Doing Veterans Justice: Conversations with the Forgotten Fighters

by

Ross Carroll[I], Stuart Carroll[II] and Julien Rey[III]

Introduction

"In putting the needs of the Nation, The Army and others before their own, they forgo some of the rights enjoyed by those outside the Armed Forces. So, at the very least, British soldiers should always expect the Nation and their commanders to treat them fairly, to value and respect them as individuals, and to sustain and reward them and their families."[1]

This pronouncement appears on a UK Ministry of Defence (MOD) Army recruitment page in direct reference to the military covenant – the mutual commitment and agreement between the nation and the Armed Forces. Although not enshrined in official or statutory law, the military covenant is reinforced by custom and convention, and is an issue that has recently attracted increased political attention. Criticisms pertaining to government policy have accentuated the claim that the covenant has been badly broken, not least given the unique sacrifices service personnel in the British Armed Forces make on behalf of the nation and the widely acknowledged overstretch confronting the British military.

The same MOD webpage lists the core qualities required of individuals when serving in the Armed Forces. These include selfless commitment, courage, discipline, integrity, loyalty and respect from others.[1] Given that the military covenant should act as a form of reciprocal partnership between service personnel and their nation – particularly if the nation demands the above qualities – it must surely follow that the Armed Forces should

[I] Ross Carroll is a Public Policy Manager and qualified Medical Information Pharmacist.
[II] Stuart Carroll is a Senior Health Economist and Policy Analyst, and Chair of the Bow Group Health Policy Committee.
[III] Julien Rey is a Boston University undergraduate and Bow Group Intern.

expect the same qualities from their nation on discharge. However, there is growing evidence that with regards to the provision of healthcare – both physical and mental – veterans cannot readily rely on the appropriate levels of care needed to aid their proper reintegration into, and sustained participation in, civilian life.

Indeed, in September 2007 The Royal British Legion launched a campaign accusing the government of failing to meet its commitments as outlined in the covenant. The Legion highlighted the case of a 23 year old paratrooper, Lance Bomabrdier Ben Parkinson, who was severely injured in battle but was only awarded £152,150 despite suffering from injuries requiring care for the rest of his life.[3] To make this sense of injustice worse, it was concurrently reported that an Royal Air Force (RAF) typist who suffered a repetitive strain injury was rewarded £484,000 to cover her injuries.[4] Scott Garthley, a reservist who previously had a successful career as a banker before sustaining serious injuries in Iraq, told us: *"Serving my country has been worse than a personal credit crunch for me. I have lost 2 houses, 1 career and 1 relationship from it, and sustained more health problems than I can count."*[2]

The same Legion campaign also criticised the practice of treating soldiers in National Health Service (NHS) wards alongside civilian patients rather than in dedicated wards exclusively focused for returning service personnel.[3] More recently, Lance Corporal Johnson Beharry – the recipient of the prestigious Victoria Cross – denounced the state of mental healthcare for veterans as "disgraceful."[4], whilst the Falklands War veteran Simon Weston OBE, told us, *"This country is good at honouring its war dead as this costs little…it is not so great at honouring its war living."*[5]

Research Objectives

This research paper aims to build on those recent reports that have looked at the state of the military healthcare provided to veterans when discharged from active service. For the purposes of this research piece, we specifically focus on the provision of physical and mental healthcare, and other important social issues associated with societal reintegration.

Our research methods include personal communications and interviews with prominent veterans and advocacy groups so as to glean direct insight into the state of the care provided; and international comparisons to understand better how other countries provide the care for their war veterans. In addition to the provision of general healthcare to those recently being discharged, we have paid particular attention to veterans from the Falklands War. This is because of the political tendency to sometimes forget the veterans from past conflicts as contemporary wars (i.e. Iraq and Afghanistan) naturally feature more prominently in the public eye.

As part of our conclusions, we offer policy suggestions to help improve the provision of healthcare for war veterans and restore faith in the military covenant. We make no pretence that our recommendations constitute an extensive "solutions list", but instead are intended to raise awareness and provide food for thought. The issues are far too complex to comprehensively cover in a brief research paper of this kind. Moreover, we do not

profess to have all the answers to these difficult questions. To do so would be frankly disrespectful and offensive to those veterans who have served their country with excellence and distinction.

What Successive Governments Have Done

As a preface to the findings from our research, it is important to briefly highlight the recent history of the UK military healthcare system. It can be argued that successive governments have failed to adequately prioritise the importance of healthcare for veterans.

As a result of the 1994 Defence Cost Study, military hospitals were closed with service secondary care transferred to Military District Hospital Units. These were later called Ministry of Defence Hospital Units (MDHUs) and are located in geographically dispersed NHS hospitals. Since 2001, aeromedically evacuated casualties have been managed chiefly by the Royal Centre for Defence Medicine, which is based at the University Hospital Birmingham Foundation Trust (UHBFT), and in particular at Selly Oak Hospital. The last dedicated UK military hospital, the Royal Hospital Haslar, is scheduled to be sold off in 2009.

