

2015-2016 POLICY DOCUMENT ON VETERANS

UNOFFICIAL TRANSLATION – NOT AUTHORIZED BY THE MINISTER OF DEFENCE

Contents

1 General

- 1.1 Review
- 1.2 Outlook
- 1.3 Overview of total veteran population
- 1.4 International attitudes in the area of veterans' care

2 Recognition and appreciation

- 2.1 Policy
- 2.2 Implementation of the policy
- 2.3 Collaboration with other organisations
- 2.4 Effects and results
- 2.5 Showing appreciation

3 Care before, during and after deployment

- 3.1 Care before deployment
- 3.2 Care during deployment
- 3.3 Care after deployment
- 3.4 Spiritual guidance
- 3.5 Welfare
- 3.6 International Security Assistance Force (ISAF) veteran
- 3.7 Showing appreciation

4 Special care for veterans

- 4.1 Policy
- 4.2 Non-material care
- 4.3 Material care and schemes
- 4.4 Showing appreciation

5 Scientific research

- 5.1 General
- 5.2 RZO [Civil-Military Care and Research Council] recommendations
- 5.3 Surveys

Annex 1: Missions conferring veteran status on those taking part

Annex 2: Recognition and appreciation data

Annex 3: After-care questionnaires' report

Annex 4: Lists of special care provided for veterans

Annex 5: Abbreviations

1 General

1.1 Review

For the Ministry of Defence and veterans the year 2015 was mainly a time of implementation of the policy measures resulting from the Veterans' Decree. The following achievements were made:

- The Veterans' Office, which was opened on 11 June 2014, became a familiar and fully-fledged access point for the care and services provided to veterans, military war and service victims and their relations;
- The National Care System for Veterans (LZV) registration system is operational;
- The funding for baseline support is assured until 2018 inclusive;
- The Full Compensation Scheme and Income Scheme have been implemented;
- The backlog of notices of objection in respect of the Post-traumatic Stress Disorder (PTSD) protocol at the Federation of Dutch Military War and Service Victims (*BNMO*) was eliminated in early 2016;
- Concrete steps have been taken to increase collaboration with other countries in the area of veterans;
- The celebration of the 70th anniversary of liberation concentrated people's minds on peace and freedom throughout the Netherlands, and on the role veterans have played and do play in achieving it;
- The evaluation of the PTSD protocol is well underway. The results are expected at the end of 2016.

These positive developments are accompanied by various points requiring attention. For instance, home front partners - and the organisation surrounding them - merit greater attention. The procedure regarding the after-care provided for veterans in the long term could be tightened. The inflow of new cases at the Veterans' Office is placing a strain on the available capacity, and the waiting times for services provided by the National Care System for Veterans are sometimes too long.

Claims in relation to veterans' care

The Ministry of Defence supports the provision of first-rate care for veterans and is committed to ensuring it is provided. At the same time, it sometimes appears that the Ministry of Defence is not doing enough for the veterans in need of help, e.g. as a result of reports on compensation claims. This situation requires clarification.

Alongside a well-developed care system with an increasingly wide range of care services on offer, the Ministry of Defence has a benefits system for veterans who have found themselves in difficulties as a result of their deployments. The policy regarding non-material care (care institutions) and material care (benefits) is aimed at enabling veterans to participate fully in society as quickly as possible.

Each year the Ministry of Defence pays approximately EUR 67 million on Military Disability Pensions (MIP) for nearly 5,500 Military War and Service Victims (MOD) and approximately EUR 25 million to nearly 4,000 surviving relatives of Military War and Service Victims. Apart from qualifying for the MIP they are also eligible for specific assistance (such as with housing, living and transport expenses). This involves annual expenditure of more than EUR 8 million. Added to that are the 2,369 veterans who were paid a Debt of Honour, the maximum amount of which was EUR 125,000 net, in the period 2013-2016; the amount paid up to and including last year totals more than EUR 230 million. Veterans also receive help with debt management and reintegration and may be eligible for an income scheme which is estimated to cost 4 million each year.

Notwithstanding all this assistance, veterans are free to submit a claim for additional compensation, e.g. if they think the existing system has not provided them with sufficient compensation. In such cases, therefore, this will be compensation additional to that provided under the existing schemes. The Ministry of Defence currently estimates that compensation amounts to EUR 6 million each year.

Of the more than 500 veterans who have submitted a claim, nearly all of them receive a MIP, specific assistance and a full or partial Debt of Honour. They also receive the care they need through a care coordinator and the LZV.

In 2015, the Ministry of Defence invested more than EUR 10 million in special veterans' care, including the Veterans' Office, the LZV, specialised social work, the RZO and specific scientific research. The Ministry of Defence believes it is self-evident that veterans deserve the best possible care.

The idea that Dutch veterans reportedly received little or no care at the time of the *United Nations Interim Force in Lebanon* (UNIFIL) also requires clarification. Although at the time the care system was limited compared with the care provided under today's system, a care system concerning deployment was also in place back then. For instance, information was given on the psychological risks of a deployment, and doctors, spiritual counsellors and welfare officers were present in the theatre of operations. In the years after their deployment, Lebanon veterans were informed of the availability of specific care in a variety of ways. At least 700 Lebanon veterans have now found their way to care and approximately 400 Lebanon veterans have received a MIP and a Debt of Honour. Nevertheless, the Central Appeals Tribunal (CRvB) has ruled that there is insufficient evidence of this specific group being provided with adequate after-care. The impact of that ruling on a large number of claims is currently being examined further. The Ministry of Defence is at present in discussions with the representatives of veterans with ongoing claims. Cases which are already before a court are being prioritised.

Of the 2,369 veterans to receive a Debt of Honour, 473 have an additional claim against the Ministry of Defence at the moment. More than half of the cases involve deployments that took place 25 years or more ago. Most cases concern veterans who were deployed in Lebanon and the former Yugoslavia (including DutchBat III).

Thirty-nine veterans have filed new claims in response to the CRvB's ruling. Thirty-four of them are Lebanon veterans. No disorder related to their employment has been established in the case of fourteen of those veterans. They were initially referred to the LZV. An examination should establish whether the problems are directly related to the deployment.

"Veterans' Core Data for 2015" survey

Just as it did in 2014, the Veterans' Institute (*Vi*) conducted a 'Veterans' Core Data for 2015' survey in 2015 to examine the situation within the veterans' community. In total 3,520 veterans were invited to take part in the survey and 43% (1,505) responded. Compared with 2014, the response group from 2015 was younger and more active in the labour market. The survey will also be conducted in 2016.

Three-quarters of veterans look back positively on their deployment. In general, veterans are satisfied with the veterans' policy and the services provided. They are most positive about the remembrance of fallen service personnel and the Netherlands Veterans' Day. Veterans turn out to attach the greatest importance to after-care, the remembrance of fallen service personnel and appreciation for veterans. They feel most appreciated by their immediate circles and least appreciated by society. A substantial majority believes that the Netherlands Veterans' Day (NLVD) fosters public recognition of veterans. This is a view shared by the average Dutch person. Three-quarters of veterans are proud of being veterans. Female veterans are less likely than male veterans to feel like veterans. They identify less with the concept of being a veteran, but are just as proud as men of the fact that they are veterans.

The survey also shows that veterans are satisfied with the services provided by the Veterans' Institute in general and the Veterans' Office in particular. Checkpoint, the *Vi*'s monthly information sheet published for and by veterans is most frequently mentioned as the *Vi* service used by veterans.

Respondents were asked in the survey whether, after leaving the service, they had ever experienced problems that impeded their ability to function at a personal level and which were related, or related in part, to deployment. Seventy-four per cent of veterans reported having experienced no problems. Twelve per cent report having experienced problems at some point, but were no longer experiencing them at the time of the survey. Fourteen per cent were experiencing problems at the time of the survey.

Three-quarters of the problems reported are of a mental nature, one-third physical and the rest "other". It is mainly young veterans who report problems connected with their deployment. The majority of veterans with deployment-related problems seek help. Female veterans are more likely than male veterans to seek help for mental problems.

1.2 Outlook

In addition to the ongoing focus on improving the veterans' policy based on, among other things, recommendations resulting from surveys and evaluations, the Veterans' policy in place between 2011 and 2016 is currently being evaluated. The evaluation will be produced before the end of the year. The Lower House was informed of the structure and terms of reference of that evaluation in October 2015 (Parliamentary paper 30 139, no. 151). The objective of the evaluation is to reach an opinion on the recent developments in veterans' policy and the extent to which the policy has served its purpose. Where necessary, the evaluation should result in further improvement and tightening up of the policy and its implementation.

The evaluation of the PTSD protocol will be completed this year. A start will be made on settling legal claims in respect of care and after-care. Further steps will be taken to guarantee long-term financing of veterans' care within the LZV, among other things by developing a group policy for veterans which dovetails with LZV care. The Prompte Zorg [Prompt Care] programme was launched in 2016. This programme is aimed specifically at keeping waiting-times and access-times within the LZV as short as possible and optimising the care pathway further.

1.3 Overview of total veteran population

Veteran status

The Minister of Defence determines from which missions participating service personnel may derive the status of veteran. Those missions are established by ministerial regulation and a complete list is included in this policy document. They are missions carried out in times of war or to maintain or foster the international rule of law. The list is included in annex 1 (table 1.1).

Veteran population

In 2015 the trends in numbers were as expected

	1990	2005	2013	2014	2015	2016
WW II	135,000	16,500	3,500	1,700	3,600 ¹	3,150
Korea	3,000	2,000	900	800	800	700
The former Dutch East Indies	120,000	60,000	27,000	20,000	19,600	17,200
New Guinea	27,000	20,000	12,500	12,000	12,150	11,700
Peacekeeping missions	8,000	47,500	82,000	81,200	81,300	82,500
Total*	293,000	146,000	125,900	115,700	117,450	115,250

Table 1.1: Trends in the veteran population.

* In 2012 the definition of "veteran" was changed. From that point onwards, veteran status was also accorded to service personnel in active service with relevant deployments and experience. As a result, the veteran population increased with the inclusion of nearly 30,000 veterans of peacekeeping missions.

aged < 21
aged 21-30
aged 41-50
aged 51-60
aged 61-70
aged 71-80
aged 81-90
aged > 90

Figure 1.1: Veterans' age structure.

At present, the total veteran population stands at 115,250. Approximately five per cent are women. As already announced in the previous policy document on veterans, the total veteran population has decreased. In addition to the death of veterans, this also has to do with the limited

¹ In 2014, the registration of veterans was examined more closely to further improve the reliability of the information. This resulted in an increase in the number of veterans in 2015. The number mainly includes older veterans (aged > 90) who increased in number as a result of, among other things, a comparison being made with the municipal database and a system error in the registration system being corrected.

increase in the number of new veterans. Many service personnel participating in missions today had already been granted veteran status following earlier missions.

1.4 International attitudes in the area of veterans' care

A rising number of countries recognise a government's special responsibility for veterans, hence the steady increase in international collaboration in this area.

Germany

Germany still does not have a policy regarding the care and recognition of veterans and appreciation for them. It is following the Dutch policy closely. This involves not only the concept of veterans, but also mission-related problems. In December 2015 and February 2016, a German delegation from the *Bundesministerium der Verteidigung* [Federal Ministry of Defence] visited the Personnel Management Directorate (HDP) to discuss veterans and how to deal with PTSD. The German delegation said the Dutch veterans' policy provides a vision of how a sound German veterans' policy could be developed. The Inspector General of the Armed Forces (*IGK*) also visited his German counterpart, the *Wehrbeauftragte des Bundestages* [Parliamentary Commissioner for the Armed Forces]. In his role of Inspector of Veterans, the IGK agreed that he will provide the Germans with more detailed information about the Dutch approach.

Finland

Members of the Finnish veterans' organisation considered the opportunities offered by the Dutch veterans in depth in early March 2016. Members of the Oak Leaf League for War Veterans' heritage visited the National Veterans' Day Committee, the Veterans' Institute and the IGK. Like the Netherlands, Finland has a National Veterans' Day. However, until now the Finnish Veterans' Day has been aimed entirely at the roughly 30,000 veterans of the Second World War still alive today. The objective of the Finnish government commission is to establish a Veterans' Day for all veterans, based on the Dutch example. The Finnish delegation reported that it was impressed by the way in which the National Veterans' Day Committee did its best for Dutch veterans of all ages and all missions.

Canada

In November 2015, a Dutch delegation visited a major symposium pertaining to Veterans' Care in Canada, organised by the Canadian Institute for Military and Veterans Health Research (*CIMVHR*). Valuable knowledge of the latest developments pertaining to veterans' care and the way in which Canada organises research into veterans' care was acquired during that visit. The plan is to include those aspects in the policy evaluation. The Ministry of Defence also intends to expand international collaboration in the field of research. The chairman of the Civil-Military Care and Research Council (RZO) subsequently visited Veterans Affairs Canada and *CIMVHR* to familiarise himself with the Canadian model with a view to potentially issue a recommendation on collaboration in respect of research into deployment-related disorders.

Warrior Care in the 21st Century

Partly as a result of the Invictus Games the United States and some other countries have decided to collaborate in the field of military health care and veterans' care, with an express link being made between the medical practitioner and the care afforded personnel. The objective of this multinational coalition is to exchange and develop best practices in the field of care. The emphasis here is on experiences from the most recent conflicts, such as those in Afghanistan. Linked to the Invictus Games is a symposium relating to Military Mental Healthcare (*MGGZ*) organised by the George W. Bush Foundation.

The Netherlands has joined the initiatives and is participating in the working groups from the medical and personnel-related point of view. The Netherlands will again take part in the discussions later this year.

2 Recognition and appreciation

2.1 Policy

Veterans have served the Netherlands in times of war or during missions, including peacekeeping missions. They deserve recognition and appreciation from the government and from society for this. With the veterans' policy the Ministry of Defence hopes to raise public awareness of war and deployment experiences and the impact they have on veterans and their home front partners, stimulate public appreciation for veterans and increase the sense of being appreciated among veterans.

The effects it is hoped the policy will achieve are:

1. Continuing or raising public awareness of veterans' war and deployment experiences;
2. Continuing or increasing recognition of and appreciation for veterans within Dutch society;
3. Continuing or increasing the sense of being recognised and appreciated among veterans themselves.

2.2 Implementation of the policy

The government recognises and shows its appreciation for veterans by organising veterans' days, facilitating reunions, granting decorations, providing services and setting up and maintaining a veterans' care system.

