



## EUROMIL-WORKSHOP



# CHALLENGES OF EUROPEAN SOLDIERS IN THE FIELD THE HUMAN FACTOR IN MODERN MILITARY MISSIONS

Paris, 25 October 2007  
Recommendations and Summary

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## Introductory Remarks

The continuous mandate of EUROMIL, the European Organisation of Military Associations, is to promote the well-being of military personnel and their families.

The special value of this EUROMIL-workshop lies in the fact that delegates of 21 military associations and military trade unions from 17 European countries were entirely free in their exchange of experiences and views without having to observe any special considerations as set by official national positions or by a chain of command. The results of the workshop discussions as summarised in the preceding recommendations constitute thus the uncensored view of the European soldiers - the "human factor in international military missions".



Founded in 1972, the European Organisation of Military Associations is the umbrella organisation of 36 military associations and trade unions in Europe.

Together EUROMIL's member associations further the social and professional interests of about 500.000 Europeans in 24 countries, soldiers of all ranks and status groups and their families.



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# A. Recommendations of EUROMIL

## for multinational crisis-management and peace-keeping missions

### EUROMIL RECOMMENDS IN THE PRE-MISSION PHASE

- 1 To diminish national caveats and to increase common rules of engagement.
- 2 To increase common pre-deployment training of multinational troops to ease the cooperation of different national contingents on the ground.
- 3 To increase the length of pre-deployment training. The amount of new information poured upon soldiers during pre-deployment training is currently too big to be absorbed to a sufficient level.
- 4 To put in pre-mission training more focus on the knowledge of international law, on language skills and on cultural awareness training.

### DURING DEPLOYMENT

- 5 To put a priority on the personal combat equipment, logistic supply as well as on the armament of vehicles according to the theatre and the mission.
- 6 To emphasise adequate physical and psychological medical care before, during and after military operations. To promote the psychological stability of soldiers by peer support programmes.
- 7 To fully involve families of soldiers in all support and adaptation programmes in all deployment stages.

### AFTER DEPLOYMENT

- 8 To guarantee long term medical surveillance and treatment for returning soldiers and veterans. PTSD should be recognised as an occupational sickness of soldiers that have served in crisis-management missions.
- 9 To establish vocational and retraining schemes which facilitate the employment of veterans in the public administration or civilian labour market.
- 10 To establish employment schemes which permit seriously injured military personnel on request to be employed by the public administration.

## B. EUROMIL Workshop Summary

The workshop started with the introductory speech of Brigadier General Michael Finn, representative from the European Union Military Staff (EUMS). In his presentation Michael Finn highlighted the necessary standards of behaviour for soldiers acting under EU flag. He outlined also the forthcoming EU-led Chad mission and in particular the logistical challenges caused by the difficult terrain.



*BrigGen Michael Finn, Assistant Chief of Operations and Logistics, EUMS with the Spanish delegates*

The workshop was divided into three parts, which examined the three deployment phases: pre-mission, mission, post-mission. Each part was moderated by an officer from a different EUROMIL member association.

Soldiers from different European countries serve more and more in common operations. The experts from EUROMIL member associations thus demand that these troops should also train more with each other before deployment to guarantee a smooth cooperation between the different national contingents. It was also recommended to

increase the length of pre-deployment training. The amount of new information poured upon soldiers during pre-deployment training currently is seen as too big to be absorbed to a sufficient level by the individual soldiers. It was also recommended to include the peacekeepers' families fully into adaptation and support programmes.

Two cases of best practice were observed: first, the Netherlands recognizes PTSD as an occupational illness for peace-keeping veterans<sup>1</sup> and secondly, Germany has introduced a law which guarantees severely wounded veterans employment in the public administration<sup>2</sup>.

- 1 See for example *Notitie Veteranenbeleid 2007*, P2007016346, 8 June 2007 by the State Secretary of Defense to the Dutch Parliament.
- 2 See *Gesetz zur Regelung der Weiterverwendung nach Einsatzunfällen (Einsatz-Weiterverwendungsgesetz)*, *Bundesgesetzblatt 2007*, part I No 63 of 17 December 2007, p. 2861.

