



# WORLD VETERANS FEDERATION

## NEWSLETTER

« None can speak more eloquently for peace than those who have fought in War »  
 Ralph Bunche, Nobel Peace Prize, 1950

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#### How to protect your mental health

- 01 During times of stress, pay attention to your own needs & feelings.
- 02 Maintain familiar routines in daily life as much as possible, or create new ones.
- 03 Engage in healthy activities that you enjoy & find relaxing.
- 04 Protect yourself & be supportive to others.
- 05 Minimise watching, reading or listening to news that causes you to feel anxious or distressed.
- 06 Stay informed by sticking to trusted sources of information - get the facts; not the rumours and misinformation.
- 07 Keep things in perspective.



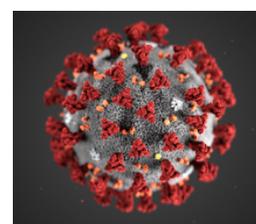
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# Who are we?

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**The World Veterans Federation (WVF)** is an international non-profit, non-governmental organization. Established in Paris, France in 1950 by founding members from 8 countries, namely: Belgium, France, Italy, Luxembourg, Netherlands, Turkey, USA and Yugoslavia, the WVF is now a Federation of 172 veteran organizations from 121 countries representing some 60 million veterans worldwide.

The WVF maintains its consultative status with the United Nations since 1951 and was conferred the title: "UN Peace Messenger" in 1987. The WVF has been nominated for the Nobel Peace Prize 8 times.

**Our Vision** is to be at the forefront of promoting and defending international peace and security and to be proactive in ensuring the health and wellbeing of all veterans and victims of war worldwide.

**Our Mission** is to guide and advise our Member Associations so that they can take the lead in supporting initiatives that foster peace and security and to campaign for health and welfare initiatives that will enhance the wellbeing and independence of their members.

**Our Motto** is to encourage Member Associations to forcefully strive for international peace and security and to influence and promote a veteran's health and welfare culture in their communities.

**Our Core Values** are to guide and inspire our members to be impartial, responsive, committed, accountable, collaborative, resourceful and act with respect, dignity, compassion and integrity.



## Editorial

Dear Members and Friends,

This year has got off to a rather surreal start after the outbreak of COVID-19, the world has changed dramatically and we all need to take our precautions. This is especially true for those of us who have underlying illnesses and have reached an age group that is most at risk. We at the WVF would strongly recommend following the World Health Organization and local recommendations that apply in the fast-spreading pandemic. Together we will be able to get through this, but support for society is required so that as many people as possible will not be affected by this "invisible" enemy. Offer to help where you can, where required. Take good care of you and yours both mentally and physically. We veterans are well known for always thinking ahead and we must also do that now. That is why we have included in this newsletter some information about what has happened and what is going to happen. The secretariat is closed due to Paris' restrictions on movement, but we are operative both by mail and by telephone and the office will open as soon as we are allowed to do so.



Despite the pandemic we are very honored to celebrate 70 years anniversary in service of veterans. This year we also will celebrate 75 years since the end of WWII, a cruel war that took millions of lives. Both events will be marked in one way or another despite the ongoing pandemic. In total, it is estimated that World War II took approximately 72 million lives. Civilian losses were about 47 million, including 20 million due to hunger and illness. Military losses were about 25 million, including about five million dead in captivity. The Allies lost about 61 million, while the Axis powers lost 11 million. In addition, we must remember the many who sustained lasting damage for the rest of their lives.

Today I am very proud of the Veteran Peace Initiative (VPI) course which focused specifically on veterans' power in peace processes, which you can read more about in this newsletter. We are also very proud of the Military Veterans Integration Program which has recently been launched in Ukraine. You can read more in this newsletter. We have been actively following up member organizations as well as ensuring the operation of the secretariat for the future. We have reduced costs to a minimum but have nevertheless managed to keep operations and activities at a good level. From January 1, 2020, we moved to new fresh premises in Paris. A new computer system has been installed and a new drive in our information work has been established. At the same time, we have created a dues scale that should suit all our members, and which opens up for those who want to take more responsibility for supporting veterans all over the world. The dues paid in is now close to highest ever and we are very happy for the support from our members.

The WVF financial result for 2019 has just been delivered from the auditor and it shows us a profit for the first time in the last 15 years. This indicates that the transition period has been successful, however, we still have to focus on more production with less money.

I would like to thank our sponsors such as Vfonds, Sensori AB, Transition International and Wilson Group who have supported us tremendously in the past years and are willing to support us further. I would also like to welcome the new members who have joined us from Ireland and Mongolia and other partners who have worked with us in a common goal, namely to create a better everyday life for all of us. I would like to thank the many trustees who have supported us in the last 70 years and those who still are working hard for their members, our Executive Board members, our secretariat for a good spirit during this transition period for organizing, simplifying and strengthening the WVF to do an even better job in the future.