The *Stichting Nederlandse Veteranendag* [Netherlands Veterans' Day Foundation], the *Stichting Veteraneninstituut* [Veterans' Institute Foundation] and the branches of the Ministry of Defence have an important role to play in implementing the policy. Separately and jointly they carry out activities to raise public awareness of war and deployment experiences and the impact they have and to foster appreciation for veterans. At the same time, those activities help to strengthen the sense of recognition among veterans themselves.

The roles are distributed as follows. The Netherlands Veterans' Day Foundation takes the lead as far as social appreciation for veterans within society is concerned. Its tasks include organising the Netherlands Veterans Day, running a publicity campaign to promote public recognition and awareness, and encouraging people to hold local and regional veterans' days and encouraging education.

The *Vi* concentrates principally on the direct provision of services to veterans and their home front partners, in so doing reinforcing recognition of and appreciation for veterans. With the Veterans' Office the Institute also serves as a central information point for services and care, and acts as a knowledge and research centre in the field of veterans.

The branches of the Ministry of Defence actively contribute to the recognition of and appreciation for veterans by organising and supporting reunions, providing access to specific facilities, actively disseminating information and knowledge, involving veterans in activities and through various veterans' days.

The decoration policy also contributes to the recognition of and appreciation for veterans. This applies not only to veterans themselves, but also to home front partners and the public at large. For that reason, much attention is given to the granting of medals to service personnel who have returned from a mission and outstanding acts in exceptional circumstances are highlighted specifically.

In addition to making recommendations for changes to the policy, the Ministry of Defence's Permanent Consultative Body for Decoration Policy (*PODD*) also conducts evaluations of the various decorations available within a wide range of honours. Last year, for example, it dealt thoroughly with existing decrees establishing, among other things, the Military Order of William (*MWO*), the Honorary Medal for Charitable Assistance and the Red Cross medal issued by the government.

On 15 March 2016, King Willem-Alexander awarded the highest medal for bravery to the Commando Corps. This elite unit received the Military Order of William for the bravery, leadership and loyalty shown during 170 operations in Afghanistan.

In 2015, the Minister of Defence paid special attention to veterans who participated in United Nations (UN) missions before 1989. She instituted the 'Nobel Prize for UN Service Personnel Commemorative Badge' in December 2014 and, during the National Veterans' Day in June 2015, the first twenty badges were presented to those service personnel. Awarding the Veterans' Commemorative Badge (the Veterans' Pin) and issuing the Veterans' Card clearly helps the recognition of and appreciation for our veterans. Research has revealed that one in five Dutch people know the Veterans' Commemorative Badge is awarded to veterans as a token of appreciation.

Recognition and appreciation are also extended to interpreters who worked for the Dutch armed forces. Effective communication is essential for Ministry of Defence personnel to be able to function properly in an international environment. Recent deployment experiences teach us that contact with the local population and the authorities is crucial to the implementation and success of the mission. The Ministry of Defence is currently examining other ways of showing recognition of and appreciation for interpreters, including whether the awarding of an interpreters' badge is desirable and achievable.

Another form of recognition and appreciation is the availability of a shared residence for retired veterans. Being together with companions in adversity meets a need and is further evidence of the care the Ministry of Defence continues to bestow on its veterans. The Bronbeek Royal Home for Retired Military Personnel and Bronbeek Museum fulfils this role and is home to about 50 retired service personnel and veterans.

Commemorative Badge for the Wounded (DIG)

The Commemorative Badge for the Wounded (*DIG*) was instituted in 1990 with the aim of giving special recognition to and showing appreciation for veterans suffering physical or psychological injuries as a result of a deployment. The Netherlands is one of the few countries in the world where psychological injury (PTSD) is also recognised as an injury and for which a special commemorative badge is granted.

It is laid down in the criteria for the *DIG* that the (physical or psychological) injury must be the direct result of combat operations or violence used directly against the serviceman or servicewoman. In a recent ruling, the Central Appeals Tribunal held that the underlying decisions and guidelines provide inadequate support for this criterion. The Ministry of Defence was wrong in refusing to award the *DIG* for psychological injuries on the basis of that criterion.

This *CRvB* ruling will require a review of policy in respect of the criteria on the basis of which the *DIG* is awarded. The Ministry of Defence will take this into account when evaluating the Veterans' policy.

Military war and service victims (MODs)

Military war and service victims receive special attention as far as recognition and appreciation are concerned. To that end, separate *MOD* days are organised by the General Pension Fund for Public Employees (*ABP*) for military war and service victims and their partners and/or accompanying persons. A military war or service victim will receive an invitation to one of those days every two years. Nine *MOD* days were held in 2015, with military war and service victims in active service being invited for the first time. The event comprises a mix of entertainment and information exchange. In addition, the presence of a representative from the Ministry of Defence underlines the commitment and responsibility of the employer or former employer. Preparations are under way for a special day for military war and service victims in active service.

Activities for wounded veterans

The first Invictus Games were held in the United Kingdom in September 2014. The Invictus Games are an international sports event for wounded service personnel and originated at the initiative of the British Prince Harry. About 400 wounded service personnel from fourteen countries had the opportunity to meet each other, compete against each other and inspire each other. Partly as a

result of the considerable media attention, the Invictus Games also helped to increase the visibility and recognition of and appreciation for wounded service personnel.

The Ministry of Defence hosted an event on 16 February 2016 to present the Dutch participants in the 2016 Invictus Games at the Aardenburg Military Rehabilitation Centre (MRC) in Doorn. This generated national and regional media attention for the target group. The participants in this sports event are service personnel and former service personnel who suffered a permanent physical or psychological impairment while working for the Ministry of Defence.

In 2016, the Invictus Games took place between 8 May and 12 May in Orlando, the United States. The Netherlands participated with 30 athletes. The participants made their mark and performed at their very best. The Dutch Ministry of Defence team won fourteen medals. The Ministry of Defence is very proud of these participants and the results they achieved.

The Wounded Warriors NL Foundation's Doorn-Sarajevo cycle tour took place in September 2015. The *Vi* supported the cycle tour. It also generated positive publicity for veterans and wounded veterans at home and abroad, including in the form of a documentary on Limburg regional television.

2.3 Collaboration with other organisations

Collaboration with the Veterans' Platform

The Veterans' Platform (VP) performs a valuable role for the Ministry of Defence as a sounding-board and source of advice. As a collaborative umbrella organisation, the VP looks after the interests of all veterans. It is also responsible for the overall coordination of the baseline support system. The VP is there for veterans in active service and also for retired veterans of all ages. The VP makes every effort to find, retain and engage all those veterans. It also takes veterans' relations into account.

The motto of the VP's 2016-2020 policy plan is "The Proud Veteran". Jointly with the Ministry of Defence and the National Veterans' Day Committee, the VP is also committed to ensuring veterans are correctly portrayed within society. It adopts a tailored approach towards veterans. The policy plan is divided into three categories:

1. first-generation veterans, veterans of WW II to 1979;
2. second-generation veterans, veterans from 1979 (Lebanon) to 2001;
3. third-generation veterans, veterans from 2001 to date.

This three-way classification is based on the way in which these categories of veterans are organised (or not in fact organised), their veteran status and their "care needs".

First-generation veterans are rapidly diminishing in number. The VP aims to look after their interests within their own veteran organisations for as long as possible, doing so by providing administrative and regional support. Should an organisation be closed down, attempts are made to place the veterans in groups with which they identify, e. g. groups originating from operational units.

There are fewer organisations for second-generation veterans and they are less likely to take part in veterans' activities. Despite the lower degree of organisation, the veterans in this category are increasingly requesting recognition, appreciation and baseline support. Finding, retaining and then engaging veterans of the Implementation Force (IFOR), Stabilisation Force (SFOR) en Kosovo Force (KFOR) is a particular challenge. The VP makes every effort to involve these veterans in existing organisations, or goes on to support those veterans' organisations. It is also considering ways of setting up groups with which veterans can identify in occupation-based associations (including the police, customs, Shell, Dutch Railways (NS), *Koninklijke Luchtvaart Maatschappij* [Royal Dutch Airlines] (KLM), the ambulance service and fire brigade) and making them members of the VP. One example is the Police Veterans' Platform (PVP).

As for the third-generation of veterans, it is mainly for the associations of, among others, corps, regiments and branches of the armed forces to find and engage veterans in active service. Third-generation veterans also have the option of organising themselves based on missions carried out and of holding reunions. Directing, initiating and organising veterans' activities at unit level close to

the veteran is the key to including third-generation veterans in the veterans' community. Finally, there is a group of veterans which is less concerned with 'being a veteran'. The *VP* is trying to make contact with that group through new media and during events.

Collaboration with the Vi Foundation

The Veterans' Institute Foundation (*Vi*) seeks to:

- ensure Dutch veterans are provided with the best care and services, and their family members with proper support;
- promote and stimulate public appreciation for the services veterans have performed at the behest of the government and society and for the sacrifices made in the process;
- disseminate knowledge of subjects relevant to veterans and encourage scientific research into those subjects.

These general objectives were translated into four specific ones which were confirmed and explained in an agreement between the Ministry of Defence and the *Vi* at the end of 2014. The agreement includes the provision of services, knowledge and research, the function performed by the Office in pointing the way to veterans' care, as well as facilitating and other tasks.

The *Vi* has named the following strategic goals for the years 2016 to 2019 to specify the general objectives in more detail and to ensure they are measurable or easier to measure:

- Seventy-five per cent of Dutch society is largely familiar with veterans and groups of veterans, their military deployments and the consequences thereof;
- Eighty per cent of veterans' card holders are satisfied with the implementation of the veterans' policy and the way in which the *Vi* provides him or her with services, in particular through the Veterans' Office;
- At least eighty-five per cent of veterans has a veterans' card and are familiar with the key services available for veterans;
- Greater synergy among all parties in the world of veterans;
- At least three specific initiatives as part of the collaboration with uniformed professions.

On the insistence of the board and to support the NLVD public events, in the years to come the *Vi* will place even greater emphasis on publicising the stories veterans have to tell, this being with the aim of communicating an overarching message: a veteran is someone with special experiences and achievements which add value to society at large. Among others, the Checkpoint magazine, the *Vi* website and new media, the interview collection and publications based on it, speed-dating with veterans at Liberation festivals, the 'Veteran in the Classroom' educational programme and the annual Veterans' Lecture give veterans a variety of podia where they can bring their experiences out into the open.

Collaboration with the NLVD Foundation

The aim of the NLVD Foundation is to promote social recognition of and appreciation for Dutch veterans, under the direction of the National Veterans' Day Committee. NLVD achieves that aim by, among other things, organising the NLVD on the last Saturday of June every year. Its activities also include initiating, coordinating and encouraging educational activities. Additionally, the NLVD is responsible for conducting a publicity campaign and organising various events. It encourages the organisation of local veterans' days.

In September 2015, the National Veterans' Day Committee held a brainstorming session and reassessed its vision for the future, also taking into account the impact the changing veteran landscape and changes in surroundings and society at large are having. Adjusted visions in respect of, successively, (1) increasing public knowledge of veterans, (2) anchoring veterans and the subject of veterans more firmly within society and (3) encouraging initiative from within society are the result of that reassessment.

This has resulted in the NLVD forming three key objectives:

- To support initiatives within society which contribute towards recognition and appreciation;
- To find ways of working together with parties which result in partnerships and endorsements;
- To improve public perception so that society has a clearer understanding of the background and characteristics of veterans.

Since 2014, the NLVD Foundation, jointly with *Stichting Anjerveteranendag* [White Carnation Veterans' Day Foundation] and the Ministry of Defence have given a new boost to the 'white

carnation' initiative. The white carnation now serves as a national symbol of recognition of and appreciation for veterans. The purpose of the white carnation project is to raise public awareness so that, in the years to come, an increasing number of people will wear the white carnation in the last week of June and on the NLVD. Research shows that a growing percentage of Dutch people (34% in 2015 compared with 24% in 2014) is prepared to show appreciation for veterans by wearing a white carnation.

Collaboration with the vfonds [National Fund for Peace, Freedom and Veterans' Care]

Recognition of and appreciation for veterans and service personnel who have become victims as a result of government actions are and remain the key objectives of the *vfonds*. To ensure it had the profile it wanted in society the *vfonds* found that in addition to furthering the recognition of and the attention paid to veterans, it would also have to pay more attention to remembrance, commemoration and celebration and to the concepts of peace, democracy and the rule of law. The Ministry of Defence and the *vfonds* have consulted regularly on the funding of the veteran community and the funding of new initiatives. This is a joint effort to put those initiatives into effect. In November 2015, the *vfonds*, the Ministry of Defence and the *VP* concluded an agreement which will guarantee funding of baseline support until 2018 inclusive. In December 2015, the *vfonds* and the *VP* concluded an agreement on the stepping up by the *vfonds* of the support it provides for reunions until 2018 inclusive, primarily for veterans on active service and partners. In line with its principal objective, the *vfonds* will make a long-term contribution to the activities of the NLVD Foundation. To that end, on 11 May 2015, a declaration of intent which will run until 2017 inclusive was signed by the two parties.

The Ministry of Defence is very grateful to the *vfonds* for its considerable commitment to and support of veterans.

Financing veterans' activities

The *vfonds* takes advice from the *VP* on the subject of subsidy awards which helps to foster cohesion and ensure that the *VP* is able to fulfil its coordinating role within the veteran community. The *VP* also monitors the implementation of and compliance with the agreements made. On 11 December 2015, the *vfonds* and the *VP* signed the 'Recognition and Appreciation' agreement on the stepping up by the *vfonds* of its support for reunions. Veterans' organisations organising a reunion can apply to the *vfonds* for the "*vfonds-tenner*" for veterans. The *vfonds* also funds a partner's participation. In consultation with operational command units (OPCO), the *Vi* and the *VP*, the Ministry of Defence is currently reviewing the Reunion Facilities' Scheme to bring it closer in line with the Veterans' Act and the agreements with the *vfonds*.

IGK's workshop on the subject of "Veterans at Work"

A workshop on the subject of "Veterans at Work" was held early this year on the Zwaluwenberg estate. The purpose was to enable the parties to exchange information and make agreements on their activities. It also enabled any hindrances experienced in practice to be addressed directly.

Two developments play a part in this context: first, an increase of recognition of and appreciation within society for people who have done exceptional things, including veterans. Employers and representatives of the business community have an interest in an active veterans' policy in the context of CSR. They are willing to train veterans and provide their own staff with information about veterans. The second development is the increasing importance attached by the Ministry of Defence to placing veterans in as good a position as possible in the civilian employment market at the end of the military service: job-to-job guidance.

Good alignment of veterans and former employees in the civilian labour market is important from a social viewpoint and also a financial one. An argument was put forward during the workshop for the creation of a network of employers who can offer career development paths. The Ministry of Defence has already built up various relationships with the business community in this context. Those attending the workshop also argued for preference to be given to companies operating an active veterans' policy in respect of government tendering.