For policy to improve and address the issues of the present day, it is always important to learn lessons of the past and utilise the insights of experts. Many ex-service personnel have questioned Gordon Brown's commitment to the Armed Forces, not least during his 10 years at the Treasury.[5]

As part of our research, we spoke direct with Mr. Simon Weston OBE, who bravely served on RFA Sir Galahad in the Falklands War and who is a well-known commentator on issues affecting veterans. When asked if the government consults veterans and utilises their expertise, Mr. Weston told us: *"No, not really. There are too many people in the proverbial Ivory Towers in government who don't interact with the people they need to, to enable them to learn about these issues. They may go and speak to somebody on the street for 30 minutes and then go back to the Ivory Towers, but what does that achieve?"*[5]

However, Mr. Weston did strike a note of caution for the Conservative Party. Despite welcoming David Cameron's Military Covenant Committee (MCC) – something Mr. Weston was involved with – when asked if the Conservative Party is any more receptive to these issues, he stated: *"Well, the MCC report is published. It's good that they did this and the report is okay…you know, it's okay, but it's a bit light in areas…very light in some areas. It's still nowhere near sufficient however. The Tories won't commit themselves to too much of course as they will be held to it if they make government."* [5]

Whilst financial constraints – especially in current recessionary times – are a matter of inescapable reality for any administration, it is important that any prospective government remains engaged with the experts in this field, and focuses on the delivery of the healthcare services that veterans require. After all, serving one's country in the most

extreme and testing conditions must always transcend the relatively more functional confines of Treasury balance sheets.

Physical Health

In the UK, the two main medical centres that treat injured service personnel are the Military Managed Ward at Selly Oak, which is part of the University Hospital Birmingham Foundation Trust (UHBFT), and Headley Court in Surrey. Whilst the care at these centres is widely considered to be excellent[6], two facilities alone clearly cannot solve the healthcare needs of an entire veteran population estimated to be between 4 and 5 million people.[7, 8] Furthermore, the Royal Hospital Haslar – the very last UK Military Hospital – is set for closure in 2009.[9]

One obvious problem is the geographical location of these facilities. Service personnel are drawn from all corners of the UK. For example, a solider from Scotland may be treated in Selly Oak, but at huge distance from friends and family at a time when support is typically most needed. Another problem is the sheer volume of troops sustaining injuries. Given that the UK's active engagement in Iraq has only recently ended and the campaign in Afghanistan continues to intensify, the issue of volume is a pressing and sharp reality. Findings show that this has lead to some troops being treated in civilian NHS wards – a situation that has been described by some as sub-optimal and inappropriate.[10]

In recent years, Headley Court has also suffered from capacity problems. Disabled soldiers have had to use the local swimming pool in Leatherhead for rehabilitation sessions, yet have disgracefully been subjected to jeering and barbs by members of the public.[11] There has also been controversy that the cost of providing these facilities, along with the costs associated with accommodating servicemen's families whilst visiting veterans at Headley Court have been borne by charities such as Help for Heroes and The Royal British Legion.[12, 13]

Falklands hero Mr. Weston said: *"Specific healthcare services for veterans are needed as if you don't understand the patient and their problems fully, you can't effectively treat them. Frontline services in Selly Oak are great, fantastic. But you get 3-4 weeks in there and then off to your local NHS where people are treated as a clinical and not a moral priority, and where local services aren't designed for the same care that is needed by veterans."*[5]

Although Mr. Weston was clear to highlight his respect for the work NHS staff perform and praised their commitment, he also underlined that if healthcare workers have no experience of the physical and mental issues confronting war veterans it is difficult to adequately support and treat them. Mr. Weston further highlighted one example where a genuinely sympathetic NHS nurse suggested she *"understood what I was going through"* when he was recovering from extensive burns sustained in the Falklands conflict given her own clinical experience treating "similar cases" from road traffic accidents. Mr. Weston told us that *"the sympathy was genuine…but with the greatest of respect, sympathy only gets you so far. She could not have had any idea what I was going*

through…what I had seen and experienced is a world away from accidents – however tragic – that occur in civilian life."[5]

We also spoke direct with Iraq hero Scott Garthley. Mr Garthley's injuries, and subsequent struggles to secure acceptable healthcare treatment and pension rights after service in Iraq, have been well-documented. Commenting on the care he received, we were told: *"I was injured in March 2009 and was told I needed medical care for spinal injuries. A registrar at Selly Oak told me I needed 3 weeks bed rest and then I could go home. But there are only 6-8 beds at Selly Oak and they are usually prioritised for those with gunshot wounds. I was then told that there was no transport to take me home and at a later date had to travel in pain via the train to St. Thomas' Hospital in London."*[2]

Mr. Garthley concluded by telling us: *"I do not blame the NHS or the NHS staff…I really don't. But soldiers need to be treated in a separate dedicated system to mainstream NHS patient. I am beyond having an axe to grind. I simply want to highlight the truth. Today is different to where we were 6 years ago, and if the government policy had moved on I'd be the first to say it. But is it currently good enough? No. I personally have had 28 operations…numbers 29 and 30 are imminent, and all have been paid for privately."*[2]

Mr Garthley was not entitled to fast-track military care because he was a Territorial Army Reservist and not a full-time soldier. Research published in The Lancet has suggested reservist soldiers like Mr Garthley receive far less support and healthcare than full-time troops. [14]