## C. The Course of the Workshop:

### discussion points and pinpoint concerns

EUROMIL held its autumn Presidium meeting in Paris on 25 and 26 October 2007. 70 delegated experts from 21 member associations participated at the workshop "Challenges of European Soldiers in the Field – The Human Factor in Modern Military Missions". The aim was to share experiences, gather common topics of concern, discuss solutions and formulate recommendations on the challenges that the increasing participation in international military missions cause to soldiers and their families.

The uniqueness of this workshop lies in the fact that delegates of 21 military associations and trade unions from 17 different European countries were free to exchange their experiences and views without having to observe any special considerations as set by an official national position or by a chain of command. The results of the workshop discussions as summarised in the preceding recommendations (see A) constitute thus the uncensored view of the European soldiers – the "human factor in international military missions".

The workshop was a thematic continuation of two EUROMIL expert working groups "Multinationality" and "New Veterans" which already in 2003 discussed common topics of concern, identified best-practice solutions and formulated recommendations.

#### I. Introduction by Brigadier General Michael Finn (EUMS)

In the introductory part of the workshop the representative of the European Union Military Staff (EUMS), Brigadier General Finn stressed the significant demands that European soldiers face in relation to exemplary behaviour and good conduct in international missions.

**"(...) the impeccable behaviour of soldiers has become more important than ever (...)"**

The expectations to maintain the highest standard of behaviour weigh heavily on each individual soldier. The "Generic Standards of Behaviour of ESDP operations"<sup>3</sup> are used for all ESDP missions and complement the legal obligations military personnel have to fulfil



3 Public document of the Council of the European Union of 18 May 2005: [http://www.europarl.europa.eu/meetdocs/2004\\_2009/documents/dv/behaviour\\_esdp\\_operations/behaviour\\_esdp\\_operations\\_en.pdf](http://www.europarl.europa.eu/meetdocs/2004_2009/documents/dv/behaviour_esdp_operations/behaviour_esdp_operations_en.pdf) [15 November 2007].



towards international law and the law of the contributing state. This document requires soldiers to adhere to principles as impartiality, personal integrity, discipline, loyalty, courage or respect for others. The aforementioned standards have, as Brigadier General Finn pointed out, a twofold purpose: one to guarantee appropriate relations with the local population in order to safeguard the credibility and authority of the operation in theatre. This is to be achieved by cultural awareness, respecting local customs and refraining from accepting items of value. Secondly, the adherence to standards follows another purpose namely to strengthen moral cohesion as the personnel of multinational forces are heterogeneous in nationality, ethnic, religious and cultural background. The dictum should be to treat other human beings with dignity and esteem, respecting also the rights of military personnel at all times. This involves the responsibilities of command on all levels, the necessity of fair and unbiased complaint and reporting mechanisms as well as disciplinary measures in case of criminal offences within the forces and, needless to say, in case of violations of

human rights, international humanitarian law or international criminal law. According to the EUMS representative disregard of the aforementioned standards could consequently endanger the effectiveness and integrity of the operating multinational force, in the worse case irreversibly.<sup>4</sup>

The challenges for soldiers in multinational missions have changed and have become more complex over the years with soldiers facing asymmetric warfare and delicate political situations in the Area of Operations. Furthermore, the impeccable behaviour of soldiers in the scenario has become more important than ever as the effectiveness and success of military missions might be affected by the increased publicity that internet and satellite communications bring.

## II. Pre-deployment phase

The first part of the three fold workshop focused on the pre-deployment phase, reaching from the day of deployment announcement to the departing day into the field.