Two new initiatives were announced during the workshop. The *Stichting Onbekende Helden* [Unknown Heroes Foundation] – a private initiative - has launched an app and a website where veterans can view vacancies reserved for veterans (specifically for 'difficult to place' veterans) and companies offering discounts to veterans. The *Vi* announced the formation of the *Stichting*

Ondersteuning Veteranen Activiteiten [Support for Veterans' Activities Foundation] which brings together various initiatives.

Veterans' Graveyard

It was mentioned in the 2014-2015 Policy Document on Veterans that a decision would be taken in roughly the summer of 2015 on the creation of the veterans' graveyard near the Field of Honour in Loenen. However, the decision-making process took longer than expected. With the support of the *vfonds* and the Netherlands War Graves Foundation, possibilities and options are being explored and work is ongoing on the formation of the National Veterans' Graveyard Loenen Foundation. Last year was devoted mainly to forming a board which will be responsible for establishing, managing and running the veterans' graveyard. The board of this foundation in formation has been assisting with the initial explorations since July 2015. It has conducted a more in-depth assessment and analysis of the substantive concept of the graveyard and the resources necessary for investments in the veterans' graveyard, the multifunctional building which will be shared with the War Graves Foundation, and the long-term running of the graveyard. That analysis is currently being validated and preparatory work is being carried out by an external party. Expectations are that a final decision will be made in roughly the summer of 2016.

In his address during the annual remembrance ceremony at the National Dutch Indies Monument 1945-1962 in Roermond on 5 September 2015 Lieutenant-General Ted Meines (retd.) made a passionate plea for the creation of a national veterans' graveyard. The *vfonds* has also opened a fund whose income can be used for the Veterans' Graveyard Foundation due to be formed.

2.4 Effects and results

Every year, the Netherlands Veterans' Day Foundation and the *Vi*, in collaboration with the Ministry of Defence, canvass the Dutch public on, among other things, their perceptions of veterans and the Netherlands Veterans' Day. This provides an insight into the impact of the policy as far as recognition and appreciation are concerned. These surveys have been part of the Ministry of Defence's Image Monitor since 2014.

The Ministry of Defence uses indicators to establish the attention society pays to veterans and its perceptions of them, public recognition of and appreciation for veterans, as well as the recognition and appreciation felt by veterans themselves. The results in terms of impact are outlined below. The results are set out in detail in annex 2.

Impact 1: Consolidation of or rise in public awareness of war and deployment experiences.

Recognition and appreciation depend in part on the degree to which the public is aware of the missions in which the Netherlands participates. The NLVD Foundation's ongoing publicity campaign contributes towards this. The quantitative scale of the publicity campaign is shown in table 2.1 of annex 2. The publication of the stories veterans have to tell in various media and the educational programme are also means used to raise awareness of missions. In addition, in 2014, the NLVD Foundation published a comic about missions. The educational programme and the comic are intended to reach young people.

The NLVD is well-known among the Dutch public: 56% say they are familiar with or very familiar with the NLVD and 95% have heard of the NLVD.

Like in 2014, awareness of missions among society at large is measured indirectly as part of the public opinion survey *The Netherlands speaking: Veterans and the 2015 Veterans' Day*. About 77% of Dutch people were aware of the missions about which they were questioned. The figure was also 77% in 2014.

In addition to the NLVD Foundation, other parties also actively contribute to providing society at large with information about missions and veterans. Examples include the National Military Museum (*NMM*), the Netherlands Institute for Military History and the *Vi*. An instance of this is the speed-dating involving veterans that was organised by the *Vi* on 5 May at all Liberation festivals in the Netherlands.

The 2015 Veterans' Lecture on female veterans, which the *Vi* organised in November 2015 with the support of the NLVD, is another good example. That lecture received very positive attention in the newspapers, on the radio and television, and through social media channels.

In the 'Veteran in the Classroom' educational programme veterans share their stories with pupils. The guest speakers are supervised by the *Vi* which ensures they receive feedback and monitors quality. The guest talks are given in schools during, among others, citizenship education and history lessons and are frequently linked to the topics of 4 and 5 May, peace, freedom and democracy. The number of schools participating is growing (502 schools in 2014-2015 compared with 387 schools in 2013-2014). Increasing use is being made of the educational dilemma programme "what would your decision be?" in secondary schools combined with a veteran in the classroom.

There were 1,215 guest appearances in the 2014-2015 school year (compared with 1,098 in 2013-2014) and 37,653 pupils were reached (compared with 23,371 in 2013-2014). Based on an annual inflow of 190,000 pupils² into primary education, this means that the continuation of the programme is ensuring ultimately that it is reaching more than 14% of pupils attending school. It is also clear from the positive feedback from pupils, teachers and veterans that the programme is fitting the bill in terms of content.

In conclusion: the number of pupils reached has increased and the feedback is positive. We can conclude from this that the educational programme is successful. Awareness of missions is increasing thanks to the knowledge transferred by veterans. On this basis and taking account of the activities described above I conclude that recognition of and appreciation for veterans has been boosted.

Impact 2: Consolidation of or rise in the recognition of and appreciation for veterans within Dutch society.

The NLVD's publicity campaign is helping with public perception of veterans, the transfer of knowledge about missions and, ultimately, with the recognition of and appreciation for veterans by Dutch society (impact 2). One of the aims of the media and publicity campaign is to place the veteran and his or her story in a wider community setting; e.g. in the new work environment, in a cultural or artistic setting or in another socially relevant environment.

Thirty concerts for veterans were organised last year. The NLVD Foundation made an appearance at three fairs and the Social Studies Teachers' Day held by the House for Democracy and the Rule of Law in 2015. Slowly but surely, veterans are becoming a regular feature at such public events.

The increased attention given to veterans in the Netherlands is echoed within society. One example of this is the aforementioned Unknown Heroes Foundation, an organisation devoted to improving the veteran's position in the civilian labour market. Many companies, which set aside jobs for wounded and other veterans or offer discounts upon production of the veterans' card, are now collaborating enthusiastically with the foundation.

Other examples of initiatives stemming from society include free admission for veterans to the Hoge Veluwe National Park and free admission for veterans to the D-day film at the Omnisursum.

The Ministry of Defence's Image Monitor shows that in 2015 more than three-quarters of Dutch people surveyed view veterans in a positive light. On average, 76% of those surveyed agreed with the statement that veterans deserve public appreciation and viewed the NLVD as an excellent way of showing that appreciation. The Dutch veteran is seen as dutiful, helpful, courageous, brave and proud. Furthermore 84% of Dutch people surveyed believe that veterans deserve optimum after-care. Generally speaking, a virtually constant and high appreciation for these topics can be seen in recent years.

² Core figures of the Ministry of Education, Culture and Science for 2009-2013

Appreciation for veterans expressed as a percentage

Figure 2.1 Percentage of Dutch people who think veterans deserve special appreciation

In conclusion: the high degree of appreciation shown in recent years continued in 2015. The conclusion drawn is that the policy objective in respect of recognition of and appreciation for veterans within Dutch society has been achieved and the present policy can be continued.

Impact 3: Consolidation of or rise in the sense of recognition and appreciation personally experienced by the veteran.

The percentage of veterans who felt appreciated by the Ministry of Defence (42%) fell slightly in 2015 compared with 2014. The percentage of veterans who feel appreciated by the media (36%), society at large (28%) and their immediate circles (46%) is virtually the same as in 2014. On average, 15% of veterans say they do not feel appreciated.

A substantial majority of veterans say that organising NLVD fosters public recognition of veterans. This is in line with the findings made among the Dutch population.

In general, veterans are satisfied with the veterans' policy and the services provided. They are very satisfied with the services provided by the *Vi* in general and the Veterans' Office in particular. The Checkpoint magazine is mentioned most frequently as the *Vi* service used.

A substantial majority of veterans are proud of being veterans. Female veterans are less likely than male veterans to identify themselves as "veterans", but at the same time are just as proud of the fact that they are. Older veterans are more likely to be members of a veterans' association than younger veterans and also more likely to take part in veterans' activities.

The results measured are an indication of the impact the policy applied has on recognition of and appreciation for veterans. The picture created over recent years is a consistent one. The appreciation felt by veterans from society has not increased yet, so we would welcome social initiatives to increase that feeling.

Appreciation felt by veterans expressed as a percentage

Figure 2.2 Veterans feel appreciated by society, the Ministry of Defence, their immediate circles and the media

The policy on decorations also helps to engender a feeling of appreciation among veterans. Various decorations were granted and presented to veterans at a variety of events last year.

The 70th anniversary of the liberation of the Netherlands dominated 2015. On 12 March 2015, the Minister of Defence presented the Mobilisation War Cross to Mr Charles Struijk who was mobilised in the period between 1939 and 1940. Struijk served in the Signals Service as a telegraph operator and for a few months used carrier pigeons to maintain communications between the South Limburg Territorial Commander in Maastricht and The Hague. The Inspector General of the Armed Forces also periodically scheduled a presentation ceremony so that older veterans could also receive the recognition and appreciation due to them.

In 2015, 3,416 commemorative medals for peacekeeping operations, 15 commemorative badges for the wounded and 41 combat badges were presented. A list of the decorations granted can be found in annex 2.

In 2015, special attention was afforded veterans who had taken part in a UN mission. The Minister of Defence launched the Nobel Prize for UN Service Personnel Commemorative Badge in December 2014. The first twenty badges were presented to those service personnel during the 2015 Veterans' Day. That was followed by many presentations with the result that more than 2,800 veterans have now been presented with that badge. In total, the Minister presented 63 service personnel from fourteen different EU, UN and NATO missions with the commemorative medal for peacekeeping operations during the 2015 Veterans' Day. In addition, four people received a special decoration and veterans' home front partners also received attention.

As far as decorations are concerned, last year was also marked the 200th anniversary of the two oldest Dutch Honours, the Military Order of William (MWO) and the Order of the Dutch Lion.

In conclusion: the sense of recognition and appreciation felt by veterans themselves continues at the level of previous years. The conclusion drawn is that the policy objective in this respect has been achieved. However, it is noted that at a level of below 40% the absolute feeling of being recognised and appreciated by society remains relatively low.

2.5 Showing appreciation

It goes without saying that the Ministry of Defence will continue to make every effort to increase public recognition of and appreciation for veterans. Finally, the services the *Vi* provides for veterans have added substantially to the sense of recognition and appreciation felt by veterans themselves.

Based on the figures from various surveys it can be concluded that policy operated in respect of recognition and appreciation has made sufficient impact and that the policy objectives have been achieved. The efforts made by the Ministry of Defence and partner organisations to increase recognition of and appreciation for veterans have made a visible impact. Roughly three-quarters of the Dutch population appreciate veterans.

Veterans' Day was again a success and a national sign of appreciation. That said, the sense of appreciation felt by veterans is lagging behind (about 40%). An examination of the possible causes and whether (and how) public involvement can be increased will be made in the policy evaluation.

3 Care before, during and after deployment

The Ministry of Defence aims to provide optimum care before, during and after deployment. This includes health care.

The following effects or partial effects are involved:

- The effect of care before deployment:
The serviceman or servicewoman and his or her partner are well-prepared for the upcoming deployment, enabling them to face it with confidence.
- The effect of care during deployment:
The serviceman and servicewoman and his or her partner are provided with adequate support when there is a need for care in the mission zone and at home, leaving the serviceman or servicewoman capable of performing his or her duties for the mission.
- The effect of care after deployment:
The serviceman or servicewoman and his or her partner receive proper after-care which means that any negative consequences of the deployment are identified at an early stage and the serviceman or servicewoman remains capable of performing his or her duties on a sustainable basis.

This chapter on care before, during and after deployment will deal as far as possible on the degree to which the abovementioned effects are achieved.

Home front partners

The importance of home front partners as far as veteran care is concerned is self-evident. If things are going well at home, the deployed serviceman or servicewoman is better able to concentrate on his or her work. Similarly, a happy serviceman or servicewoman means a happy home front partner. Customised care can make a positive contribution here.

On 16 April, the Veterans' Institute held a Home Front Symposium at the end of the Home Front Interview project. Lectures were held on research into home front partners by the Netherlands Defence Academy, on the role of the Ministry of Defence in counselling home front partners during deployments, the care provided by a *Vi* spiritual counsellor to veterans and a group discussion involving initiators of the various formal and informal home front organisations and networks. Collaboration between the various private initiatives provides valuable support for the Ministry of Defence Home Front Organisation (*DOT*), the home front organisations of the operational command units and the Veterans' Office, for example.

3.1 Care before deployment

Service personnel

The serviceman's or servicewoman's fitness for deployment is established before a deployment. A social and medical team advises the commander on the medical, mental and social fitness of a serviceman or servicewoman. The dental fitness is also assessed and checks are made to establish whether the required vaccinations are still up-to-date. The serviceman is prepared mentally and physically and receives training before his or her deployment. General information on the main features of the deployment and specific information about the theatre of operations is covered in detail. General and specific military subjects are taught and practised as well. All personnel taking part on a mission undergo this proficiency process.

Home front partners

The serviceman's or servicewoman's home front partner is invited to an information day for home front partners before the deployment. Here, in addition to general information about the mission and the theatre of operations, participants also receive information about the care provided to personnel. Care officers, such as a welfare officer, psychologist and spiritual counsellor, present the care offered to service personnel and home front partners during deployment. The Ministry of Defence Home Front Organisation (*DOT*) actively took up its role as coordinator and will step up those efforts in the near future. Some initiatives have been launched to improve the care offered to home front partners and to synchronise it throughout the Ministry of Defence branches. Those initiatives include private initiatives concerning activities for home front partners.

The *DOT* has also improved the information provided online. It has also published the children's book "Bo is going on deployment", where young children can read about what is in store for their

mother or father during a deployment. The *DOT* is organising the first Ministry of Defence-wide bivouac for older children of deployed service personnel in 2016.

Implementation

Proficiency training programmes in the context of long-standing missions, such as the maritime anti-piracy operations off the coast of Somalia, the missions aimed at combating IS and the mission in Mali were continued. The feedback on the programmes is positive. In addition, a large number of proficiency training programmes have been developed for smaller missions and individual deployments. Examples of these include the European Union training mission in Somalia and the European Union Aviation Security Mission in South Sudan.

3.2 Care during deployment

Service personnel

A care and assistance team, also known as the Social-Medical Team (*SMT*) is on hand to provide care and professional support for service personnel during a mission. The *SMT* advises the commander on the fitness of personnel for deployment and repatriation in the event of serious incidents. The presence of a *SMT* depends on the nature and size of the mission. An *SMT* is present in the mission zone for the missions in Mali, the Middle East, Iraq and Afghanistan.

