger veterans who have limited financial income. The program provides opportunities for

younger veterans to maintain contact with other veterans and also provides the group with an event that contributes to the over quality of their life. In some of these veteran's cases they are suffering physically, financially and emotionally from their service but this type of activity recognises their sacrifices and rewards it.

One of the most interesting facts about the NFA is that very few of its staff, or its volunteers are veterans themselves. Furthermore, the NFA maintains a strict focus on these specific activities without addressing other veterans' issues. The NFA receives funding from a number of sources including the Royal British Legion and a number of bequeaths.

The association's primary aim is to ensure that the commitment and sacrifices made by veterans are not forgotten. This association reinforces a number of issues that are often forgotten in rehabilitation programs such as quality of life, recognition and social contact.

### ***Royal British Legion***

The Royal British Legion is one of the UK's oldest and leading charities, which provides financial, social and emotional support to veterans and their dependants. The Royal British Legion holds an important public position, which is linked closely with the veterans of World War Two. Like many ESOs across the globe, the Legion is faced with a reducing membership, rising costs of veteran services for an aging clientele and a growing number of younger veterans. Despite its traditional approach the Legion is now offering a number of non-traditional services for veterans.

The Royal British Legion provides a large number of products and services for the veteran community in addition to its lobbying activity and pensions officers. The Legions small business program is one of the most innovative services offered to younger veterans. This service has been developed specifically for younger veterans recently separated/discharged from the military.

The small business program is designed to assist veterans but just as importantly empower them. This program primarily involves the provision of free business advice and mentoring to veterans who are establishing their own businesses. The service is provided and supported by veteran volunteers who have themselves established businesses. In addition to the provision of this advice there is an opportunity for veterans to obtain interest free loans to assist them in establishing a small business. This program is designed to empower veterans and to provide independence. In addition the program provides opportunities for disabled veterans to establish a business in which they are able to work within the limits of their disabilities.

Another important and innovative program developed by the Legion is its 'Poppy Break' program. The program operates four break centres, which have been established to provide holiday facilities for ill and bereaved veterans. The centres have been established to provide veterans with a holiday venue, which is just for veterans. When staying at the centres, which are family friendly, veterans have the opportunity to meet with other veterans and enjoy social interaction. This type of program directly contributes to the quality of life of both younger and older veterans. The program offers an opportunity for a veteran to develop a goal or reward which they can look forward to. The centres also serve as recognition of the veteran's service, which is also an important contribution to their rehabilitation. This program does not however link with any longer term rehabilitation program, which again makes these gains short term.

The Royal British Legion also has an active community service program. A volunteer's commitments to this program can vary greatly as do their community service avenues. Volunteers can choose from a range of activities including the

collection of monies in annual appeals, the provision of pension officer services to other veterans, hospital and household visits. These programs have been developed to both maintain the Legion's work in the veteran community but just as importantly to provide veterans with opportunities to serve their community and to gain a sense of purpose and achievement.

The Royal British Legion plays an integral role in the veteran and ESO community not just in service delivery but also in funding other ESOs. The work that the Legion does makes an incredible difference in veteran's lives all over the UK. The effectiveness of many of the services and programs are limited by the short-term effect. If further linkage between the Legion's work and long term rehabilitation programs could be achieved the effectiveness of these programs could be greatly enhanced.

### ***Combat Stress Organisation***

The UK's Combat Stress Organisation (CSO) is offering one of the most exciting and innovative programs specifically for younger veterans. The CSO began its life 80 years ago as the Ex-Services Mental Health Society. Over the last eight years the society has changed its name to avoid the stigma associated with terms such as 'mental health' but its services and clients have also undergone a steady transformation. One of the most interesting facets of its work is that despite a focus on such a difficult condition its staff echo the fact in word and practise that they provide veterans with 'love and support'.

Eight years ago CSO was a benevolent society with very little remedial treatment for veterans. At the time the society offered welfare visits, assistance with pension applications and limited residential stays. The organisation operates three residential facilities for veterans who are suffering from combat stress. During the last eight years the CSO has been not just operating these centres but steadily evolving their program for younger veterans. The CSO is establishing a rehabilitation program that has a whole person focus with a reduced focus on compensation.