So dear friends, let us stay positive and follow the recommendations made by our authorities so we all can get together soon in the mission for veterans worldwide.

**President WVF, Mr. Dan-Viggo Bergtun**

## 25th SCEA Meeting in Zagreb, Postponed

SCEA Chair, Mr. Birger Kjer Hansen, visit to Croatia 20th to the 21st February to plan for the 25th SCEA meeting in Zagreb.

The next SCEA/WVF meeting was scheduled to take place on **4th – 06th (07th) June 2020** in Zagreb/Croatia and is now postponed until further notice.

The host of the Zagreb meeting will be the Union of association of Croatian defenders treated for PTSD - in cooperation with the Association of Croatian Patriotic War Veterans”. During the visit they had a very fruitful meetings with the President of the Union of association of Croatian defenders treated for PTSD and their team.



The team also had an important meeting with the authorities who have now also agreed to postpone the meeting until further notice. In the picture you can see the team that worked for the SCEA meeting to take place. We thank them for the effort done so far and look forward to being part of the team when the pandemic allows us to do so. The team consist of Mrs. Antonija Jalsenjak, Secretary in Union of Association of Croatian Defenders treated for PTSD; Mr. Ivica Turic, Secretary General of Union of Association of Croatian defenders treated for PTSD; Mrs. Mirela Buterin, Head of Sector for the Homeland War Associations, Project Control, and Analysis; Mr. Tihomir Trescec, President of Union of Association of Croatian defenders treated for PTSD; Mr. Tomo Medved, Minister of Croatian Veterans’ Affairs; Birger Kjer Hansen, Chairman of Standing Committee on European Affairs; Mr. Duro Decak, President of Association of Croatian Patriotic War Veterans and Mr. Vladimir Bergman, Head of the Sector for the Administrative and Legal Affairs.

# Report from the WVF delegation's visit to Kyiv, Ukraine 13th - 19th January 2020.

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At the invitation of Lifeline Ukraine (<https://lifelineukraine.com/en/>) and Euromil (<http://euromil.org/>), the WVF was invited to present the Veterans Peace Initiative program (VPI) with an extra focus on Health and Welfare. Our mission was to support veterans in Ukraine to arrange the next VPI mission in Ukraine. In this mission the delegation from the WVF included the President of the WVF and Mr. Geir Olav Stamnes, appointed as Medical Advisor in the WVF Health and Welfare Division. Mr. Stamnes is a well-known Norwegian medical expert who has participated in three wars for NATO and UN. He is an international expert in the mental analyses and treatment of military personnel before, under and after assignments. He has been part of the team to develop a Military Veterans Reintegration Program as part of the VPI.



## Lifeline Ukraine

Lifeline Ukraine <https://lifelineukraine.com/en/> is a 24/7 suicide prevention and emotional first aid support line focusing on veterans. The operational team of Lifeline Ukraine is composed of responders who are themselves veterans (or married to a veteran) while other ones are, for instance, psychologists. Some of them are members of our members organisations in Ukraine, namely the All Ukrainian Union of War Veterans (VSUV) and the Ukrainian Union of War Veterans of Afghanistan (YCBA). One thing they all have in common is that they are deeply committed to the goals of Lifeline Ukraine, which is basically “being there for Ukrainian veterans”. Mr. Paul Niland, the founder of Lifeline, represented lifeline Ukraine.





## Euromil

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The European Organisation of Military Associations and Trade Unions (EUROMIL) <http://euromil.org/>, is the voice of European soldiers on an international level. Its core mission is to promote the professional and social interests as well as the fundamental rights and freedoms of European soldiers and it has more than 500 000 members. President Emmanuel Jacob represented EUROMIL in Ukraine.

EUROMIL is committed to the principle “Citizen in Uniform” and in particular demands:

- equal rights and treatment of soldiers;
- the right of servicemen and -women to form and join trade unions and independent staff associations and that these are included in a regular social dialogue by the authorities;
- inclusion of military personnel into EU social and labour legislation.

EUROMIL requires of governments to lift all existing restrictions rights of soldiers which are not an inevitably and proportionate result from the military assignment.



# Military Veterans Reintegration Program

As we know, a significant number of veterans have to deal with unemployment, low self-esteem, mental challenges, suicidal tendencies and low social acceptance due to mental health challenges, disabilities and general mistrust. When this is taken into account, many veterans have special training needs to help themselves cope with their veteran situation.

The training is based on the concept of training; “Before, during and after assignments”. Higher educated veterans can play an important role in the integration process.

By training veterans who can perform this task, we then can get veterans to meet “on the same stage” for better understanding and for positive results.