A mobile *SMT* is available in the Netherlands for small missions which do not have their own *SMT*. The Senior National Representative (*SNR*) coordinates *SMT* matters for small missions whose commanding officer is not Dutch. If necessary, the *SNR* or serviceman or servicewoman in question can contact the assistance providers in the Netherlands. Contact with the *SNR* is maintained by the Defence Staff Operations directorate. Where necessary, assistance providers will then contact the person or persons concerned and a mobile *SMT* can be sent to a mission zone.

Home front partners

Days for home front partners are organised for them during a deployment. During those days, information about the mission and the living and working environment is presented and contact can be made with the service personnel in the theatre of operations. For instance, jointly with *Omroep Max* [Dutch broadcaster], the Ministry of Defence has for some years been organising the 'Max's Mission' day for home front partners where Christmas greetings are recorded and transmitted to service personnel in mission zones.

A serviceman or servicewoman will be notified in the theatre of operations if any problems or incidents occur at home. In addition, the home front partner will be provided with practical support, including as regards making contact with the relevant authorities. The Home Front Check shows that 10% of home front partners need specific support.

In the event of emergencies, the home front partner will be given specific information and support. In the event of serious incidents in the theatre of operations where the serviceman or servicewoman is injured or dies, the relatives known to the Ministry of Defence will be notified first by an officer of the Welfare Service Centre (*DCBMW*). The relations of the serviceman or servicewoman will then be offered care and support by the commanding officer of the organic unit and a welfare officer or spiritual counsellor.

In response to the Segers/Eijsink motion (Parliamentary paper 34 000, no. 24) the Ministry of Defence performed a Home Front Check meta-analysis. The Lower House received the results on 15 December 2015 (Parliamentary paper 30139 no. 154). At the request of the Standing Defence Committee (*VCD*), a technical briefing involving those who had requested the Home Front Check was held on 17 February 2016.

3.3 Care after deployment

After a deployment, the Ministry of Defence provides an after-care programme comprising at least an adaptation interview (within 6 weeks of return), a return interview (3 months after returning) and after-care questionnaires (6 months after returning).

Management

The 2014-2015 Policy Document on Veterans mentions a lack of proper understanding of the course of the complete process involved in the after-care phase. The promised monitor to clarify all

the activities resulting from the after-care process for line managers and HR officers is still being developed. Owing to the limited IT capacity, implementation of the after-care monitor has been set for 2017. In anticipation of the monitor, commanding officers are being notified of the arrival of the monitor so as to raise awareness and increase support for its use.

Home front partners after a deployment

The care provided for home front partners is aimed at the period before and during a deployment and hardly at all on the period after it. According to the Home Front Check, service personnel find there is an absence of care for their home front partners after a deployment. More than one-quarter of home front partners report needing a return interview.

After-care questionnaires

Service personnel and their home front partners receive the questionnaire six months after the serviceman or servicewoman has returned from a deployment. Service personnel in active service are presented with the questionnaire in digital form through the Ministry of Defence’s intranet. Service personnel who leave service after their deployments - and their home front partners - currently receive a paper questionnaire. Work is being done on producing a digital questionnaire which can be completed online. Table 3.1 contains the responses of service personnel for each year. As was the case in 2014, the response to the after-care questionnaire was 40% in 2015.

The Ministry of Defence sees service personnel as having a duty to complete the questionnaire. The care provided for service personnel is monitored on the basis of the information generated. In a recent letter from commanding officers the usefulness of and need for completed after-care questionnaires was explained once again. In the letter, service personnel are advised by their commanding officers that, in addition to deriving rights from the veterans’ policy, certain obligations are also incumbent upon service personnel, including completing questionnaires. It should be made clear to service personnel that they are completing the after-care questionnaire for others as well as themselves. The information they and their team-mates provide gives a picture of how the deployment went in terms of preparation for the mission, the counselling provided during the mission and the after-care provided after it ends. In addition, service personnel and their team-mates have a broader responsibility towards the Ministry of Defence to contribute to an ever-improving implementation of the veterans’ policy. Individuals should be made more aware of this. We opted to place the emphasis on completing after-care questionnaires, but not to impose penalties on any people who do not complete them. That would almost certainly result in respondents giving the desired answers and therefore unreliable and unusable information.

	2011	2012	2013	2014	2015
Number of questionnaires returned	2233	1455	2934	3025	2002
Response percentage	49%	50%	41%	40%	40%

Table 3.1 2011-2015 Questionnaire response table

The research conducted by the Ministry of Defence over the last 15 years into failures to respond shows that not having any problems (both psycho-social and physical) is the most frequently cited reason for not participating in a survey. Other reasons include people forgetting or lacking the will to complete a survey.

In addition to the serviceman or servicewomen, the Ministry of Defence also asks his or her home front partner to complete questionnaires. The invitations to do so are presented to the home front partner in writing, through the deployed serviceman or servicewoman. The home front partner response to the questionnaire was 31% in 2015. As an experiment, the after-care questionnaire was sent to home front partners directly, not through service personnel, in 2013. This appears to have had a positive impact as regards the response level. At 37%, the response level was slightly higher in that period.

The after-care questionnaires completed by service personnel and home front partners are processed in the same way. The digital processing of after-care questionnaires provides details which serve as an early warning, known as a warning-bell. On this basis, a Ministry of Defence care provider will contact the serviceman or servicewoman or the home front partner to discuss the

problems and, if necessary, inform him or her of the range of care services available. The care provider will keep a record of the activities performed in response to the warning-bell (telephone contact, offering the range of care services provided, and referral). Between 2013 and mid-2015, a deployed serviceman or servicewoman also received personal feedback through an 'e-health' module. If the scores justified it, the serviceman or servicewoman would be given a screen to view (online) containing additional information on specific subjects.

However, the e-health module was temporarily suspended because in mid-2015 the Ministry of Defence again started to manage implementation of the questionnaire survey in-house. This was because the external partner was unable to meet the General Security Requirements for Defence Contracts (ABDO). A new digital system is being developed this year which means that next year it will also be possible to access the questionnaire online and the psycho-educational (e-health) module will once more be available.

A list of physical and psycho-social problems and effects as experienced by deployed service personnel was prepared based on the questionnaires completed in 2015 (see figures 1 and 2 in annex 3). Service personnel back after a deployment were asked to assess their health following the deployment. The majority of veterans report being in a good or excellent state of health. Nor is there any reason to contact the majority of respondents (no warning-bell profiles).

The psycho-social consequences most frequently cited by deployed service personnel in 2015 are animosity (sense of own "hostility"), sleep problems and feelings of depression. There is a low indication of behaviour that pushes boundaries, possible PTSD symptoms, fatigue and concentration problems. This pattern is in line with that of previous years.

Alongside potential negative consequences, a deployment can also have positive effects. The key positive changes after a mission are: service personnel are better able to deal with difficult circumstances and attach more value to their own lives (see figure 3 in annex 3).

After-care for reservists

A promise was made in the 2014-2015 Policy Document on Veterans to review the policy and procedures concerning after-care for reservists with veteran status and, where necessary, make adjustments. The care and after-care and entitlement thereto is the same for the reservist as for a serviceman or servicewoman in active service. It requires no adjustments. The data on physical and psycho-social problems collected showed no significant differences between reservists and other veterans.

However, where the reservist differs from the professional serviceman or servicewoman is that he or she is covered by the Ministry of Defence's integrated healthcare system only when in active service. The Military Physician in Charge (VMA) cannot give any recommendations on fitness for deployment unless the reservist is in active service. Each reservist called up for active service therefore has to undergo a further medical examination before being sent on an operation or on deployment. Another difference between reservists and professional service personnel is that, after their deployment, reservists will usually find themselves in an environment which is less familiar with the negative consequences of deployments. Needless to say, all reservists are fully covered by the Ministry of Defence's obligation to provide after-care.

Personnel deployed individually

Service personnel deployed individually receive special attention. The Individual Deployments Office (BIU) is responsible for this group of service personnel. Service personnel deployed individually and their home front partners report having received information and care on a piecemeal basis before, during and after deployment. The group of personnel deployed individually is very diverse and comprises professional service personnel, reservists or temporarily militarised civilians. There are also a variety of ways in which personnel can be deployed individually: they can be added to an organic Dutch unit or be deployed individually within an international context. The context and scope of the mission determines whether or not (Dutch) care providers are present in the mission zone. Care for the service personnel deployed individually and their home front partners is arranged through the organic unit, the unit being formed and the BIU/Security Sector Reform (SSR). Care for Royal Netherlands Military Constabulary (KMar) personnel is provided by the Foreign Mission Brigade (BBM).

The home front partners of service personnel deployed individually report receiving too little information and in general find the deployment period more testing than the home front partners of service personnel deployed in their own units. The Ministry of Defence acknowledges that the after-care for personnel deployed individually could be improved and will therefore pay particular attention to this in the 2016 policy evaluation.

After-care for DutchBat III veterans

On 17 October 2015, the Prime Minister and the Minister of Defence had a discussion with DutchBat III veterans about the recognition of, appreciation for and care of that group of veterans. The Prime Minister and the Minister concluded it was important to examine the care needs of DutchBat III veterans, in line with the 'Veteran, how are you?' survey conducted. The results of that survey could give rise to further research into the relationship between the care needs of DutchBat III veterans and the range of care services currently on offer. Having regard to the expertise of the Civil-Military Care and Research Council (RZO) and its involvement in the earlier survey, the RZO was asked for advice on this matter.

Improving and guaranteeing after-care for veterans

The Ministry of Defence has made substantial investments and implemented many organisational measures so as to guarantee after-care for veterans. As mentioned above, the main problem areas in the after-care process are the low responses to after-care questionnaires and the absence of direction in the after-care chain. In addition to the aforementioned notifications from commanding officers, line responsibility is being increased by including deployment as a topic that is always discussed in performance reviews. This should also lead to more service personnel completing the after-care questionnaire. The monitor promised to ensure line managers and HR officers are aware of all the activities in the after-care process is being developed.

Secondly, the accessibility and user-friendliness of the after-care questionnaire is being improved. For instance, the questionnaire has been shortened considerably, and is focused more on the respondent completing it and less on generic aspects. Ways of presenting the questionnaire using new media are being examined. This would enable feedback to be given directly to the serviceman or servicewoman or relative. If he or she so wishes, the serviceman or servicewoman can ask the relative to participate in the interview with the welfare officer, which will increase that partner's involvement in the after-care.

Finally, the RZO was asked to give advice on the tools to be used to enable the veteran and his or her relatives to assess whether deployment resulted in problems of a physical, mental or psycho-social nature and on how such tools could be used. Another important factor is how this information could be used to improve the quality of the care process surrounding deployments.

3.4 Spiritual guidance

Mental ability to cope and finding meaning

Article 5 of the Veterans' Decree provides that the Chief of the Netherlands Defence Staff (CDS) shall be responsible for ensuring service personnel are prepared for actual deployment. Finding meaning and improving the serviceman or servicewoman's mental ability to cope are key elements of that preparation. One of the tools used is the deployment conference held in the proficiency training period organised by the Spiritual Guidance Service (DGV). The CDS supports the serviceman's or servicewoman's participation in that deployment conference or an alternative option. Improving the serviceman's or servicewoman's mental ability to cope is now a recurring issue addressed during the proficiency training and preparation of units.

Spiritual guidance (GV) before, during and after deployment

Twenty-one per cent (871 servicemen or servicewomen) of the service personnel deployed took part in a deployment conference in 2015. This is a drop compared with 2014, when 26% of service personnel deployed took part. In addition to the deployment conference, the spiritual counsellor counsels the unit he will be accompanying on deployment throughout the entire proficiency training process.

Spiritual guidance contributes to the implementation of the adaptation programme and the interviews held upon a return from deployment. Moreover, the spiritual counsellor continues to take part in activities performed by the unit after the mission, such as the recuperation

programmes, exercises and reunions. The spiritual counsellor is often a constant factor in participation in these events and in maintaining contact with the participants.

Home front partners

The spiritual counsellor is present during the activities organised for home front partners, such as home front contact and information days and Max’s Mission. In collaboration with the DOT, the DGV held three pilot conferences for home front partners of service personnel deployed at that time (partners and parents) in 2015. These are small-scale events led by a spiritual counsellor. In light of the positive reactions, ten conferences are scheduled for 2016.

3.5 Welfare

The Welfare Service Centre (DCBMW) focuses 24 hours a day and seven days a week on providing help and care in the form of five services: (1) notifications, (2) care during deployment, (3) care to veterans and military war and service victims, (4) services for commanding officers and line managers and (5) psycho-social assistance to service personnel, civilians and home front partners.

The DCBMW provides a continuous supply of welfare officers who are present 24/7 in the mission zone where larger missions are involved. The DCBMW also provides a welfare officer on an on-call basis for other missions. The care during deployment provided by the DCBMW helps to keep service personnel fit for operations and limits or prevents instances where they drop out as far as possible. This care is also intended to identify potential problems at an early stage and provide the serviceman or servicewoman concerned with assistance. The DCBMW also ensured the Veterans’ Office could be contacted outside office hours in 2015.

The rise in the number of deployments (mainly in connection with short missions) and the accompanying increase in demand for care during deployment means greater use was made of the DCBMW in 2015 than in 2014. For instance, the number of briefings given before the mission increased (by 50%), as did the number of return interviews after the mission (by 30%). The contribution made by welfare officers to the adaptation programmes held upon return has increased proportionally. Its use for support for home front partners and the number of inquiries and recommendations as to fitness for deployment have remained virtually the same compared with 2014.

In 2015, the DCBMW was also used as part of the care provided for retired veterans. At present, the DCBMW performs a supporting role in the award procedure for the Commemorative Badge for the Wounded (DIG). Specialist social work performed by the DCBMW was also used for the National Care System for Veterans (LZV) to support de Basis Foundation. This support is being continued in 2016.

As mentioned last year in the policy document on veterans, the DCBMW, in collaboration with the Military Mental Healthcare (MGGZ) organisation, is examining whether a supplementary range of care services designed specifically for home front partners could be offered. The subject-matter of the examination is the *After Deployment Adaptive Parenting Tools (ADAPT)* programme developed in the United States.

3.6 International Security Assistance Force (ISAF) veteran

General

As promised during the policy document consultation on 25 June 2015, ISAF veterans will be addressed specifically this year. Special attention to this target group is desirable because it is made up of more than 26,000 service personnel deployed in very difficult circumstances. Knowledge-sharing and the joint development of any care programmes required are key elements.