The CSO operates a two-week residential program for veterans suffering from combat stress (PTSD). To qualify for the program there is a lengthy assessment process, which starts with a welfare officer visiting the veteran and completing a whole of person assessment. From the very start the staff and volunteers from Combat Stress encourage veterans to re-establish contact with the world and their peers. Following this process a clinical assessment is undertaken.

Following a veteran's acceptance into the CSO program they then have an initial two-week admission to one of organisation's facilities. From the veteran's whole of person's assessment a care program is developed. At this stage the program concentrates on establishing a plan for clinical rehabilitation, which will include access to medical assistance when the veteran returns home. The veteran's residential component not only concentrates on medical rehabilitation but also includes social and employment components as well as debt management where required.

With the assistance of professionals the veteran develops targets and goals for their individual rehabilitation. During this visit, group and individual activities are also provided including the provision of art programs. From this approach CSO seeks to assist the veteran in establishing and implementing a whole of person rehabilitation program. In between the provision of these services and stabilising the veteran's condition the CSO and its staff seek to provide a safe, loving and caring environment. The programs are well supported by qualified staff that recognise the importance of psychosocial rehabilitation.

After participating in the two-week residential component the veterans will return home with the support of a case officer and significant case management. Prior to leaving, the CSO staff will have assisted the veteran in organising medical appointments with service providers in their home locations. After returning home if a veteran is still experiencing problems they are able to return to the residential facility for up to six weeks a year.

The CSO has concentrated on maximising the existing work undertaken by other ESOs in the UK and drawing on their expertise to support a veteran. By taking this approach the CSO has sought to avoid the duplication of services but also ensure that their limited funding can be focussed on the areas with the most need or needs not currently being met. The value of the work undertaken by CSO has been recognised by the Royal British Legion and MoD who both provide funding for the program.

Despite these successes and the acceptance of the positive work undertaken by CSO the organisation is continuing to develop its services. In the longer-term CSO is seeking to provide veterans with additional services including vocational and family support programs. CSO have identified that rehabilitation has many facets and as such there is a need for a multidisciplinary approach as well as a large amount of personal care.

## **France**

### ***Introduction***

France has a long history of military engagements especially in support of peacekeeping and peacemaking over the last thirty years. The French Armed Forces have specifically been involved in peacekeeping and peacemaking deployments in such diverse locations as Africa, the Balkans and Asia.

The French ex service community was one of the most difficult to research. Beyond the expected language difficulties France has, for many years, adopted a system of veteran management inline with that of the UK. This system is one that views the responsibility of management of veteran affairs to be part of the social welfare state where with free education, medical and pensions there is no need for more specific care of veterans. This being said France has a long history of establishing government owned facilities that seek to not only provide care but also provide a familiar environment where fellowship is present.

The familiar environment has been a successful model on a number of levels for the French. In the first place the model allows for the concentration of its clientele thus reducing overall administrative costs. Secondly this approach reduces public visibility of veteran problems by institutionalising problems. Finally, the model assists with the management of psychosocial rehabilitation by allowing veterans to support and assist each other in these facilities.

Although this approach highlights previous observations relating to the importance of fellowship and community in rehabilitation it does not correlate with becoming the most effective rehabilitation programs.

### ***Hôpital des Invalides***

On the 24th of November 1670, King Louis XIV, initiated a project to construct a hospital and home for old and unwell, veterans of France's wars in the heart of Paris. The project was established because of the very visible problem of France's veterans living and dying on the streets of its capital. This project was able to concentrate the

most needy veterans in one location where treatment could be provided and administrative costs reduced.

The facility was named *hôpital des invalides* (The Hospital for Invalids), which has since been shortened to *Les Invalides*. Initially the facility provided medical and residential or hostel accommodation for wounded and unwell veterans. What is interesting is that despite this early recognition of veterans needs France did not formally recognise the existence of PTSD until the nineties.

This facility today still operates both as a tourist attraction but also as a fully functional veterans hospital and accommodation facility. The clients who live there view it as a place where one can go for medical treatment but also for fellowship. Those who choose to live in this facility do so as single men, and there is little opportunity for veterans with family to find similar family accommodation. The *Les Invalides* is still operated in a very military and bureaucratic manner. This approach provides veterans with a place where there is comfort in the form of military familiarity and fellowship. The facility serves as an extension of a veteran's military service.