This part's moderator Commandant Michael Geraghty (RACO, Ireland) picked up

**“Those who serve together should train together”**

4 An excellent and current example of the high-level importance of the aforementioned issues can be seen in the fact that the Initiating Military Directive (IMD) to the Operation Commander for “EUFOR Chad/ RCA” consists of these topics mentioning explicitly human rights and gender mainstreaming as well as the inclusion of guidance on standards of behaviour. In another paragraph it is stated to use the visibility of the force, use the attitude of the troops at all levels and conduct programs about cultural awareness and rules of behaviour to enhance local actors' confidence in the mission.

points which the participating EUROMIL-experts had already brought up during the introduction and emphasised also in his presentation the necessity to increase the common training of multinational contingents preparing for mission. "Those who serve together should train together" was demanded.<sup>5</sup> An increase of common training shall guarantee a smooth cooperation between the different national contingents which in return increases the safety of soldiers on the ground.

A need to increase training in cultural awareness and rules of behaviour was highlighted by Commandant Geraghty and the participating experts. Furthermore, the training on international law was a point of concern among the workshop participants as it remains the burden on soldiers at all levels of command and from all nations to respect and fulfil international rules and rights despite a possible increase of political or legal advisers in operations.



The experts from the EUROMIL member associations saw a clear need to improve the knowledge of the English language including commonly used abbreviations among European peace-keepers. Skills in the most frequently used operation language should

be achieved as set in the NATO STANAG 6666<sup>6</sup> well before the premission phase.

The participating experts saw also a need to increase the length of pre-deployment training. It was argued that the amount of new information poured upon soldiers during pre-deployment training is currently too big to be absorbed and mastered to a sufficient level.

**"(...) put a priority on protective equipment, logistic supply as well as on the armement of vehicles"**

The topic of physical and psychological care follows the soldiers and their families through all parts of the missions: The soldier's physical and psychological health are prerequisites for his military effectiveness. There was a clear and agreed necessity to develop a common minimum standard of medical treatment for all military personnel. In multinational operations this

applies naturally not only for the preparation phase of missions but also for the provision of adequate medical facilities in theatre. Furthermore, medical care encompasses on

5 Examples of good practice can be seen in the Nordic EU Battle Groups or permanent multinational Corps or Brigades. Compare also the recent study ordered by the European Parliament: The Battle Groups: Catalyst for a European Defence Policy by Dr. Yves Boyer: [www.europarl.europa.eu/.../2004\\_2009/documents/dv/studybattlegroupe381401\\_/study-battlegroupe381401\\_en.pdf](http://www.europarl.europa.eu/.../2004_2009/documents/dv/studybattlegroupe381401_/study-battlegroupe381401_en.pdf). [15 November 2007].

6 See for details: NATO Standardization Agency: <http://www.nato.int/docu/standard.htm#STANAG>. [15 November 2007].

one hand the medical care for the soldiers in the mission and on the other hand it must involve also the wider spectrum of support programmes, which are applied in the respective home country. The latter include family booklets as remedy guides for soldier and family as well as the establishment and enlargement of family liaison officers or family support centres.

The support network programmes offered to the participating military personnel should automatically include the relatives<sup>7</sup>.

Finally, anticipating the next workshop part the international experts discussed already in the “pre-mission”-module of the workshop the topics of personal protection and armament of vehicles used in the scenario. The standard of personal protective equipment and armament of vehicles affects the soldiers physically and mentally. Delegates demanded that political and military decision-makers put a priority on the personal protective equipment, logistic supply as well as on the armament of vehicles.

It was furthermore demanded either to harmonise the equipment or to provide the training in the use of unfamiliar equipment in the pre-deployment phase.<sup>8</sup>

7 It is custom in some countries to ask for the soldiers' explicit approval before including their family into support programmes. The EUROMIL-delegates emphasised that this inclusion should be carried out automatically.

8 Peace-keepers in Afghanistan had found themselves surprisingly in the situation to have to use vehicles provided by other nations. As every nation equips individually its vehicles, these soldiers had to operate (familiar) vehicles with (unfamiliar) equipment.



The participating experts emphasised the need to develop minimum standards of protection for all serving in the mission.