The following table gives an idea of the scale and deployment burden of an ISAF mission.

Number of ISAF service personnel still in service (as at 1 April 2016)	16,360
Number of ISAF service personnel who have left service	9,895

The frequency with which service personnel have taken part in an ISAF mission, always for longer than 30 days. Other deployments have been disregarded here.

Number of ISAF deployments > 30 days	Number of service personnel
1	17,656
2	6,211
3	1645
4	490
5	140
6	72
7 and more	41
Total number of participating ISAF service personnel	26,255
On average, ISAF service personnel were on deployment for 117 days (deployment term > 30 days).	

Military medical care is available to veterans throughout their active employment. Needless to say, the same also applies to ISAF veterans. Within the *SMT* of a unit specific attention is paid to the social and medical condition of deployed service personnel. Commanding officers and assistance providers can call in appropriate help as soon as signs emerge showing this to be necessary.

When assistance is provided, it is not possible to ascertain whether the (psycho-social) problems can be related specifically to the deployment to Afghanistan or on another mission. This has to do with medical professional secrecy, and the often varying missions in which veterans have participated. The *MGGZ* does not record the missions in which a serviceman or servicewoman took part. This is because medical professional secrecy is aimed at preventing third parties from gaining access to information which can be attributed to specific patients. Furthermore, the causal link between a request for care and one or more missions cannot always be established immediately. Many ISAF veterans will have taken part in several missions, both before the ISAF period and after it.

Although it is not possible to make specific pronouncements on ISAF veterans based on the medical information system, various surveys and measurements within the care system can be used to give an idea of the state of affairs within this group. The *RZO* was also asked how the Ministry of Defence can gain a better understanding of the physical, mental and psycho-social condition of veterans. This was prompted in large part to the desire to better to understand ISAF veterans.

Military Research involving an Exploratory Study of Stress-related Factors connected with Deployment (PRISMO)

The *MGGZ* has been carrying out the PRISMO research since 2005. This involves a survey of 1,032 service personnel who were members of units ranging from the ISAF Provincial Reconstruction Team (PRT3) to the Task Force Uruzgan (TFU7) for a fairly lengthy period during which several measuring moments are recorded for statistical purposes. At present, six measurements have been made. The last measurement shows a response rate of 55%. This can be regarded as a very good percentage. The survey has generated a great deal of knowledge, including information about exposure, biology, personality, problems, course of events, use made of care and epigenetics. The participants in 2016 have again been invited for a follow-up measurement. This involves a one-to-one interview and the completion of questionnaires.

Source: *PRISMO 2016 infographics*

Veteran how are you?

In total, 5,847 retired veterans from six different cohorts were approached in the "Veteran, how are you?" survey. In total, there were 2,814 respondents. The ISAF veterans form the overwhelming majority of the sixth cohort in the survey: "2006 to date". With 361 replies, the response rate for this cohort was 36%. The survey shows that the opinions of the veterans in this cohort of their quality of life barely differ from those held by other veterans. The report conclusions can be found on the *Vi's* website.

However, the survey findings cannot automatically be used to draw specific conclusions about the condition of ISAF veterans. Further research is required for this. The Ministry of Defence also plans to discuss this with the RZO.

Other information relating to the provision of assistance

Within the Ministry of Defence, about 250 ISAF veterans are receiving counselling from the case coordination teams of the various operational commands. In addition, 371 ISAF veterans approached the Veterans' Office with a request for help in 2015. Veterans with a disorder resulting from their service who leave the Ministry of Defence receive personal counselling from the Veterans' Office care coordination team.

Interpreters

The Ministry of Defence appointed Dutch citizens of Afghan origin to work as interpreters for the ISAF mission. This is the group of Afghan interpreters. Once the mission was completed, a relatively large number of interpreters developed health problems. In consultation with those taking care of the interests of this group, individual care packages, providing tailor-made material and non-material care, were developed.

The policy evaluation, in addition to the decision to provide individual counselling for interpreters with problems, also included an examination of the lessons the Ministry of Defence could learn in respect of the care provided for interpreters before, during and after deployment. Owing to the cultural background of an interpreter, his specific position with a unit and his different career prospects, the standard procedures and care programmes might not always be adequate.

3.7 Showing appreciation

Home front partners

The care provided for home front partners is an integral part of veterans' care. At present, the activities focus mainly on the period before, during and after deployment. The Ministry of Defence Home Front Organisation (DOT) was set up to coordinate home front partner care activities to do with the missions. This has resulted in better coordination within the branches of the Ministry of Defence and a number of specific products in the area of care for home front partners. A specific focus area is improving the care provided for home front partners of service personnel deployed individually. This element will be addressed specifically in the policy evaluation.

Service personnel deployed individually, reservists and interpreters

Improving the care provided for these special groups of service personnel is a priority. The Ministry of Defence acknowledges that the after-care for those on individual deployments must be better and considers this aspect specifically in the policy evaluation. The Ministry of Defence hopes to eliminate the difference between care for service personnel deployed in standard fashion and that provided for service personnel deployed individually in the years to come. As for reservists and interpreters, they will find themselves in a different position or employment position from professional service personnel after a deployment. As a result, it is harder to organise and monitor the after-care provided for those groups. This will be addressed during the policy evaluation as well.

ISAF-veterans

The condition of ISAF veterans is an important focus area. In the years to come, surveys among ISAF veterans should provide an answer to the question of whether they have specific care needs. The RZO has been asked to show how the Ministry of Defence can gain a better understanding of the physical, mental and psycho-social condition of veterans, including ISAF veterans.

4 Special care for veterans

4.1 Policy

The government has a special duty of care towards veterans. The serviceman's or servicewoman's obligation to perform his or her duties, often in very difficult circumstances, merits special care and after-care, support and counselling. Excellent and lasting care must be guaranteed whenever a veteran has health problems which are related to a deployment experience.

That is why a comprehensive range of facilities is available for the veteran and his or her partner in need of them. The Ministry of Defence is making long-term investments in material and non-material special care. Roughly EUR 115 million is spent annually (table 4.5), alongside the EUR 230 million spent in connection with the Debt of Honour. The Veterans' Office is available day and night for veterans and their relatives and specialist assistance providers are on hand within the LZV. When a veteran contacts the Veterans' Office with a request for help, he or she will be allocated a care coordinator who will provide personal counselling throughout the care process. This applies to financial and material assistance (including any debt rescheduling) and to non-material care.

The policy is aimed at achieving the following effects:

- To make the veteran in active service capable of redeployment and to make the retired veteran a fully-fledged member of society again;
- To consolidate and, where necessary, increase the quality level of the special care provided for the veteran and post-active veteran.

The special duty of care is described in the Veterans' Act and the Veterans' Decree. This duty of care is laid down in a system of schemes, facilities and entitlements in respect of material and non-material care. The various elements have been elaborated further and implemented in recent years. The policy will henceforth be aimed at a better alignment of non-material and material care. The objective is to ensure that the care chain as a whole works better for veterans. The following paragraphs cover this in greater detail.

4.2 Non-material care

Veterans' Office

The Veterans' Office was opened on 11 June 2014. Its purpose is to improve access to the care and services provided for veterans, military war and service victims (*MODs*) and their relatives and to make the services readily available. A further task of the Veterans' Office is to monitor the progress made by veterans with a request for non-material or material care so as to avoid their disappearing from sight. The cooperation between the various parties involved in the setting up and operation of the Veterans' Office was laid down in a cooperation agreement. The cooperating parties: the *Vi*, De Basis Foundation, the Welfare Service Centre (*DCBMW*), the Veterans' Platform (*VP*), the National Care System for Veterans (*LZV*), the Veterans, Reservists and Decorations Executive Agency (*UBVRD*) and the General Pension Fund for Public Employees.

The Veterans' Office registers the request for care and provides access to rehabilitation and reintegration services, material care, social support, spiritual healthcare and baseline support. The care coordinator allocated to the veteran prepares a care plan and initiates and monitors it. A strict separation is observed between, on the one hand, care coordination and support and, on the other, the actual (medical) treatment of the veteran.

When it was set up, a number of requirements as regards contactability, care coordination and services was imposed on the Veterans' Office. The following objectives were formulated for it:

- Permanent contactability (7 days a week, 24 hours a day) for emergency requests for help and a 24/7 help service facility;
- Care to be tailored to people's needs by allocating a single care coordinator who will counsel a client throughout the care process on the basis of a care plan;
- Adequate provision of services for veterans and their relatives to cover all requests pertaining to information, recognition and appreciation.

Performance indicators were established for each objective to enable the quality of the care and services process to be monitored. The Veterans' Office steering group monitors the Office's

performance. All participating agencies are represented in the steering group. Table 4.2.1 provides a description of the performance indicators and the results achieved for 2015.

Performance indicators	Standard	Result
Contactability Veterans' Office (Reception)	In 90% of cases the telephone is answered within one minute.	94%
Contact with a care coordinator	In 90% of cases within one working day	93%
Turnaround time between initial contact and a care plan * being prepared, including liaison or consultation with care providers	In 90% of cases within four working weeks	99%

Table 4.2.1 Veterans' Office performance indicators

* including the registration of an application or request for help, completion of details, referral to care coordinator or case manager (ZC/CM), preliminary consultation with the De Basis social work (MW) team, initial interview by the ZC/CM, and working out a care plan.

The standards for contactability, contact with a care coordinator and the turnaround time have been (more than) achieved. In the case of requests for care, the care telephone is answered within one minute in 99% of cases. The percentage is 90% for requests for services.

In 2015, the care coordination caseload rose sharply, from 1,317 at the end of 2014 to 1,743 at the end of 2015. The number of new care plans in 2015 was 1,493, with 1,067 being completed. On balance, there are 426 more cases. 1,730 home visits were made in connection with care provision. This increase is partly explained by the fact that, since the Veterans' Office was opened, care coordinators have been assisting clients with requests for material help and requests for non-material help. This was not the case before the Office opened and only clients with requests for material help were supported. The support provided by the care coordinator relates, among other things, to applications for a military invalidity pension or larger military invalidity pension (276), applications for assistance and benefits in kind (338), counselling by a social worker (413), reintegration to work (71) and debt management assistance (66). Despite the growth in the number of applications, the result for the 'Contact with a care coordinator' performance indicator rose sharply in 2015 compared with the previous reporting period (described in the 2014-2015 Policy Document on Veterans). This is a rise from 81% to 93%. In addition, a care plan was prepared within the set period of four working weeks in 98% of cases. The core figures are shown in table 4.2.2.

Core figures	Number	Percentage
Care plans prepared	1,477	100%
Care plans prepared within 28 days	1,462	99%
Care plans that took longer than 28 days to prepare	15	1%

Table 4.2.2 Core figures for care plans

The inflow of veterans with requests for care for whom a care plan has to be prepared amounts, on average, to 123 a month. There are peaks in applications made to the Veterans' Office; they often have to do with requests for services related to, for example, articles in veterans' magazines, such as 'Checkpoint'. Also, there is a larger than average number of applications in December and January (because of the holidays) and in June and July (because of the many remembrance ceremonies).

When it was formed, it was decided that the Veterans' Office would be evaluated one year after formation. The evaluation was completed in April 2016. The complete evaluation report was sent with this policy document to parliament. The evaluation relates primarily to the management of the Office and the way it operates. It does not deal with the entire chain of which the Office forms a part. The evaluation shows that users and employees of the Office, and the employees of cooperating parties have a positive view on the formation and functioning of the Office. Thanks to the Veterans' Office, access to care and services has in fact improved. There is now a single Office people can contact with their requests. The care coordination role means that the monitoring of the care process in respect of material and also non-material requests for help is better safeguarded. However, the collaboration between the Veterans' Office and cooperating parties requires attention. Some problem areas have been reported, one of which involves transfers from the Veterans' Office

to the *DCBMW* (and vice versa) outside office hours. Also, employees of the Veterans' Office and employees of cooperating parties are not clear about each other's tasks and responsibilities. Users of the Veterans' Office also report this lack of clarity. They also report that they would prefer procedure and associated agreements to do with turnaround and waiting times to be better communicated as part of management of expectations. Moreover, the increase in demand for care coordination has resulted in capacity problems within that section of the Veterans' Office.

The evaluation shows that the Veterans' Office has so far met expectations. At the same time, there is some room for improvement. In 2015 and 2016, the Ministry of Defence agreed to increases to deal with the capacity problems identified in the care coordination section. The Veterans' Institute has accepted the findings and is working on a plan to guarantee the functioning of the Office in the event of a further increase in the number of cases. The policy evaluation will deal with this further development of the Veterans' Office in more detail.

Baseline support

Baseline support is supplementary to the standard care provided. The Ministry of Defence is partly responsible for part of this support. It regards this network as important because it provides care and support that is close at hand and readily accessible. At the same time, the Ministry of Defence maintains a certain distance from the baseline support system. It cannot facilitate all forms of baseline support and many veterans (and their relatives) prefer to organise it independently.

Baseline support workers can assist veterans seeking help and, if necessary, show them where to find professional support. They can contribute to the well-being of veterans, pay special attention to immediate relatives, and form contacts with colleagues from the target group. The Veterans' Platform is responsible for the overall coordination of the baseline support provided for retired veterans and for dovetailing it with the professional assistance provided by the *LZV*. The Reinforcing Baseline Support for Veterans project, funded by the *vfonds* and implemented by the Veterans' Platform, was successfully completed at the end of 2015. The baseline support system for veterans, military war and service victims and their immediate relatives has been transferred to and safeguarded in the existing Veterans' Platform organisation.

On 5 November 2015, the Ministry of Defence concluded an agreement with the *vfonds* and the Veterans' Platform which also includes agreements on the funding of the baseline support system for the period between 1 January 2016 and 31 December 2018. During that period, the Ministry of Defence will contribute to organisational, training and usage costs. The *vfonds* will make an additional contribution to this form of support with meeting centres and by organising regional events.

One component of baseline support is a form of emergency accommodation. This involves a scheme operated within the Veterans' Platform where the request for care is not an acute one. The Veterans' Platform has an agreement with the Veterans' Office for the implementation of this scheme.

In 2015, the Veterans' Platform made contact with other organisations making use of a baseline support system, including the National Police, Air Traffic Control the Netherlands, KLM and Dutch Railways. This has enabled experiences to be shared and veterans working for those companies to be informed of the options offered by the baseline support helpers. The Veterans' Platform is also in contact with home front committees and organisations outside the Ministry of Defence which perform tasks for the government pertaining to social services. Such organisations work, for example, in the area of education, care and security. The Veterans' Platform intends to step up such contacts. This could include the targeted provision of baseline support leaflets and linking baseline support helpers up with community teams.