Mr. Garthley view also resonated with what Mr Weston told us: *"The government says that the NHS is ready to deal with veterans problems. But the staff aren't used to dealing with these types of injuries and associated mental traumas, so how can they realistically relate to a soldier? Soldiers tend to let off steam with each other, or other military people – in Iraq the field nurses were throwing themselves over me when bombs were raining down. In the NHS, I was told to take my uniform off for fear of it causing offence to other patients."*[2]

One way the government has looked to mitigate the problems associated with the lack of military hospitals, and UK-wide dedicated military wards, is to offer priority care to veterans. Under this system, veterans are supposed to be prioritised over civilian NHS patients with equivalent clinical and health needs. The UK Veterans website describes how this system should function: *"Under long-standing arrangements, war pensioners in England, Scotland and Wales have been given priority NHS treatment for the conditions for which they receive a war pension, subject to clinical need. This provision has now been extended to all veterans where a person has a health problem* ***as result of their military service****. They no longer need first to have applied and become entitled to a war pension.*[15] This effectively allows veterans to "jump the queue" on any waiting list. [8, 9, 13] However, there have been a number of problems associated with this approach.

In early 2009, concern was expressed when it appeared that the government had no idea how many – if indeed any – veterans had received priority care. In answer to a

Parliamentary Question, the then Health Minister Ben Bradshaw MP said: *"The Department [of Health] does not collect information specific to veterans' access to the National Health Service, nor on how many receive priority treatment".*[16] Further to this, research undertaken by The British Legion, and subsequently presented by The Military Covenant Commission report, highlighted the following findings:

- Of those war pensioners who had sought NHS treatment for the condition for which they received a war pension, **78%** said they were **not** treated ahead of other non-emergency patients.
- **Only 3%** of these people remembered being asked by an NHS health professional if they were war pensioners.
- The survey also found that **76%** of those taking part were **not aware** that they are entitled to priority treatment.
- **71%** of GPs questioned **knew nothing** at all about the priority treatment policy.[12]

It seems incredible that so few veterans know so little about a system that is designed to compensate for a lack of dedicated military healthcare facilities and hospitals, and that the government is not monitoring in any way the implementation or outcomes of this system.

When speaking to us, Mr. Weston OBE voiced additional concerns about the veterans' priority care system. Mr. Weston said: *"This veterans' card will give priority on the NHS, but veterans at the least should already have had this after military hospitals closed."* Mr. Weston also questioned whether this system could actually work in reality given that a doctor is bound by the Hippocratic Oath and as such is not compelled to treat according to moral need: *"The Hippocratic oath doesn't work on moral need but on* ***clinical need*** *so can a veteran really go ahead of a civilian who is in greater need? No. Doctors – quite rightly – must treat on clinical need. And how easy is it to find two people, one civilian and one veteran, with the exact equivalent clinical need so that the decision to give priority treatment to the veteran can be fairly made? This card is a measly offering and a smokescreen to the core issues."*[5]

Summary – Physical Care

It is evident that the provision and delivery of physical healthcare to many ex-service personnel is insufficient and, in some cases, outright neglectful. Our findings accentuate dismay and discontent amongst the veterans we interviewed.

Indeed, the inadequacies defining the current system of healthcare are indicative of a flawed and failed policy approach. This is not least the case in terms of the current government's veterans' card priority scheme, which has proven to be ineffective and unworkable in practice. It is alarming that so few GPs were originally aware of the scheme and the government is seemingly doing next to nothing to monitor its progress and success.

The candid truth is that a civilian healthcare system such as the NHS is ill-equipped and ill-prepared to deal with the unspeakable horrors of armed conflict. Despite the best endeavours of NHS staff, most healthcare professionals have no experience or training to properly provide care to those returning from war. It is from this starting point that the goal of targeted military healthcare – whether within the NHS or completely separate from the public healthcare system – must be reached.

Mental Health

A second major element of the healthcare needs of returning war veterans is mental health. Physical injuries, bodily scars and torn limbs are all visible. However, this less visible healthcare need can often go unnoticed, yet can be just as debilitating.

In a sense, it sometimes appears as though mental health conditions suffered by members of the Armed Forces are thought of as a recent advancement in medical science. Conditions named and directly linked to recent conflicts – such as Gulf War Syndrome – can help to perpetuate this mindset. Yet this is nothing new. There is documentation of post-traumatic stress disorder (PTSD) in medical literature from the American Civil War (a similar disorder was called "Da Costa's Syndrome"). Soldiers who developed PTSD were said to have "soldier's heart" or "nostalgia." The first to "specifically diagnose mental disease as a result of war stress and try to treat it" were the Russians during the Russo-Japanese War in 1904-1905.[17] As such, there has been a growing knowledge of mental health conditions associated with armed conflict for centuries.