*Les Invalides* provides very little in the way of activities for its clients. The clients of this facility are expected to live and fill their life with activities. In some ways the absence of purpose makes the facility a retirement home at best and a warehouse for veterans at worst. The facility highlights the need to develop meaningful activities and a sense of purpose as well as fellowship to effect rehabilitation. It is also interesting to note that this type of facility lends itself to a population of older rather than younger veterans who would be starved of activities that would be considered meaningful.

### ***Institution des Invalides de la Légion Etrangère***

One of the most significant findings from this portion of the research deals with the *Institution des Invalides de la Légion Etrangère* in Pagnol France. The French Government in recognition of the service and sacrifices of the French Foreign Legion established the facility in 1953.

The facility consists of a 220-acre property in the south of France three hours from the home of the Legion in Marseille. Within the grounds of the property are a working vineyard, various workshops and residential accommodation.

From the moment visitors arrive at the facility they are met by what appears to be a fully functioning military barracks complete with uniformed soldiers making their way backwards and forwards between buildings. The walls of the buildings are lined with Legion memorabilia. There are notice boards containing the daily and standing orders strategically located on walk ways. The facility operates like a military organisation, with its residents still demonstrating the military behaviour expected of a Legionnaire.

The majority of the staff at the *Institution des Invalides de la Légion Etrangère*, including the Commandant, are serving members of the French Foreign Legion. The support staff who coordinate all the facilities operations are veterans, who are no longer serving in the Legion. This being said these staff still refer to the senior officers at the facility as 'Sir' or 'Commandant'.

Despite these military trappings the residents of this facility are veterans who are no longer serving in the legion. This facility is in essence a fully functioning and profitable social firm that has been supported with coordinating staff and financial investment, but it is not a military unit.

The residents of the *Institution des Invalides de la Légion Etrangère* are not just retired veterans but employees. These residents are able to draw a salary from a

combination of economic activity and government support. This is an extremely important difference between this facility and similar residential facilities in the USA and the UK. This status of a contributing employee and retired Legion veteran is a differentiation that is important for rehabilitation and quality of life.

Those who live at the facility live a single persons life but are surrounded by friends and colleagues with shared experiences who serve as a surrogate family. The facility provides those who live there with a sense of purpose and safety provided by the military lifestyle that is familiar and comfortable. It reduces the need for individuals to manage their lives as they have everything managed for them. Further, and probably just as important, it provides its residents with fellowship from current and ex serving members of the legion. What the facility does not do is ensure that the veterans deal with the negative experiences of their service.

The centre still experiences problems with alcohol addictions and suicides but there appears to be an underlying acceptance that the veterans are valued and that they are not being 'warehoused' when their services are no longer required by the Legion. These problems may be associated with the failure of veterans addressing their military service.

The most important observation from this visit is the importance of purpose and contribution. In this facility everyone works within the limits of their injuries. The information office for example is staffed by two men who are in their sixties and who have both been disabled in combat. What can be adduced from this is that sense of purpose and contribution is important in the development of rehabilitation programmes.

The facility is by no means a perfect model for rehabilitation as its aim isn't rehabilitation, but existence. The veterans are provided with the familiarity of military lifestyle but are not challenged to accept their injuries and develop a new life that embraces their strengths. The French government established this facility for similar reasons as for the Les Invalides, to repay their debt to veterans who have served France but also to reduce costs of a decentralised clientele. The institutions themselves illustrate the importance of a sense of community and belonging and in some way answers the issue constantly raised by veterans that those around them do not understand what they have been through.

## **Lessons Learnt**

A large number of lessons have been learnt about the rehabilitation of younger veterans as a result of this fellowship. These include:

- Despite injuries and illnesses younger veterans remain a highly capable group of individuals capable of bringing about positive results in their communities.
- One of the greatest findings of this research has been that the quality of life for veterans is less an issue of a destination but more a journey facilitated by the combined efforts of the military, veterans affairs, doctors, medications, peers, family and friends.
- To achieve the best quality of life for veterans, rehabilitation and compensation systems should be separated.
- To be successful rehabilitation is reliant on a multidisciplinary approach, which takes a whole of life/whole of person perspective to be effective. This includes a requirement to undertake case management to ensure all facets of a veteran's life are taken into consideration during rehabilitation programs.