The structure and functioning of the baseline support system, regional baseline support activities and financing will be evaluated within the Veterans' Platform in 2018. National coverage of the network and the quality of the help provided will be topics dealt with in that evaluation.

Ministry of Defence Collegial Network

Baseline support for Ministry of Defence personnel is provided through the Ministry of Defence Collegial Network (*CND*). The national knowledge and advice centre for psycho-social care following disasters (the Impact Foundation) has published a psycho-social support guideline which is aimed

at preventing stress-related health problems and exits from the labour market. The Ministry of Defence has embraced this guideline and is using it within the *CND*.

The objective is for each section of the Ministry of Defence to have its own collegial network. The Royal Netherlands Military Constabulary's (*KMar*) and Royal Navy experiences of using collegial networks are currently being used during the Ministry of Defence-wide introduction.

The collegial network's task is to assist, monitor and carry out risk assessments for all Ministry of Defence personnel on active service who have been involved in a shocking event whilst on duty. These could be events in the Netherlands, or during a foreign mission. The purpose of this special form of HR care is to help those involved to cope with traumatic events and, where it is found that the coping process has come to a standstill, to help the person concerned seek and find professional help.

Veterans' Ombudsman

Since 28 June 2014, the National Ombudsman has also officially been the Veterans' Ombudsman. The Veterans' Ombudsman deals with veterans' complaints about government bodies and non-government bodies performing a task pertaining to veterans. The Veterans' Ombudsman advises the government and the Lower House. He may initiate investigations on his own initiative.

On 20 April this year, the Veterans' Ombudsman sent the Veterans' Ombudsman's 2015 annual report to the Lower House (Parliamentary paper 34 410 no. 3). The Ombudsman notes that the change in the veteran population is resulting in a change in the demand for care. He reports that 137 veterans contacted him in 2015, and that he published two open reports on individual complaints made by veterans in 2015. Both reports relate to the Ministry of Defence's conduct in respect of the requirements of due care, individual arrangements and reliability. In both reports the Veterans' Ombudsman made recommendations for improvements, and notes that all have been followed up.

The Veterans' Ombudsman highlights a few areas requiring attention in his report. They are dealt with below.

Dealing with complaints

The Veterans' Ombudsman notes a sharp rise in the number of complaints about the time the Ministry of Defence takes to deal with complaints. The Ministry of Defence acknowledges that the way in which complaints are handled could be improved. That is why a new complaints procedure entered into operation with effect from 2016.

Work and Income (Capacity for Work) Act [WIA] (PTSD protocol)

The backlog of cases of the Association of Dutch Military War and Service Victims have now been tackled and disposed of with the support of the Ministry of Defence. The evaluation should show whether and how the protocol needs amending. As stated in chapter 4 of this policy document, the evaluation of the *WIA* and PTSD protocol is ongoing.

After-care questionnaire for Afghanistan veterans

The Veterans' Ombudsman indicates that the response to the after-care questionnaire is worrisome. Chapter 3.3 describes how the Ministry of Defence is dealing with this now.

Increase in the number of legal proceedings

The recent increase in the number of legal proceedings mainly has to do with the claims of veterans who have received a Debt of Honour and are claiming additional compensation on top of that. As stated in chapter 4.3, the *CRvB*'s ruling of 14 December has resulted in the claims being examined further.

The implementation of the Full Compensation Scheme (*RVS*) has attracted particular attention. It is a new scheme which has now led to a positive outcome in a number of cases, but in other proceedings has resulted in discussions with the parties' representatives. In the near future, the Ministry of Defence will consider with the Veterans' Ombudsman whether there are any ways of accelerating the proceedings.

Discharge because of drug use

In 2015, the Veterans' Ombudsman asked for particular attention to be given to the way service personnel are dealt with after they have been found to have used drugs. In his annual report, he now emphasises that he is not as firmly opposed to the discharge criteria, but says the case-by-case principle should be applied.

The Ministry of Defence operates a strict drug policy which is essential for armed forces which need to be capable of immediate and unconditional deployment. A serviceman or servicewoman has (heavy) weapons at his or her disposal, has been trained to operate on missions and might be faced with life-threatening situations where difficult choices have to be made. Drugs are unacceptable here. However, there could be underlying reasons to explain why a person started using substances. Traumatic experiences during a mission are one example. In such circumstances, the Ministry of Defence always considers whether the person in question can be helped, which facilities he or she might benefit from, and whether the ground for discharge need be altered. A serviceman or servicewoman with a drug problem who reports to the Military Medical Service before being caught with drugs will be admitted onto a treatment course. He or she cannot be discharged during that treatment. In taking this course of action, the Ministry of Defence is taking account of the individual situation of the serviceman or servicewoman who has become involved with drugs.

The Ministry of Defence is examining options for placing a greater emphasis on individual aspects when drug misconduct is dealt with. Essential elements include identifying the care needed and the transfer of the serviceman or servicewoman concerned to the appropriate care agencies within and without the Ministry of Defence. In addition to involving the welfare service, the Ministry of Defence's medical service and the Spiritual Guidance Service, consideration is also being given to providing service personnel and commanding officers with information and advice. This topic will be included in the ongoing policy evaluation and the further elaboration of the Ministry of Defence's Care Policy. The starting-point that drugs and service personnel do not go together, and that drug use (or drug trafficking) will, in principle, lead to discharge remains the current policy.

National Care System for Veterans

The National Care System for Veterans (LZV) is a partnership of military and civilian care institutions which provides veterans and their relatives with a care pathway in the event of mission-related mental and psycho-social problems.

An important development last year is the reaching of a new 'LZV Agreement'. The 'LZV Agreement' was revised in 2015 because of the further developments in the veterans' care pathway in recent years. The contents of that agreement have been agreed with the LZV institutions and the RZO's recommendations have been included in the agreement. The 2015 'LZV Agreement' was signed by all LZV partners.

State of affairs regarding the LZV building blocks

The RZO evaluated the LZV in 2014. This resulted in the following LZV building blocks which required additional attention being named. The state of affairs is set out below.

Improvement of the organisational and business structure of the LZV

The position of the LZV organisation within the Ministry of Defence changed as from 1 January 2015. As a Special Organisational Unit (BOE), the day-to-day management of the LZV takes place within the Ministry of Defence Personnel & Organisation Division (DPOD). The repositioning is currently being evaluated to find out whether it has led to the intended improved manageability and improved efficiency of the LZV. This evaluation will be completed in autumn 2016.

Continuing to ensure adequate cost coverage by LZV partners of care and administrative activities

The allowance for administrative costs incurred by the care partners within the LZV has been laid down and set out in detail in the 2015 LZV Agreement and the LZV's budget. It will be implemented with effect from 1 January 2016.

Developing the LZV Quality Handbook

Agreements have been made within the LZV with respect to how the provision of care is implemented and recorded. Those agreements are laid down and described in the LZV Quality Handbook. This handbook is the subject of continuous evaluation and revision. A 'Routine Outcome Measurement' (ROM) methodology chain, a measuring tool to determine the effectiveness of the

care pathway is currently under development. Expectations are that a methodology will be developed in the course of 2016. We anticipate it entering into effect in 2017.

Introduction of an LZV-wide registration system

The LZV registration system is in operation. It is providing an insight into the case load and flow of veterans within the LZV care pathways. The details from the process reports are a key component of the 'dashboard' the LZV has developed. The introduction of the central registration system and the details that can be generated by it are enabling the RZO to perform its supervisory role more efficiently. The LZV produces an annual report on trends with the aid of this system.

The LZV's 2015-2018 long-term plan

In addition to the four building blocks mentioned earlier, the LZV presented a long-term plan (MJP) at the end of 2014. The following key points are described: to enhance the visibility of quality, develop the culture of collaboration as part of a chain, expand the programme and underline the position of the LZV. The present state of affairs as regards these key points is explained below.

Enhancing the visibility of quality

The second 'Consumer Quality Index for the Veteran Care Pathway' (CQIV) was implemented in 2015. The CQIV was developed by the RZO and the Trimbos Institute in order to measure the quality of the spiritual healthcare provided by the LZV. Expectations are that the results of this survey will be presented in mid-2016. In addition, in 2016, the LZV was the subject of an internal evaluation conducted by an independent assessor. The results will be available in mid-2016.

Developing a culture of collaboration as part of a chain

With the conclusion of the 2015 Agreement it was decided to apply the LZV management model with effect from 1 January 2016. This means that the LZV steering group will become responsible for collaboration at administrative and strategic level and will create framework conditions for the implementation of veteran care at affiliated institutions. The recently created Chain Management Team is responsible for translating the strategic policy into appropriate (chain) care and its implementation.

Expanding the LZV programme

The LZV is involved in the 'Sustainable Fitness for Deployment' programme operated within the Ministry of Defence. It has also launched a project where the number of veterans avoiding care is examined. The best way of defining that group is part of the project. The LZV aims to present a cohesive policy pertaining to veterans who avoid care in 2017.

A pilot programme pertaining to Unexplained Physical Symptoms (OLK) in retired veterans has also been launched and the Vi is conducting additional research into the specific care needs of female veterans. The results of the OLK pilot programme and the research into the care needs of female veterans could result in additional care modules being developed within the LZV.

General developments

The LZV plays an important role with regard to the provision of mental healthcare connected with the *Psychotrauma and stressor-related disorders* care standard being developed at the behest and under the auspices of the Mental Healthcare (GGZ) Quality Institute. Expectations are that this care standard will be ready in the autumn of 2017. As a supplement to the 'general' *Psychotrauma and stressor-related disorders* care standard an addendum in respect of Veterans' Care is being developed. This addendum will be complete in 2018.

Sustainable and cost-covering financing for the care provided to veterans

The Ministry of Defence is working on a solution to providing sustainable and cost-covering finance for the care provided to veterans with the Ministry of Health, Welfare and Sport and other parties. The Ministry of Defence is discussing with various parties the possibility of creating a group policy which takes into account the specific needs of veterans within the Healthcare Insurance Act (Zvw). The Lower House was informed of this in the letter of 20 April 2015 (Parliamentary paper 30139, no. 146).

Prompt Care and Waiting-Times Programme

The LZV launched the Prompt Care³ programme in April 2016. The provision of Prompt Care is an implicit part of the LZV's mission because it has to do with ensuring veterans receive readily accessible, high-quality, efficient and effective care. The guarantee of as short as possible waiting⁴ and access times⁵ before counselling and care or care components are received is part of this.

Within the Prompt Care programme the LZV is looking at ways of having a greater impact on quick access to care and improving its availability. The LZV is also currently expressly committed to providing readily accessible care with short waiting and access times. Several tools are already in place to facilitate Prompt Care. The programme aims at long-term improvements, including:

- An improved definition of the entire package of standard access times to care set by the LZV. It is proving difficult to fit the present standard times in with the partner institutions using the general TREEK standard⁶;
- Exploring options for entering into partnerships with other parties beyond the agreement partners. This would allow peaks to be dealt with, and clients with chronic problems could be assisted and provided with counselling after treatment;
- Farther-reaching control of chain-wide solutions, focusing on improvements that can be achieved at national level (rather than regional);
- Giving consideration to working on the basis of the full-time posting of service personnel to reinforce the civilian treatment capacity for veterans;
- Supplementing and reinforcing already existing bridging care with immediate effect;
- A more holistic approach by all parties involved in providing veterans, partners and family members with care and assistance services.

Specialist social work

As an LZV partner, *de Basis* Foundation provides specialist social work services for retired veterans. It was reported in the 2014-2015 Policy Document on Veterans that there was a rising demand (on balance, 70 files) for social work services. Demand has also risen recently. This is in part due to the further shift of secondary care to primary care and the further increase in the number of (younger) veterans presenting with complex requests for care. Those complex requests for care arise when a veteran experiences problems in several areas of his life. They can include a combination of relationship, family and financial problems. The subsidy granted to *de Basis* Foundation was increased for 2015 and 2016 to enable it to cope with the rise in demand for specialist social work. The *DCBMW* has also helped *de Basis* Foundation by providing counselling for more retired veterans. These measures are helping to achieve the goal of enabling the retired veteran to participate in social and economic life again.

Knowledge and Research

Since 2014, work has been carried out on stepping up scientific research concerning the quality of care within the LZV. This starts with greater collaboration between the LZV institutions. The frameworks for the research, based on three themes, are described in the LZV's research agenda for 2015-2018: theme 1) quality and effectiveness of treatments provided for veterans, theme 2) LZV care pathway; quality, effectiveness and care barriers, and theme 3) identification, prevention and home front partners. The LZV research agenda is an integral part of the 'Veterans' Research Agenda'. Three research proposals from this long-term plan have been through the research agenda process; two research proposals have received a positive assessment from the RZO's Research Programme Advisory Committee.

Civil-Military Care and Research Council (RZO)

The independent RZO supervises the care pathway of veterans using the LZV, promotes the desired specialisation of the agencies involved within the civil-military care system and encourages scientific research pertaining to disorders related to deployments. The RZO's structure allows it to examine the veterans' care system from a variety of perspectives. The RZO is also proactively establishing relationships with veterans and also their relatives, the LZV and the Ministry of Defence. The information generated by those relationships, together with the research results, is collated by the RZO, creating a nuanced picture of the various topics pertaining to veterans' care. On the basis of that picture, the RZO may decide to issue a formal recommendation. Since the publication of the previous policy document on veterans the RZO has published recommendation

³ Providing adequate, appropriate and high-quality counselling and/or care within the standard waiting and access times.

⁴ The waiting time for access to the care system (the time between registering with an institution and the first contact);

⁵ The time between the various stages or components of the care provided.

⁶ The target standard which shows within which period a patient should, in principle, be entitled to care.

no. 20 on the "National Care System for Veterans 2015" agreement. The Ministry of Defence is also consulting the *RZO* ever more frequently during the preliminary stage for informal advice pertaining to veterans' care. As a result, collaboration between the Ministry of Defence and the Council has been stepped up. The *RZO* realises that the following main themes have been elaborated and provide a framework for the recommendations; prevention and resilience; perceptions of veterans; ground-breaking developments in care; care and after-care for relatives/home front partners; appropriate care; an all-encompassing system for (international) research into deployment-related disorders. The themes are supplemented with themes arising from the evaluation of the veterans' policy.

In the previous reporting period the *RZO* concentrated on various topics. They are explained in more detail below.

Report on the RZO's activities in the period between July 2013 and July 2015

The report provides a complete overview of the *RZO*'s activities in the last two years. The report has been presented to the Lower House. It describes the ambitions for the upcoming period. The report shows how important the *RZO* is as a supervisor of veterans' care and its importance as adviser on matters pertaining to veterans' care and research into deployment-related problems.