As of 31st March 2007, there were approximately 11,500 people in receipt of a War Pension that related entirely or partially to a mental health condition. There were 2,200 people receiving a War Pension solely for a mental health condition, which equated to a 20% or higher level of disability. Of the total number of people receiving a War Pension (174,000), around 6.6% of them have a mental health condition.[6]

Furthermore, ongoing research has identified an increase in psychological symptoms and problems at home – during and after deployment – among personnel who have been deployed for 13 months or more in a given three year period. There is also a link between deployment time, increased alcohol intake and mental healthcare issues.[6] It has been reported that of those service personnel deployed for 13 months or more, on average 5.2% develop PTSD, 21.8% develop psychological distress disorders, and 23.9% develop severe alcohol-related problems.[18]

In a large-scale study, 88% of men and 79% of women with PTSD met criteria for another psychiatric disorder. The co-occurring disorders most prevalent for men with PTSD were alcohol abuse or dependence (51.9%), major depressive episodes (47.9%), conduct disorders (43.3%), and drug abuse and dependence (34.5%). The disorders most frequently afflicting female personnel with PTSD were major depressive disorders (48.5%), simple phobias (29%), social phobias (28.4%), and alcohol abuse/dependence (27.9%).[19]

It is clear from these figures that a major welfare and healthcare issue exists regarding veteran mental health. This becomes ever more complicated when considering how long on average it takes the average veteran to go from discharge to a treatment centre; something Combat Stress reports to be 14 years.[20]

The Psychiatrist's Insight

During our research, we spoke direct with Surgeon Captain Morgan O'Connell F.R.C.Psych, a fellow of the Royal College of Psychiatrists who has served with the British Armed Forces. Surgeon Captain O'Connell suggested that the NHS is **not** ideal with regards to treating veteran mental health issues. We were told, *"We are perhaps too far down the line to return to full dedicated military hospitals, but the NHS is overburdened regarding psychiatry…the NHS staff work hard, but they can't give the time needed to veterans, and it is time that is needed…it is not the best place to deal with mental health in this [military] context."*[21]

Instead, Surgeon Captain O'Connell suggested a system of veteran priority access clinics where veterans are referred as a matter of right rather than as a person in a queue. These clinics could be run by active service personnel in conjunction with healthcare professionals who are specialised in, and exposed to, the realities of military combat. However, Surgeon Captain O'Connell noted that the government would have to *"put its hand in its pockets to pay for this."*[21]

Surgeon Captain O'Connell also highlighted another highly important issue concerning the current conflict in Afghanistan: *"The time off between tours of duty is low; there is a very high turnover. Post Tour Operation Leave (PTOL) is what guys should get but a small percentage actually get what they should. This is really important as it forms part of the recovery process."*[21] In addition, Surgeon Captain O'Connell augmented some of our findings by informing us that a large number of active service personnel and veterans are known to have problems with alcohol abuse.

The Veterans' Insight

Lance Corporal Johnson Beharry, the first living recipient of Britain's highest military distinction – the Victoria Cross – in more than two decades, recently called the state of mental health care for veterans *"disgraceful*".[4] As a soldier who has to live with constant pain, nightmares, mood swings and unexplained rages – five years after receiving a serious head wound – Lance Corporal Beharry described how he had to wait three hours in hospital to see an NHS doctor about his trauma. *"A lot of soldiers get discharged from the Army and have to be on the NHS for treatment. Having experienced it as a serving soldier, what it's like being on the NHS, I feel it's ridiculous because these ex-servicemen and women would not get that treatment they really need. What's going to happen to them?"*[4]

Further to this issue of mental health, we spoke with the former Royal Marine Mr. Colin Waite – co-founder of The Falklands Veterans Foundation who bravely served in the

Falklands on HMS Fearless. As someone who suffers with PTSD, we asked Mr. Waite what he considered to be the main healthcare issue for ex-service personnel and how the NHS is equipped to respond in kind. We were told, *"The main area of healthcare has to be the fact that the NHS is not geared up for the Forces mental attitude, and the fact we had the best military hospitals in the world and now have none; this has to be a major concern. Putting a Forces person into a general population healthcare system is a major concern as there is a loss of the moral and general support you need following injury on the battlefield. Is the NHS equipped to deal with this? Well, it is better than a first choice private company needing to balance its books, but it is far from ideal"*[22]

Mr. Scott Garthley told us that many active soldiers and veterans have problems with alcohol and drugs, and use substances to try to "shut themselves off" from the mental health issues. Indeed, Mr. Garthley also said that the PTSD screening process remains inadequate, especially for reservists, who tend to return to their families, and are less likely than regular troops to "let off steam" together and share experiences in a group situation. He also noted that the bureaucracy veterans have to work through in order secure their rights for things such as pensions, housing and healthcare is hugely over-complicated and onerous. This inevitably increases the stresses and strains placed on veterans.[2]

The 3rd Sector Insight

We also asked Jenny Priest – policy advisor on healthcare issues at The Royal British Legion – the same question. She commented, *"The main health issues for ex-service personnel at the current time are mental health and priority treatment…The challenge remains to convince veterans that they can be treated effectively within the NHS, as many are suspicious and have had negative experiences of the NHS in the past."*[23]

Indeed, it is extremely difficult to convince veterans to trust a system when the government itself is not properly or systematically monitoring the outcomes of priority access and ensuring key policy objectives are being met. It is hardly surprising that so few veterans have such little confidence in any such system.

Ms. Priest also referred to recommendations that The Royal British Legion made in April 2008 as part of their written response to the Command Paper, whilst mentioning that mental health pilots – something that The British Legion supports – are a good opportunity to find out what approaches work best for ex-service personnel.