**“(...) develop on NATO-/EU- level common minimum standards of medical care”**

### III. Deployment phase

The moderator for this part, Colonel Dr. Thomas Sarholz (DBwV, Germany) based his introduction on his personal peace-keeping experiences in Afghanistan as well as on the experiences of the German Bundeswehr to highlight again two aforementioned

matters of concern: The in-theatre medical and support facilities as well as the combat equipment – both uphold credibility, moral cohesion and effectiveness. According to the representatives of the military associations the standard of medical treatment in the field should be at the same level as provided at home. In multinational operations medical care might be provided by allied nations' services. The delegates touched the sensitive issue of the different standards in medical care. The responsibility of the framework nation for providing adequate medical care was

emphasised. As the definition of “adequate” may vary from one nation to another, it was suggested by the representatives of the participating military associations/trade unions to develop on NATO-/EU-level common minimum standards of medical care.

The necessary support facilities for soldiers in theatre range from accommodation and catering to sufficient communication for corresponding home as well as the facilities and possibilities for recreation and distraction. The Netherlands had experienced that a conscious investment into operational welfare had resulted in good re-enlistment figures among experienced soldiers.

Extra payment for foreign deployment duty was a topic of discussion among the participants as well as the attendance family support centres give to the families at home and the constant need of mental care by accompanying chaplains, social military teams, comrades/peers and psychologists.



**“Recognise PTSD  
as an occupational  
sickness of  
peacekeeping  
veterans”**

#### IV. Post-deployment phase

The post-deployment phase implies not only an end to the soldiers’ stay in the mission where they endanger their health and lives. The wrap-up phase is also the beginning of diverse processes such as reintegration into life back home, psychological stability, recuperation and creation of self-esteem and pride, future preparation towards new missions and prolongation or alteration of service contracts or new recruitment.

The moderator Major Koos Stauthamer (AFMP, Netherlands) highlighted along the above mentioned lines as key points of concern: the overall medical treatment and long term surveillance for soldiers that had been exposed to danger and stress, the appropriate debriefing and

adaptation programmes for soldiers and their families, legal support and adequate treatment of injured personnel, including veterans and the dependants.

The participating experts saw furthermore the need to improve permanent medical surveillance of veterans by military medical centres and the active mental support by comrades and family centres. This should be carried out regardless whether symptoms referring to Post Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI) were immediately recognizable or not. The participating delegates were very conscious of the distinction between stress caused by various factors during missions and reintegration back home on one side and PTSD on the other. PTSD-symptoms are clearly defined and not all

stress disorder fall under PTSD as such<sup>9</sup>.

It was unanimously agreed on that the treatment and care of veterans could be facilitated, if PTSD is recognised as an occupational sickness of soldiers that have served in crisis-management missions.

The legal support and adequate treatment of injured personnel, including veterans and the dependants should be framed in one and the same service package.

Secondly, debriefing and adaptation schemes should automatically involve the dependants of returning soldiers. The delegates emphasised that debriefing and adaptation programmes should be set up in a way that experiences made in the mission are shared among comrades in seminars and informal come-togethers. The programmes should vary in time and intensity taking length and type of mission into account. The workshop participants stressed the value high-quality debriefing has due to the fact that the post deployment period is directly linked to a possible new pre-mission stage and ends at the latest with a new mission assignment. The development of high-quality debriefing and re-adaptation schemes is thus also in the interest



of the higher military echelons.

Finally, several positive national examples in which soldiers and their families have a thorough social security net in case of death and injury were highlighted. In these cases the legislator has seen the need of sufficient state care for those that had lost health or life in military operations. Paying allowances to injured soldiers and their families is common standard, yet permitting injured soldiers to keep employment in public administration on request as well as helping the affected veterans to enhance their chances on the job market through solid education and vocational training schemes are further necessary compensations for the soldiers' input and the consequences they have to bear as a result of their input.

**“Conscious emphasis on operational welfare encourages re-enlistement”**

An example of best-practice was observed in this context: Germany has recently introduced a law which guarantees severely wounded veterans employment in the public administration. The implementation of this very positive law will be closely followed by the professional association of German soldiers, the BundeswehrVerband.