Decree establishing the RZO

With the entry into effect of the Veterans' Act and the Veterans' Decree, the statutory basis of the *RZO* had to be revised. This resulted in an amendment to the decree establishing the *RZO*. While the new constituent act was being established, the *RZO* consulted with the Ministry of Defence on the relationship between the supervisory task, the advisory task and the power to give instructions. On the recommendation of the *RZO*, the power to give instructions was removed from the decree establishing the *RZO*. The *RZO* believes that it has sufficient tools at its disposal without that power to give instructions to perform the supervisory task effectively. The new decree establishing the *RZO* of 22 October 2015 was published in the Government Gazette of 12 November 2015.

Meeting of experts to discuss 'Deployment-related problems'

In February 2016, the *RZO* held a meeting of experts to discuss the ability of service personnel to withstand mentally-taxing work circumstances. The 'resilience' theme provides a basis for collaboration with other uniformed professions. This could include, for instance, joint scientific research concerning a healthy work environment and working together on fostering such an environment. The meeting of experts centred on prevention. In addition to prevention targeted at service personnel, the impact of external factors on the health of service personnel, such as the Ministry of Defence organisation and the social environment was also considered. Attempts were made to give an answer to the question as to how to improve the resilience of service personnel. The factors which the employer can influence are particularly important here.

It was stated during the meeting of experts that veterans are provided with a high level of care in the Netherlands, but that integrated research pertaining to veterans' care is an area requiring attention. The budget for research into deployment-related problems is limited. The Ministry of Defence is consulting the *RZO* on what kind of partnership could be established in the area of research.

Collaboration between the Ministry of Defence and the National Police

The collaboration between the Ministry of Defence and the National Police in the area of care and research is described briefly in the 2014-2015 Policy Document on Veterans. The Ministry of Defence and the Ministry of Security and Justice (National Police) consulted regularly last year. The letter from the Minister of Security and Justice of 4 February this year examines in depth the possibility of stepping up collaboration in respect of sustainable fitness for deployment, mental healthcare and research (Parliamentary paper 29 9628, no. 608). The Minister of Security and Justice plans to ask the *RZO* to advise him, based on experiences with the veteran care pathway system, on possible forms of supervision of mental healthcare for the Police, taking into account forms of supervision already in place within the police system.

RZO Policy Memorandum on Unexplained Physical Symptoms

With its Policy Memorandum on Unexplained Physical Symptoms, the *RZO* asked for attention to be given to the prevention and treatment of unexplained physical symptoms experienced by veterans. The 2014-2015 Policy Document on Veterans mentions that the *RZO* had advised the Ministry of Defence to allow retired veterans access to the Unexplained Physical Symptoms clinic set up within

the military healthcare system. At present, the programme is offered exclusively to military personnel in active service. In collaboration with the LZV, the expansion of the target group was explored further in 2015. That exploration resulted in the launch of a pilot pertaining to Unexplained Physical Symptoms for retired veterans which is being implemented at the Military Rehabilitation Centre (MRC). This pilot is set to run between September 2016 and July 2017. This pilot might result in a decision being made to offer this care module to retired veterans as it stands or to adjust the module's contents. A decision will be made in September on the recommendation to conduct epidemiological research into veterans experiencing Unexplained Physical Symptoms and to identify their care needs.

Academic book on veterans

Information and knowledge about veterans is fragmented. The RZO took the initiative and pooled it in an all-embracing handbook. It describes how the veteran community has developed since the First World War and provides an analysis of that development, compared with the international situation. This way, knowledge about veterans is collected, defined in objective terms, safeguarded and made more accessible. Publishing this collection is a way of expressing recognition of and appreciation for veterans. The Veterans' Platform, in collaboration with the Vi, is responsible for fleshing out the details. The aim is to publish the book in 2017.

Providing advice on research

An important area of development in the area of the Ministry of Defence's HR policy is 'Sustainable Fitness for Deployment'. Healthcare is moving from cure to care, to prevention and to consideration of lifestyle. It is important to consider from the outset ways of keeping service personnel in a good state of health for as long as possible. The Council plans to provide advice on promising lines of research and priorities in this research.

Chapter 5 describes the state of affairs as regards RZO recommendations given earlier in relation to scientific research.

Rehabilitation

The Aardenburg MRC is a rehabilitation centre certified for civil use whose primary care responsibility is to rehabilitate service personnel. The MRC also provides wounded service personnel, victims and veterans with after-care. After-care covers all the activities required after the primary rehabilitation phase to enable veterans to resume optimum enjoyment of social and economic life in the event of any relapse or complications.

In 2015, the MRC provided 1,112 service personnel in active service, 45% of whom were veterans, with rehabilitation care and occupational rehabilitation services. The MRC also provided ten retired veterans who were wounded during deployment with care. Since competitive sport has a substantial impact on fitness for deployment, perseverance and, above all, feelings of self-worth, the MRC offers a large group of active and retired veterans with an impairment the opportunity to attend training days to enable them to take part in sports activities at a competitive level. The MRC took on most of the (medical) coaching for the 2016 Invictus Games.

In 2015, the MRC was made responsible for accommodating the complete "Unexplained Physical Symptoms" clinic within the centre. The Unexplained Physical Symptoms clinic is a partnership between the MGGZ, the Central Military Hospital (CMH) and the MRC. The Unexplained Physical Symptoms clinic provides a treatment programme for service personnel on active duty who are struggling with health problems for which no clearly identifiable cause has been found. As described earlier, a pilot has been launched within the MRC in connection with the consideration being given to offering the Unexplained Physical Symptoms programme to retired veterans.

Reintegration

As a knowledge centre and executive agency the Reintegration Service Centre (DCR) has a central role in the implementation of the Ministry of Defence's reintegration policy. The DCR is responsible for providing support, counselling and specialist (policy-related) advice pertaining to reintegration. Nearly one-half of the total number of programmes concern veterans. The aim of the reintegration programme is to enable the veteran to return to his or her own job, take up an appropriate civilian position in his or her own branch of the Ministry of Defence, with another branch of the Ministry of Defence or outside the Ministry of Defence organisation.

Alongside the *DCR*, efforts to facilitate reintegration are also being made within operational command units. This takes place in any event for the first six months of the reintegration programme, but can last longer.

Clients receiving counselling at the Reintegration Service Centre (as at 01 January 2016)	Total	Total number of veterans	Total number of accidents in the line of duty or work-related accidents
Total number receiving <i>DCR</i> counselling	1,081	479	154
Total number in active service and receiving counselling	790	383	145
Total number who have left the service and are receiving counselling	291	96	9

Table 4.2.3 (source *DCR* 2016)

As at 1 January 2016, the *DCR* is providing a total of 1,081 clients with counselling. In 2015, 1,245 clients were registered and 424 rehabilitation programmes were completed. On balance, in 2015 there was an increase represented by 74 clients seeking reintegration and receiving counselling at the *DCR*. They include service personnel and also civilian staff, with 790 clients still being in active service with the Ministry of Defence. As a self-insurer (*ERD*), the Ministry of Defence has a duty of care as regards reintegration towards its employees who have not been successfully reintegrated by the end of their appointment. As a result, the *DCR* is also providing 291 retired clients with counselling, and will do so for a maximum of 10 years.

In 2015, the *DCR* successfully acted as intermediary in finding an appropriate job for clients seeking reintegration in 60% of all programmes completed. Of the total number of clients at the *DCR*, 45% have veteran status. Of the 479 veterans receiving counselling from the *DCR*, more than 30% have a service-related disorder which arose in special circumstances. Those 145 military war and service victims have what is known as article-4 status⁷. The results pertaining to the reintegration of that group can be summarised as follows.

Results of the reintegration of military war and service victims in 2015

Successfully returned to own job: 5

Successfully returned to a job within the Ministry of Defence: 10

Successfully returned to a job outside the Ministry of Defence: 10

Job-related early retirement: 1

Discharged at own request: 1

Suspension: 1

Dispensation: 1

Transfer to the ABP [General Pension Fund for Public Employees]: 19

Figure 4.2.1 (source *DCR* 2016)

In 2015, 48 reintegration programmes for military war and service victims were completed, 25% of which were successful. Five servicemen or servicewomen were successfully reintegrated into their own jobs, ten to a job within the Ministry of Defence and ten to a job outside the Ministry of Defence. In total, nineteen military war and service victims were transferred to the ABP, where a care coordinator was assigned to them for further counselling. In addition, in some cases the reintegration programme was terminated because of job-related early retirement (one person), discharge at own request (one person), suspension (one person) and dispensation (one person) (see figure 4.2.1).

4.3 Material care and schemes

⁷ Accident in the line of duty in exceptional or comparable circumstances (see official report of an accident and medical matters provision).

Income scheme for veterans

The income scheme for veterans officially entered into effect on 28 June 2014. A readily accessible scheme was chosen. The application process for a military invalidity pension (MIP) also starts simultaneously with an application. A total of EUR 199,000 was spent on the income scheme in 2015.

The aim of the scheme is to ensure a payment of the benefit within four weeks of the application. There are cases where the conditions of the scheme are not met, but the provision of financial assistance to the veteran is nevertheless desirable or appropriate. In such a case, as a minimum, a material arrangement of equal value will be made. This way, a financial solution is found each year for (approximately) 40 files.

Military Pensions Framework Act

A serviceman or servicewoman who has been injured in exceptional circumstances (war, crisis management operations or exercises) and is at least 10% disabled can claim an MIP after his or her discharge. The amount of that pension is equal to the invalidity percentage times the last pay. Table 4.5 in annex 4 contains an overview of the financial amounts involved in the benefits and provisions under the Military Pensions Framework Act.

The aim of the schemes under the Military Pensions Framework Act is to compensate financially a serviceman or servicewoman with an employment-related disorder and to provide him or her with a basic income. In 2015, the General Pension Fund for Public Employees granted 143 new applications for a MIP. A total of 5,429 former service personnel were entitled to an MIP at the end of 2015. This is an increase of 73 compared with 2014. The total spend on invalidity pensions in 2015 amounts to EUR 66.9 million.

In addition to an MIP, a serviceman or servicewoman is also entitled to a special invalidity increment (*BIV*) to compensate for non-material damage, special provisions (such as travel allowances), special medical costs and other special costs.

Scheme implementing Full Compensation

The Scheme implementing Full Compensation (*UVS*) was adopted in 2014. The scheme is intended to provide compensation for all other damage (following a set-off of the MIP and benefits received) a veteran or service victim has suffered because of an accident in the line of duty. This mainly involves loss of income which is calculated according to the criteria provided for in the General Civil Code. This scheme means there is no need for legal proceedings concerning liability and enables the Ministry of Defence proactively to provide material care.

Implementing provisions were established in autumn 2014 in consultation with the public service federations. A special team from the Legal Services Service Centre is responsible for implementing the scheme. Consultation between the veteran's representative and the Ministry of Defence takes place there to enable the residual damage resulting from an accident in the line of duty to be determined jointly. The procedure provides for a recommendation to be given by a committee comprising a representative of the unions and of the Ministry of Defence if no agreement is reached. The *ABP* will take care of the financial settlement, working closely with the *ABP* care office's care coordinator. In 2015, EUR 616,000 was paid to military war and service victims within the full compensation scheme.

Since the *UVS* has been in place, the Legal Services Service Centre has received 97 requests for full compensation based on the *UVS*. Settlement agreements have since been concluded in eight proceedings. Eighty-nine proceedings are still being dealt with. In 39 of those cases, sufficient light has now been shed on the various damage items that, in consultation with the serviceman or servicewoman involved, advance payments of the compensation ultimately to be paid have been made. A further 43 cases are awaiting the first damage statement, which should be drawn up by the veteran's representative.

Debt of Honour scheme

The Debt of Honour scheme was launched in 2012 and its purpose was to give recognition to the veterans who left the service before 1 January 2007 and had an employment-related disorder by making a one-off payment. Since the introduction of the scheme, 2,369 veterans have been granted debt of honour payments. A total of EUR 233.5 million (EUR 135 million with no final levy) has been spent on this. On 12 December 2015, 33 veterans were yet to be in a stabilised

condition. They do, however, meet the conditions entitling them to the debt of honour. When those veterans have attained a stabilised condition, the scheme will be finalised.

Notices of objection and appeal cases of the Federation of Dutch Military War and Service Victims (BNMO)

Further to the supplementary Veterans' policy document consultations of 2013 it was announced that ways of tackling the large number of objection cases lodged against the PTSD protocol would be examined in consultation with the *BNMO*. As has been stated, the backlog has been eliminated with the support of the Ministry of Defence. At present, the *ABP* is dealing with objection cases.

Damage claims

On 14 December this year, the *CRvB* held the Ministry of Justice liable for the damage suffered by a serviceman deployed to Lebanon. The Ministry of Defence is currently discussing with veterans' representatives claims which show similarities with the cases on which the *CRvB* has ruled, starting with the cases before the courts now.

Evaluation of the PTSD protocol

The evaluation of the PTSD protocol began in early 2015. The evaluation of the PTSD protocol is intended to answer existing questions about the protocol and increase acceptance of it. Dissatisfaction with the protocol and the examinations are giving rise to many objection and appeal proceedings which are hampering the recovery of veterans. The evaluation is being directed by an evaluation committee on which, in addition to the Ministry of Defence, trade unions and some experts have a seat. Expectations are that the evaluation will be completed this year.

The survey is now fully underway. The survey questionnaire concerning the use of the PTSD protocol and people's experiences of using it was presented to the stakeholders and respondents (insurance companies' medical advisers, practitioners, care coordinators, case managers, clients' representatives and pension insurance authorities) at the end of November last year. The data collection process for the period between 2008 and 2015 has now been completed. The researchers are analysing those data in relation to the substantive evaluation of the assessment methodology currently applied. Expectations are that the results of the survey will be known at the end of 2016.

Veterans' Assistance Dog Project

Stichting KNGF Geleidehonden [KNGF Guide Dogs Foundation] and the *Stichting Hulphond Nederland* [Netherlands Assistance Dog Foundation] have for some years now been conducting research into the effects of the use of assistance dogs on the health and well-being of veterans. Partly through collaboration with a few universities, both foundations have built up relevant knowledge and experience. The Ministry of Defence is interested in this kind of research and therefore provided the KNGF Guide Dogs Foundation and the Netherlands Assistance Dog Foundation with one-off financial support in 2015. The Veterans' Institute will document the position as regards the research conducted by both foundations in the second half of 2016. Once the results are available, the Ministry of Defence will consider the possibility of providing financial support.