Similar to the lack of awareness regarding the priority access scheme, a further problem concerns the general level of ignorance amongst NHS doctors about the current schemes and policies. The Military Covenant Commission, launched by David Cameron MP on 4th March 2008, reported evidence from The Royal British Legion that suggested 84% of GPs were unaware of the Reservist Mental Health Programme as introduced by the government. [6,9]

Moreover, veterans who served in the Falklands War and subsequent operations are entitled to a mental health examination, which is mainly provided by St. Thomas' Hospital in London under the Mental Health Medical Assessment Programme (MAP). However, 71% of GPs knew nothing about this programme.[6,9] There is little use in having a service available, with all the associated cost, if it remains unknown to healthcare professionals and is underutilised.

Summary – Mental Healthcare

Mental health clearly represents the missing piece of the jigsaw when considering the provision of healthcare to veterans. Although less easy to diagnose and treat relative to physical illness and injury, mental disorders are known to afflict a significant proportion of returning personnel. This has obvious consequences in terms of de-militarisation and reintegration back into society. Targeting this invisible menace should therefore be at the vanguard of any support system for veterans.

Our findings highlight a system that is unresponsive to the healthcare and social needs of veterans. Similar to the provision of physical care, it is clear that the NHS is ill-suited to deal with the psychiatric and mental health needs of ex-service personnel. NHS psychiatry services are naturally geared towards meeting the needs of civilian society rather than soldiers returning from the crucible of armed conflict.

Furthermore, the symptoms associated with the psychiatric disorders resulting from active service often do not present until many years down the line. It is therefore essential that the health and general well-being of ex-service personnel is tracked over a period of time. Support groups, community projects and sustained follow up are seminal in this regard. It is also has to be remembered that mental illness is less likely to be self-diagnosed or seen to be a problem by the person afflicted. To that extent, it is the responsibility of the government to provide avuncular and consistent support to veterans over time, and thereby ensure "no man is left behind".

The Missing Link – Social Issues

Homelessness and disproportionate levels of imprisonment are important issues that service personnel appear susceptible to when leaving the military. [6,24] There is a strong body of evidence suggesting that mental illness is associated with high levels of homelessness and, if mental health issues are not addressed, individuals may find it difficult to sustain relationships, hold down stable jobs and properly reintegrate back into society. [25,26, 27] Just as worryingly, there is also evidence that leaving the Armed Forces is directly associated with problems allied to social exclusion such as alcoholism, unemployment, martial breakdown and poverty.

Homelessness

Figures vary on the levels of homelessness amongst veterans. However, an estimated 6% of London's current non-statutory ('single') population has served in the Armed Forces,

equating to 1,100 people, which is down from 22% in 1997. Similar findings estimate that approximately 2,500 ex-service personnel in statutorily homeless families are living in London on any given night.[28]

However, it appears as if these figures form a far from comprehensive picture, and are evidently London focused. As part of our research, we spoke with Shelter (who referred us to the above study and statistics) and indicated that they have no further figures beyond these. With regards to homelessness statistics published by the government, Tristan Carylon of Shelter stated, "*The [figures] are far from being comprehensive. For example, looking at the government data returns for 2008, the number of households accepted as homeless (i.e. where their Local Authority has accepted a duty to re-house) in England during 2008, and where the reason for the loss of their last settled accommodation was leaving HM Forces, was 173. This does not include households where no duty was accepted by their Local Authority to re-house them, or where they may have secured accommodation on leaving the Forces, which was subsequently lost for whatever reason."* [29] It was also noted that some ex-service households fit into "different priority" categories – such as having dependant children – and thus do not show up in these statistics. Equally, these figures fail to include people who have not approached their local authorities for help.

We also asked The British Legion for their insight on this topic. Ms. Jenny Priest told us, *"There are no confirmed statistics on how many ex-service personnel become homeless…..We do not have any UK-wide figures."* [23] Mr. Colin Waite of the Falklands Veteran's Foundation informed us that, *"No study has been accurately taken and nor could it be without massive funding along with access to MOD files and a national database."* [22] Mr. Simon Weston questioned whether the 6% figure was in any way accurate, and suggested the figure is likely to be much higher in reality.[5] Mr Scott Garthley also queried this figure suggesting that if mental healthcare for veterans was adequate disproportionate numbers of ex-service personnel would not find themselves homeless.[2]

From our research, it would seem that there is no accurate figure, or complete insight, regarding the real number of homeless veterans. As an urgent public priority – not least given the extensive number of British service personnel serving in Iraq, Afghanistan and other places right across the globe – a thorough assessment of homelessness amongst veterans is needed to better understand the extent of the problem and to understand how to prevent service personnel from slipping through the social net when returning home from armed conflict.

Imprisonment

At the end of 2008, a number of reports surfaced linking disproportionate levels of ex-service personnel to the criminal justice system and subsequent custodial sentences. Published research undertaken by The National Association of Probation Officers (NAPO) found that more than 8,000 veterans are currently behind bars, with many having recently served in Iraq and Afghanistan. This equates to around 1 in 11 of the

overall prison population. The same report went on to suggest that around 24,000 veterans are either in jail, on parole, or serving community punishment orders pending possible incarceration.[30]

These findings highlight the difficulty which many former soldiers face in transitioning and reintegrating back into normal civilian life. The NAPO has called on the government to do more to tackle mental health problems for those who have fought in war zone conflicts, [30] whilst Elfyn Llwyd MP – leader of Plaid Cymru – told fellow MPs that an estimated 4,000 ex-service personnel were serving community punishments for drug dealing, robbery and sexual offences.[31]