<sup>9</sup> The World Health Organization (WHO) has classified this illness as a self-contained disease since 1994 in its International Classification of Diseases 10 under F43.1. <http://www.who.int/classifications/apps/icd/icd10online/> [15 November 2007].

## D. Conclusion

The workshop discussion reflected the wide range of challenges and expectations of European soldiers serving in international missions. Interoperability concerns, operational welfare and need for adequate post-mission adaptation programmes stood out in this workshop.

For the military associations and trade unions identifying these challenges is the first step, proposing alteration and best-practice solutions to the military commanders and political decision-makers is the second. The third step, the implementation, including the provision of adequate financial funding is the responsibility of the political and military leadership.

The long-term effectiveness of international military missions is based among others on motivated, adequately equipped and provided for soldiers who can rely on welfare schemes which include also their dependants. The fact that conscious emphasis on operational welfare had in the Netherlands resulted in high re-enlistment numbers among experienced soldiers should encourage the political and military leadership of other nations as well - especially in these times of mission overstretch - to focus more than before on the soldiers' welfare, the "human factor" in international military missions.

## E. List of Participants

### Guests:

Brigadier General Finn, EU Military Staff  
Officersförbundet (Sweden)

### Moderators:

**Pre-deployment:** Commandant Geraghty  
RACO (Ireland)

**Deployment:** Colonel Dr. Sarholz DBwV  
(Germany)

**Post-deployment:** Major Stauthamer  
AFMP/FNV (The Netherlands)

### Participating EUROMIL-Associations:

#### Belgium

Algemene Centrale van het Militair  
Personeel/Centrale Générale du  
Personnel Militaire (ACMP/CGPM)

#### Bulgaria

Bulgarian Officers League „Rakovski“  
(BOL “Rakovski”)

#### Denmark

Centralforeningen for Stampersonel (CS)  
Haerens Konstabel - OG  
Korporalforening (HKKF)

#### Finland

Päällystöliitto r.y. (PL)

#### France

Association de Défense des Droits des  
Militaires (ADefDroMil)

#### F.Y.R.O.M.

Independent Trade Union of Workers  
in Defence (SSVO)

#### Germany

Deutscher BundeswehrVerband e.V. (DBwV)

#### Hungary

Honvédszakszervezet (HOSZ)

#### Ireland

Permanent Defence Forces Other Ranks  
Representative Association (PDFORRA)

Representative Association of  
Commissioned Officers (RACO)

#### Latvia

Latviesu Strēlnieku Apvienība (LSA)

#### Malta

Ghaqda Dipendenti Suldati (GHDS)

#### The Netherlands

Algemene Federatie van Militair  
Personeel (AFMP/FNV)  
Marechausseevereniging (MARVER/FNV)

#### Poland

Council of Senior Officers of the Corps  
of Regular Soldiers (KONWENT)

#### Portugal

Associação Nacional de Sargentos (ANS)

#### Russian Federation

All-Russian Trade Union of Servicemen  
(ITUS)

#### Romania

Military Order of Romania (ANMR)

#### Spain

Asociación de Militares Acogidos  
a la Reserva de los Tres Ejércitos  
(A.M.A.R.T.E.)

Asociación de Militares Unificados de  
España (AUME)



## The European Organisation of Military Associations EUROMIL

Founded in 1972, the European Organisation of Military Associations is the umbrella organisation of 36 military associations and trade unions in Europe.

EUROMIL represents the interests of some 500.000 members from 24 countries, active and former servicemen and - women, professional soldiers and conscripts of all ranks as their family members and surviving dependants - in all questions related to their social and professional condition.

Funded exclusively by membership fees, EUROMIL keeps to strict non-denominational and politically independent policies.

EUROMIL has participatory status with the Council of Europe and observer status at the NATO Parliamentary Assembly. It upholds contacts with the Organisation for Security and Co-operation in Europe, the European Trade Union Confederation and represents members' interests towards the European institutions.

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