There is an option of applying for a contribution towards the costs of the veterans' assistance dog through the *ABP*.

4.4 Showing appreciation

A total of approximately EUR 112 was spent on special care for veterans in 2015.

The 'Veteran, how are you?' survey, commissioned by the *RZO*, shows that the position as regards veterans' well-being is generally good. Three-quarters of respondents give the mark 'satisfactory' or 'more than satisfactory' for well-being in the various areas of life and require support only to a limited or very limited extent. For a small proportion of veterans, deployment will result in problems. Some veterans find life difficult for a prolonged period of time.

Access to care and services has improved thanks to the creation and operation of the Veterans' Office. In addition, the *LZV* has developed into a fully-fledged, professional care system comprising cooperating civilian and military parties which provides sustainable and high-quality facilities on a coordinated basis. At present, the rising inflow of clients and concomitant increasing pressure on

the care system is a key area requiring attention. The *LZV*'s long-term plan is evidence of the consideration given to continuous improvement of the quality of care provided.

The importance of baseline support is continuing to increase. That is why the baseline support system was stepped up and made more professional in 2015. Financial and organisational measures are in place to guarantee its continued existence in the years to come.

The first experiences of the *RVS* and the income scheme (*IV*) were acquired in 2015. The due diligence required when applying the *RVS* is resulting in procedures with a turnaround time of between four and twelve months. Owing to the absence of case-law and experience it is still too early to pass judgment. There is still relatively little practical experience as regards the income scheme. Both schemes feature in the policy evaluation.

5 Scientific research

5.1 General

The Ministry of Defence seeks to develop knowledge about veterans, the well-being of veterans and their relatives, and to enhance further veterans' health. One tool it can use is the veterans' care Research Agenda on which the *RZO* previously made a recommendation (*RZO* recommendation no. 18). The research agenda relates to matters to do with prevention, treatment and after-care of deployment-related health care issues experienced by veterans and their relatives. In addition to a recommendation on the structure and implementation of the research agenda, the *RZO* also made a recommendation on the care needs of female veterans (*RZO* recommendation no. 19). Paragraph 5.2 sets out the state of affairs as regards these recommendations.

5.2 *RZO* recommendations

RZO recommendation no. 18 "Setting up a Research Agenda and Deployment-related Problems"
The Research Agenda was elaborated upon further in respect of deployment-related problems in 2015. The research agenda comprises, among other things, a description of the research prospects in the medium-term. This relates to research questions to which the Ministry of Defence hopes to have answers in the next few years. The research agenda also provides a list of ongoing surveys which are financed by the Ministry of Defence or carried out on the basis of information provided by the Ministry of Defence. The agenda also provides an overview of research proposals submitted or new research topics. The agenda was published on a Ministry of Defence internet page. The *Vi* publishes an up-to-date research guide every year.

RZO recommendation no. 19 "Care needs of female veterans"
In *RZO* recommendation no. 19 the *RZO* recommends initiating scientific research into the care needs of female veterans. In 2015, the *Vi* started a three-phase survey into those care needs. The first two phases are of an exploratory nature and are reaching a stage of completion. A literature study and document analysis was carried out in phase 1. A questionnaire, in part based on the literature study and document analysis, was prepared and conducted among 1,760 female veterans in phase 2. This questionnaire deals not only with the subject of 'care needs', but also covers other experiences, needs and opinions of female veterans. The questionnaire was also conducted among 1,760 male veterans by means of a random sample to enable a comparison of the results (between male and female veterans).

Expectations are that the full results of phases 1 and 2 of the survey will be available in mid-2016; the initial results of the survey are available (see, among others, page 3 "Veterans Core Data for 2015" of this policy document). In phase 3, the *Vi*, in collaboration with *LZV* partners, will examine the medical files of female veterans who are receiving, or have received, care at an *LZV* institution. At present, ways of implementing that survey, taking into account the applicable legislation concerning the privacy of the female veterans involved, are being explored. Once the 'Veterans' Research Agenda' assessment procedure has been completed, the *Vi* will discuss with female veterans their care needs and how those needs can be met in various focus group sessions held in phase 3. Expectations are that phase 3 will be completed in mid-2017. Phases 1, 2 and 3 will provide a picture of the care needs of female veterans and the way those care needs can be met.

5.3 Surveys

A few surveys were completed in 2015. The following list shows the completed (scientific) research projects and those that are still ongoing.

Veteran, how are you?

The 'Veteran, how are you?' survey is a survey conducted among retired veterans to identify their care needs and experiences of care, their views on their health, awareness of the *LZV* and their experiences as regards care provided for partners and children in relation to their own situation. The organisations involved are the *RZO* (commissioning agency), the *Vi* and the Trimbos Institute.

The survey shows that the situation as regards veterans' well-being is generally good. Three-quarters of respondents give the mark 'satisfactory' or 'more than satisfactory' for well-being in the

various areas of life and require support only to a limited extent. This group reports little or no risk factors.

However, there is a small group of respondents (3%) which gives low marks for well-being, reports a host of risk factors, gives an 'unsatisfactory' mark in several areas of life and does need support. This group receives professional care.

Between the two groups is a third group of veterans (about 20% of participants in the survey) whose level of well-being is moderate and who are relatively more often in need of care. Not everyone in that group receives care.

Home front partners play a key role in preventing a care need from arising or setting a request for care in motion. At the same time, though, home front partners also need support and care themselves.

Finally, the survey shows that the most frequently reported risk factors are as follows: bad experiences during missions and upon return, social isolation, being single and/or unemployed. In response to the survey, the RZO recommended, among other things, monitoring the group of veterans with a medium-high risk profile and finding out whether the present care system adequately meets the needs of home front partners. The Ministry of Defence is considering the RZO's recommendations.

Risk factors and protective factors for potentially traumatising work experiences of service personnel and police officers

Jointly with the Netherlands Defence Academy, the Police Academy and the *Stichting Waardering Erkenning Politie* [Police Appreciation and Recognition Foundation], the Vi conducted research, based on a literature study, into the risk and protective factors for potentially traumatising work experiences of service personnel and police officers. This research was started in mid-2014 and completed at the end of 2015. The research shows that mental resilience, team performance, line managers' performance, the internal organisation and the psychological aspects of the work are the key themes requiring attention within the Ministry of Defence organisation and the police organisation. The report concludes that both organisations take account of those themes in their study and training programmes, albeit with varying levels of intensity. The report provides a basis for the exchange of knowledge and experience between both organisations. On 13 November 2015 a meeting of experts was held at the Netherlands Defence Academy where participants from the Ministry of Defence and the police organisation discussed the research results.

Battle Field Casualties NL (BFC-NL)

This is a study concerning veterans with war wounds sustained during deployment to Afghanistan. This study is a collaboration between mainly surgical specialists, experts in rehabilitation medicine and psychiatric specialists from the *CMH*, the *MRC*, the *MGGZ* and partner hospitals. The study focused on all Dutch service personnel who were wounded in Afghanistan and repatriated in the period between 1 August 2006 and 1 August 2010.

The care pathway for service personnel in the theatre of operations from the first medical intervention was examined. The survey concentrated in particular on the surgical trauma consequences, consequences in terms of rehabilitation medicine and psychological consequences of war wounds and the impact those wounds have on day-to-day functioning and quality of life. The study produced information about the impact of wounds within the group, and resulted in a large number of publications. The study was completed in March 2015 with an initial doctoral study. Work is being carried out on a scientific study for a second doctoral study aimed at the aspects pertaining to rehabilitation medicine relating to this group. Some additional studies are to follow, including into traumatology, facilities and services.

Research into suicide by the National Institute for Public Health and the Environment

The National Institute for Public Health and the Environment (*RIVM*) conducted a descriptive epidemiological study into suicide among veterans on active duty and retired veterans who were in service between 1 January 2004 and 31 December 2012. The study was completed in mid-2015 and resulted in a final report and executive summary. The final report and the government reaction were sent to Parliament on 19 October of this year (Parliamentary paper 30 139, no. 152).

Analysis shows that there are no indications that deployed (male) service personnel committed suicide more often than non-deployed service personnel or civilians in the period between 2004 and 2012. The number of deployed female veterans in the period between 2004 and 2012 was too small to be included in the analysis.

Military Research involving an Exploratory Study of Stress-related Factors connected with Deployment (PRISMO)

In collaboration with the University Medical Centre Utrecht, the Military Mental Healthcare Research Centre began a 10-year longitudinal study in 2005 in the Netherlands involving a group of more than 1,000 service personnel to identify health problems following deployment to Afghanistan (ISAF). The study, known as military research involving an exploratory study of stress-related factors connected with deployment (*PRISMO*) aims to increase knowledge of the prevalence of health problems related to deployment, in particular PTSD and the medical and biological factors which could help to understand and explain them. This study generated a great deal of knowledge about the prevalence of the symptoms, predictors, progress of PTSD, as well as biomarkers visible in the blood. In 2015, as part of this study, nine publications appeared in scientific journals and the results were shared at several international conferences and symposia. During this study and since contributions began to be made to it, four doctoral theses have been completed and one is at the preparatory stage. There is also collaboration in strategic alliances with various academic partners within the Netherlands and beyond (including the universities of Amsterdam, Maastricht, Nijmegen and San Diego), thus ensuring a high-quality scientific result. The Netherlands was one of the first countries to conduct this type of research, where biological material was collected prior to deployment. Various other countries are also now using this type of research. Data will continue to be collected for this study until 2018. Interviews are currently being conducted for the follow-up measurement in ten years' time.

The *PRISMO* study shows that various types of symptoms can develop after deployment, and that those symptoms can also first make themselves known five years after deployment. These are not only symptoms related to post-traumatic stress, but also symptoms of depression, fatigue and problems to do with controlling aggression. The study also shows that a variety of neurobiological and psychobiological characteristics (including before deployment) are present in veterans who develop symptoms. The analyses of genetic factors which contribute to the way in which the body deals with stress are a new feature.

Biological Effects of Traumatic Experiences, Treatment and Recovery (BETER)

This study was conducted by the *MGGZ*. It shows that the brains of veterans with PTSD work differently from those of veterans without PTSD. The *BETER* study resulted in six publications in scientific journals in 2015, and the results were shared at several international conferences. In January 2015 and January 2016 two doctoral theses were published as a result of this study. The study shows that neurobiological characteristics are present which can be used to predict the response to treatment. It is now clear that patients who do not recover after treatment have anatomical and functional abnormalities in the brain. Patients who do respond to treatment do not have those abnormalities. Additional research should indicate whether patients who do not respond well to treatment would benefit from new neuro-technological developments, such as brain stimulation.

Military Aggression Management Study (MARS)

Data from the *PRISMO* study show that a group of service personnel struggles with aggression management problems after deployment. Practitioners within the Military Mental Healthcare system also see patients with these symptoms. In addition to setting up aggression management courses, it was decided in 2012 to conduct a study concerning the symptoms. Little is known about the neurobiological and psychological background of these symptoms. The purpose of the *MARS* study is to gain a greater understanding of them. The study started in 2013. Fifty veterans with aggression management problems and fifty veterans without aggression management problems were recruited for the study. The data collection process is now complete and the initial analyses are taking place. The first publications will appear once that process is complete. Two doctoral theses are at the preparatory stage.

Chair prof. dr. kol-arts H.G.J.M. Vermetten

The chair at the University Medical Centre Leiden, in collaboration with *Stichting Arq* [Arq Foundation] is currently supervising a number of doctoral programmes. One of those programmes involves research into the use of a new psycho-therapeutic intervention for veterans with

treatment-resistant PTSD. With the knowledge acquired from the computer-assisted, interactive movement detection system, the Computer Assisted Rehabilitation Environment (CAREN), the Military Rehabilitation Centre has developed a method where the patient walking on a treadmill confronts himself with self-selected projected images from a deployment. This 'walk-and-talk' therapy is producing good results, in particular in respect of veterans who constantly avoid exposure and are challenged by this method to overcome that urge. Scientific research in collaboration with Centrum '45 was started in 2014 as part of this project. There is also collaboration with the armed forces of Canada, the United States, the United Kingdom and Israel.

A doctoral programme in respect of complex PTSD, a form of PTSD which does not respond well to standard treatment, was also started with Centrum '45 in 2014. This research aims at understanding the various elements of the complexity, whether it is an unpromising predictor for therapy, and whether specific factors can be identified which enable the condition to be distinguished from 'non-complex' PTSD. The research is also aimed at establishing whether the findings could be relevant to the treatment of other target groups (in addition to veterans) and also being better able to predict the effects of treatment.

The chair is the head of the Military Mental Healthcare research centre, where various research projects have been started and implemented, such as the aforementioned *PRISMO*, *BETER* and *MARS* projects. In addition, a military pharmacy doctoral programme is currently underway in collaboration with the UMC Utrecht, and doctoral programmes pertaining to the after-care questionnaire and sustainable fitness for deployment have also begun. There is also collaboration on a variety of projects pertaining to psycho-traumatology within a civil and military framework, such as the creation of the Information and Referral Centre (*IVC*) for surviving relatives of the MH17 disaster, and participation on NATO panels in the area of Human Factors and Medicine. Finally, the Ministry of Defence and *TNO* are supervising project programmes, e.g. in respect of 'Virtual Reality, Neuro Feedback and Resilience'. This area of application is being explored further and has resulted in collaboration with partners in Germany and the United States.

Care activities pertaining to Unexplained Physical Symptoms experienced by service personnel in active service are being continued. Since the advent of these care services, more than 150 patients have been screened at the Unexplained Physical Symptoms clinic. There were thirteen groups of patients who took part in the programme on a part-time basis for twelve weeks. The objective was to break through the somatic fixation that often occurs when Unexplained Physical Symptoms are experienced. This programme is aimed at encouraging patients to become physically active and to show them the futility of learned limitations. The programme was relocated from the *CMH* in 2015 to the Aardenburg *MRC* because of optimum facilities at that site. A pilot pertaining to Unexplained Physical Symptoms for retired veterans, which is to be implemented within the Military Rehabilitation Centre (*MRC*), is being launched in September.

'Critical investigation of the mechanisms at work in EMDR'

Jointly with the *MGGZ*, Prof. I. Engelhard and Mr A. Leer are conducting a 'Critical investigation of the mechanisms at work in EMDR'. During the investigation they will discover whether performing a challenging task when retrieving an aversive memory results in (1) a change in the significance of the memory or (2) a permanent loss of the details of the memory, and (3) whether the loss of useful details will result in undesired effects. The investigation contains a clinical validation study in which the findings are tested against a random sample of clients of the *MGGZ*. The results of this investigation will be directly applicable in the practical treatment of veterans with PTSD.