Surgeon Captain Morgan O'Connell told us that around 1985/1986 – in the aftermath of the Falklands War – patients began to present with PTSD. This led to the first PTSD programme then to be set up at Haslar. A proportion of these patients were in prison (but also active and civilian ex-service personnel) and this led Surgeon Captain O'Connell to write to the Home Office asking for information, and whether statistics on veterans in prisons were being gathered. However, he was told that no statistics were being collected with the general attitude being *"why should we make a special case out of these people*". Surgeon Captain O'Connell told us that *"the attitude in this country, until very recently, was if you have served your country, so what?"*[21]

Surgeon Captain O'Connell suggested to us that there should be a system of therapeutic communities within the prison system designed to help those veterans with mental health issues before leaving prison. This would clearly improve the chances of proper reintegration back into society. We were told: *"Soldiers are different in a way to other prisoners in that before prison, they have been through a selection process requiring discipline and commitment…they haven't always offended for the sake of it and have a discipline to stick with something, in this case a therapeutic rehabilitation system. You could trial this and be hugely selective in this – there is no problem being selective – and run this as a trial system for 3 to 5 years and then expand if successful. The reason why this hasn't occurred isn't a cash thing either as it would be taking money from one budget to another – it is an attitude thing. I have no other conclusion to draw."*[21]

Echoing this form of solution is "Locked up Potential: A strategy for reforming prisons and rehabilitating prisoners", a recent policy report chaired by Jonathan Aitken and published in March 2009 by The Centre for Social Justice. This report agrees with Surgeon Captain O'Connell's assertion that ex-service personnel prisoners should be considered a special category of prisoner, and suggests that the re-offending rates might be reduced by specialist tailored regimes of disciplined rehabilitation and practical training.[32] This report looked at the workings of the Military Corrective Training Centre in Colchester (MCTC), which provides corrective training for those servicemen and women sentenced to periods of detention from 14 days to 2 years.[33]

The MCTC is not a prison. It has extensive Military Training facilities and an Education Wing that includes trade training.[33] The Centre for Social Justice report highlights Surgeon Captain O'Connell's assertion that service personnel have undergone a level of

military training and are therefore more receptive to a regime of discipline and intense community, and draws attention to the fact that MCTC staff are highly trained military personnel seconded to the Centre for a specific period of time. It recommends that a proportion of ex-service personnel in prison could be more effectively rehabilitated by serving their sentences in specialist training establishments modelled on MCTC, with an initial pilot study conducted at MCTC.

On the issue of imprisonment, Mr. Simon Weston OBE told us: *"There are a huge amount of problems out there, but the problems are not being tackled due to a lack of knowledge…it's down to accounting. It's sometimes cheaper to bury your head in the sand."* Mr. Weston further explained that: *"There is clearly something hugely wrong looking at the prison figures…soldiers don't go from being brave, disciplined and honourable warriors who serve their country to criminals and bad people for nothing or no reason."*[5]

Summary – Social Issues

International Comparisons: What Do Other Countries Do?

It is evident that there are areas in which the UK system of healthcare for veterans needs to be improved. To draw on examples of best practice, we researched how other nations treat their veterans with respect to healthcare. Despite conducting an extensive literature review, we were unable to find any major comparative studies between the UK and other nations. This seems surprising given that in other areas of public policy it is routine to examine the successes and failures of other systems so that informed conclusions can be drawn. Mr Colin Waite, of the Falklands Veterans Foundation told us: *"I am not aware of any comparative international study…this would require a study to be paid for by the government."*

We therefore decided to ask a range of experts for their opinions on overseas healthcare systems and how they contrast with the UK. Based on these personal interviews, we specifically focused on the **US** and **Australian systems**. These are most appropriate given that they are developed Western nations that have both had, and continue to have, significant military involvement in the ongoing Iraq and Afghanistan conflicts.

1) Australian System

The Australian system is often held up as an example of excellence for the provision of care and other services to national war veterans. Indeed, within the Australian government there is a separate and designated department – The Department for Veterans' Affairs – which focuses purely on the needs of ex-service personnel and the provision of healthcare, pensions, housing, commemorations and community support. The Minister for Veterans' Affairs, the Hon Alan Griffin MP, currently oversees income support, compensation, healthcare, rehabilitation and training programmes for more than 400,000 veterans and their families. Importantly, the Department is directly accountable

to the Australian House of Representatives and is therefore subject to the rigours of parliamentary scrutiny and debate.

The Department is further split into operational boards and commissions, with each focusing on a specific aspect of veteran care.[IV] Although each board and commission takes its terms of reference from the Minister for Veterans' Affairs, operational independence and veteran representation are very strong. This ensures a clear veteran voice and appropriate emphasis for ensuring ex-service personnel receive the care and support required.