- Fellowship and mateship plays a pivotal role in psychosocial rehabilitation.
- Peer support plays an important role in a rehabilitation program.
- No single program will be suitable for every veteran, and as such there is a need to establish a range of programs that can be chosen from by a veteran.

## Conclusion

As a result of this Fellowship it is evident that there are still large information gaps in relation to the effective rehabilitation of younger veterans. These gaps necessitate ongoing research into rehabilitation not just from a medical perspective but also from a whole of person perspective. This perspective would allow for better case management and tailored rehabilitation programs based on the individual veteran and their needs. This research has indicated that there are a large number of programs being operated around the world that have positively impacted on the quality of life of younger veterans. The most successful of these programs are focussed outward on assisting others in need rather than inward on what has been lost. In developing these specific programs coordinators all admit that they will not encompass the needs of all veterans.

This research indicates that holistic health and wellbeing of younger veterans is reliant on a number of facets including psychosocial rehabilitation. To achieve this, a veteran must first be secure in the knowledge that their most fundamental needs of food, shelter and medical help are being met. Once this has been achieved a veteran, with the assistance of a multi disciplinary team, can develop targets and goals for their rehabilitation. What veterans need most to facilitate this journey is personalised friendly case management, which allows for continuity of treatment. To further assist this process there is a requirement for the development of a series of programs and outlets from which veterans can choose, which will compliment their medical rehabilitation.

ESOs and veterans have an important role in their communities. They hold a special place that allows them to influence their communities and bring about great change. Furthermore, veterans are individually well trained and capable of amazing feats. Individually they require the comfort of fellowship and together with this strength they are able to meet any challenge and undertake almost any project.

Veterans across the world are divided by all manner of socio economic, demographic service and unit affiliations. These divisions reduce the effectiveness of ESOs lobbying for improved conditions and rehabilitation programs. In many cases ESOs are forced to concentrate on basic compensation out of necessity rather than long-term rehabilitation needs of their constituents.

Due to the division of the veteran community much information fails to be shared and contacts are not made between organisations. If greater contact and cooperation between ESOs could be achieved further leverage of existing information and programs could also be achieved. This Fellowship has already contributed to establishing these contacts in and between each of the organisations, individuals and countries that were visited.

One of the barriers to successful rehabilitation has been the approval process for veterans to access medical services for stabilisation. This is an important issue as the earlier a younger veteran can access medical treatment the quicker stabilisation and subsequently rehabilitation can occur. There is a clear need for government departments to provide financial and medical assistance during the stabilisation of conditions rather than after acceptance of permanent incapacitation.

Finally it is important to consider the fact that veterans are not welfare cases, they have served their country, in the harshest of places and circumstances, in which no quantity of money could have been sufficient recompense. As such they are at least owed access to medical services and adequate compensation to live comfortably. They should also be recognised that they continue to have the capacity regardless of injury or illness to meaningfully contribute to their communities.

## Recommendations

The information gained through this research will be provided to the Australian DVA as well as to all of the organisations and departments that were visited during its conduct. Further, this information will be the basis for a number of papers and presentations to Australian ESO and DVA representatives. One of the greatest outcomes of this research will be the linking together of a large number of organisations and individuals so that ongoing dialogues and information sharing can occur.

In addition, recommendations are made to the following specific organisations:

### **Ex-Service Organisations**

It is recommended that ESOs:

- Encourage their members to develop volunteer projects that contribute to the local community.
- Develop programs and initiatives that support younger veterans in establishing social networks with other veterans on separation from the military.
- Lobby the DVA to develop a more holistic, whole of person, approach to the rehabilitation of younger veterans.
- Establish a program that supports veterans find employment or establish micro businesses.

### **The Australian Department of Veteran Affairs**

It is recommended that the Australian Department of Veteran Affairs:

- Develops a peer support program for Australia's younger veterans.
- Undertake a study on how to introduce a framework for provision of case management for veteran rehabilitation.
- Establish a program that supports veterans to establish small or micro-businesses.
- Research the development of products and services that assist with skills development for employment.

### **Australian Defence Force**

That the Australian Defence Force develops a training product for the department of Veterans Affairs staff so that they can better understand the challenges of military life.

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