Indeed, Ms. Jenny Priest from The Royal British Legion told us that UK ex-service personnel often point to the Australian system and its veteran-specific hospitals.[23] Mr. Simon Weston OBE confirmed this assertion: "*Australia's system is better as it is a dedicated system tailored to veterans. They do have less Veterans, but having said that, if you are going to use soldiers, you have to provide for their needs on their return.*"[5]

Scott Garthley also told us that the Australian healthcare system for veterans is one of the best, and that after the world wars, France and Germany has done a lot to prioritise this area. Mr. Garthley commented, *"The UK is behind the pace…not just with mental health but all military healthcare."*[2] We were further told that *"…only in times of major defeat have other nations realised the need to provide dedicated military resources. For the US, this was Vietnam. For Australia, this was WWI. Does Britain need to suffer in the same way to recognise these lessons?"* [2]

2) US System

One system that is often accentuated as an important international example is the US. This is not least the case given America's expansive involvement in many global conflicts – both past and present.

Falklands Veteran Simon Weston added: *"The US spends money. Whether they have better quality of care or model is debatable but they spend money and ensure facilities are excellent. They have dedicated hospitals in Germany and Saudi Arabia and so on…Australia's system is also better as it is a dedicated system tailored to veterans. They do have less Veterans…but having said that, if you are going to use soldiers, you have to provide for their needs on their return.*"[5]

Surgeon Captain Morgan O'Connell told us *"The French have for generations put needs of their disabled and injured at top of social priority list; look at metro seating for example. The Australians have a wonderful system – they recognise that veterans have issues and they follow up on this. The US think they have a great system although its not great in reality, although at least there is a recognisable system in place. We (the UK)*

[IV] These include The Repatriation Commission, The Military Rehabilitation and Compensation Commission, The Office of Australian War Graves, The Australian War Memorial, The Veterans' Review Board, The Repatriation Medical Authority, The Specialist Medical Review Council, and The Veterans and Veterans Families Counselling Service.

don't have anything dedicated to veterans for mental health other than (the charity) Combat Stress which is over capacity."[21]

We also had direct contact with Dr. Werner von Rosenstiel – a doctor at the Bundesministerium der Verteidigung -on how the Germans follow up with veterans afflicted by mental health issues: *"People who were formerly deployed and do not have on-duty status any more are regularly contacted privately through the so-called 'Veteran Letter.' These exchanges inform veterans about possible symptoms of PTSD and also about contact sites for support if needs should arise."*[34]

Recommendations

Amid one of the severest economic recessions in history, it is important to acknowledge that any government now faces unparalleled economic challenges. Departmental budgets will have to be reviewed to take account of the "credit crunch" and the associated record levels of government borrowing and debt. However, we write these recommendations in line with what we believe is actually needed for veterans rather than what we believe could be provided based on shrinking public finances. If the government is to use the Armed Forces to pursue defence and foreign policy objectives, it must follow that the government should uphold its side of the covenant and provide the healthcare services needed for those who fight on our behalf and in our name.

It is **not** the purpose of this paper to propound comprehensive and fully detailed recommendations, but rather to accentuate those essential areas where the government could and should improve military healthcare. With this in mind, we propose the following policy recommendations.

1) Engagement and participation

- The government should look to actively **involve ex-service personnel** in policy formulation. Our research has found that many veterans and military doctors are willing to use their experience and expertise to help the government improve policy in this area, but often have their offers of help overlooked. It would seem impossible for politicians and civil servants to craft a responsive and focused policy in this area without input from those who have experienced and suffered the unique physical and mental injuries sustained during armed conflict.

2) The limits of a civilian healthcare system

- Our research indicates that despite the best endeavours of NHS staff, veterans need to be treated into dedicated military healthcare settings by healthcare professionals who are trained and have experience of combat injuries. Acknowledging the **limits of a civilian healthcare system** is therefore important.

- The government's priority care scheme for veterans has been shown to be **ineffective**. Many GPs and veterans are unaware of the scheme, whilst the government has admitted that it does not track the operational performance of the system. Replacing this scheme with targeted healthcare is therefore important.

- Ideally, **designated military hospitals** are the optimal solution despite the cost arguments cited against. However, we understand that it is unlikely there will be a return to this type of provision any time soon albeit such arrangements should be reviewed. As a bear minimum, the government should institute **assigned Armed Forces programmes** within the NHS earmarking appropriate care and facilities for the treatment of veterans. This is not least the case given the importance of treating veterans in an empathetic environment with fellow military personnel.

3) Skills and training

- The government should look to actively promote **secondments** for healthcare professionals from the NHS to active MOD operations to increase the pool of healthcare professionals trained and experienced in combat injuries. In addition, the government could consider promoting **"defence medicine" modules** in medical related degrees and professional training courses to ensure a minimum baseline understanding of such healthcare issues amongst mainstream NHS staff.

4) Existing arrangements

- Whilst healthcare and rehabilitation at Selly Oak is widely viewed as excellent, one dedicated military ward is not enough to deal with the number of troops seriously injured from the ongoing armed conflict in Afghanistan. Similar wards should be rolled out at across the UK to ensure that troops can be treated in a dedicated military facility close to where they live and their families and friends.

- Given the current pace and intensity of operations in Afghanistan, the government should **immediately review** the need to sell The Royal Hospital Haslar.

- Care and rehabilitation at Headley Court is also considered excellent. However, it is a stand alone facility based in Surrey. The possibility of **opening other centres** across the UK should be explored in order to cater for those troops based outside of the South of England.

- **Services support** for War Pensions and associated paperwork should be implemented in earnest. Many veterans find the current system unduly bureaucratic and confront difficulties completing the associated paperwork.

5) Learning lessons from other systems

- According to expert opinion, the **Australian system** is often held up as a positive example for the provision of veteran healthcare. We therefore recommend that the government commission a comparative study of overseas systems to better understand where improvements can be sought. We further recommend that a small but representative military healthcare board – comprising healthcare professionals trained and experienced in combat injuries – is set up to monitor the quality of care and provide a formal voice for veterans.

6) Funding and charitable support

- Whilst charities like Help for Heroes and The Royal British Legion perform exceptional work, we believe that many of the facilities required at Headley Court should not be reliant upon charitable funding. The government should pay for the **cost for care** needed for recovering service personnel, and make a significant contribution to covering the costs of accommodating the families of injured service personnel at Selly Oak and Headley Court.

7) Mental healthcare

- It is clear that there is a major issue regarding the provision of mental healthcare for veterans. If not properly treated, this can lead to social issues such as alcoholism and homelessness. The government should ensure that all ex-service personnel receive the **minimum** period of **Post Tour Operational Leave**, which is vital for the recovery process.

- The government should also trial **follow up programmes** to ensure mental health issues are addressed and veterans are properly supported when reintegrating back into society. This is particularly important given the long-term persistence of many observed syndromes

8) Connecting the missing link

- It is clear that there is a major problem with **social exclusion** amongst ex-service personnel. The government should ensure systems are in place – including **support groups** run by volunteer veterans and active service personnel – to recognise the possible triggers that can lead to these problems.

- A thorough **nationwide assessment** of **homelessness** amongst veterans is needed to better understand the extent of the problem and to understand how to prevent ex-service personnel from slipping through the social net when returning from armed conflict.

9) Social issues and crime

- A system of **therapeutic communities** within the prison system should be implemented. This could initially be piloted, and would be designed to help those veterans with mental health issues before leaving prison. This would help to improve the chances of proper reintegration back into society.

- A system of dedicated **veteran priority access clinics** should be piloted where veterans are referred in preference to mainstream NHS mental health facilities. These clinics could be run by active service personnel in conjunction with healthcare professionals who are specialised in, and exposed to, the realities of military combat.

- Reoffending rates of many prisoners might be reduced by specialist tailored regimes of disciplined rehabilitation and practical training by specialist staff outside of prison in facilities such as the Military Corrective Training Centre (MCTC). A proportion of ex-service personnel in prison could be more effectively rehabilitated by serving their sentences in specialist training establishments modelled on MCTC. Pilots should be rolled out immediately.

- Reservists tend to go back to their families immediately after active service. Support groups should be explored so that the families of ex-service personnel are more aware on the likely occurrence of mental health problems.

Concluding Thoughts

It is clear that there are significant and persistent problems associated with the policies intended to provide care to UK ex-service personnel and war veterans. Our research has unearthed significant policy failures in dealing with these important issues. The provision of physical and mental healthcare is patchy and increasingly provided within a civilian setting that is not designed to deal with the horrors of war and armed conflict. There is also perturbing evidence indicating that great numbers of ex-service personnel are falling prey to the traps of social exclusion and mainstream marginalisation. The most notable manifestations include destitution, alcoholism and drug addiction, and crime.

The importance of honouring and actively enforcing the military covenant can not, and should not, be underestimated. It is not only a moral obligation for any incumbent government to uphold, but also a practical imperative should the military have any reasonable chance of retaining personnel and attracting new recruits. This is particularly serious given the UK's extensive military commitments and responsibilities across the globe, and the recently declared problems pertaining to military overstretch.[35]

A central part of the military covenant is the provision of timely, appropriate and quality care to returning personnel and war veterans. This comprises both short-term and long-term care. Regrettably, our research paints a disturbing picture of neglect, policy failure and government letdown. This is particularly the case when considering long-term care. From all of the experts and veterans we interviewed, there is an overriding feeling that the current approach is failing and not enough is being done to ensure that those who put their lives on the line for their country receive the full support and care that they reasonably expect.

In the face of the severest economic recession in living memory, it is easy for any government to push this issue to one side and hide behind the parlous economic outlook. Although the "age of austerity" is now upon us and spending cuts are inevitable, providing care and support to those who fight for, and protect, our freedoms should constitute a unique priority for any government. Treasury budgets and public expenditure are important, but this is a moral issue that must not be neglected.

In politics, it is easy – and often tempting – to fire around the opprobrium of denunciation and the rhetoric of cosy platitude. This has absolutely no place in the forum of serious discussion about the UK's defence policy and how we ensure returning personnel are properly looked after. However, it is evident – and indeed fair to say – that the current state of affairs is unacceptable and brings little pride to a country that has always rightfully revered and honoured its Armed Forces.

We therefore ask the government to think again; for the newly appointed Defence Secretary, Bob Ainsworth MP, to immediately review the existing arrangements for providing veteran care; and for the Prime Minister to take a meaningful lead on this important issue.

We insist that the Conservative Party place this issue at the top of its list of priorities; for the Shadow Defence Secretary, Dr. Liam Fox MP, to keep holding the government to account; and for David Cameron to follow through with his unequivocal commitment to restore the military covenant and reform existing arrangements.

The stakes are high. The people involved are far too important. Nobody should ever forget that. Quite the contrary, it should always be remembered.

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