The program consists of training objectives for effective reintegration of veterans into communities and will address issues related to successful reconciliation, reintegration, health and well-being, especially mental health support and treatment of people with suicidal tendencies..



*” High levels of despair exist among veterans who are caught between military and civilian cultures and feel out of touch with family, society and governing authorities. The World Veterans Federation Military Veterans Reintegration Program can reduce this negative effect.”*

***---Medical Advisor, Mr. Geir Olav Starnes, World Veterans Federation Health and Welfare Division***

## 13th January.



The morning started with a meeting with a delegation of the Cabinet of the Minister of Veteran Affairs and the Minister of Defence. Our country plan for Ukraine was very welcomed and we discussed a way to find the funding and time for the implementation of the plan.



In the afternoon we had a meeting with the Chairman of the Rada's Committee on Social Policy and Protection of Veteran's, Mr. Anatoliy Ostapenko. We shared our experiences, promoted our work as well our members in Ukraine, and finally offered our support to create the best possible social and living conditions for Ukrainian veterans and their families through our VPI Ukraine Country Plan including the Military Veterans Reintegration Program.

## 14<sup>th</sup> – 19<sup>th</sup> January.

With a team composed of WVF President Dan Viggo Bergtun, the WVF Medical Advisor, Geir Starnes and EUROMIL President Emmanuel Jacob, as well as Mark Sandman (a US Vietnam veteran and trauma psychologist), two teams of two days each, loaded with presentations, videos, sharing of information and debate, were organised.



It became very clear that being a first responder for Lifeline Ukraine is not just a job for the team members, but it is a collective and a personal mission to achieve for each one of them. It is their conviction that they must support both veterans and others who need a listening ear or are looking for advice, and this whenever needed and wanted.



The goal with these sessions was to give a better understanding of what kind of tools have been developed by European and international countries to help veterans overcome the issues of re-adaptation and reintegration to civilian life when their military service has finished.

Looking at the experienced partners who joined this training session, there was no doubt that EUROMIL should be one of our companions, to forward their experience on soldiers in missions and to prepare soldiers and relatives for their future veteran status and challenges they can face.

The WVF President gave presentations on the WVF and on his experience of the exchange of knowledge in international society. He introduced a template of how to establish a workable Buddy Support System.

He also gave a presentation on the VPI and the Military Veterans Reintegration Program and detailed the Ukrainian Country Plan that we are ready to deliver to Ukrainian veterans.

A WVF Health and Welfare presentation was delivered and discussed in all sessions and was very welcomed and needed.



Here is Mr. Geir Olav Stamnes speech that could be used in the Division in the future:



*“Ladies and gentlemen.*

*I want to thank you all for inviting me to beautiful Kiev to share some of my experience working with Veterans since 1997.*

*I am a veteran myself and have three tours, participated in three wars, Desert Storm or the “Gulf War”, Saudi Arabia, UNOSOME Somalia and UNPROFOR Bosnia Herzegovina. I have worked as a professional soldier and a medical officer with the rank of lieutenant in the Telemark Battalion.*

*Telemark Battalion is part of NATO’s Immediate Reaction Force and it is a unit that is on 24/7 stands by alert, ready to be deployed first from Norway in the event of a conflict or war wherever needed by Nato. They have been involved in several tours in Afghanistan. My main focus should and will always be to learn from the history of past wars and conflicts and from the soldiers and veterans who lived and died in these earlier wars. To learn from our earlier mistakes, and not necessarily rely on our own skills alone. The work requires openness, curiosity, humility and respect for the veteran’s service and his or her stamina and perseverance.*

*My lecture will explain how the work has been done in and what impulses and learning we have received from international research and experience.*

*It has been a long walk, and we have learned that is a work that will continue for many years and maybe decades to come.*





## Health and Welfare Division.

*I refer to Mr. Bergtun's introduction and WVF Division overview and refreshing the division tasks. They are:*

- *To provide WVF members with up-to-date (scientific) information including statistics on all matters related to veteran affairs.*
- *A research and development unit has been established in this Division.*
- *The Divisions are conceived as a network of researchers and specialists around the world.*
- *The division will promote the exchange of international updated information in our network and it will stimulate cooperation aimed at developing methods and programs to strengthen the health and welfare of veterans.*

*Health and Welfare issues.*

*In general, we like to cover these issues and the most common are missing limbs, burns, spinal cord injuries, post-traumatic stress disorder, hearing loss and traumatic brain injuries.*

- *Reintegration failed*
- *TBI/Tinnitus*
- *PTSD*
- *Substance abuse*
- *Mental effects*
- *Depression*
- *Suicide prevention*

*Highlighted suggested solutions.*

- *Education before, under and after mission.*
- *Integrity*
- *Early approach*
- *Health Personnel contacts*
- *Veteran organizations involvement*
- *Reintegration into society*
- *Family involvement*
- *Gender approach*

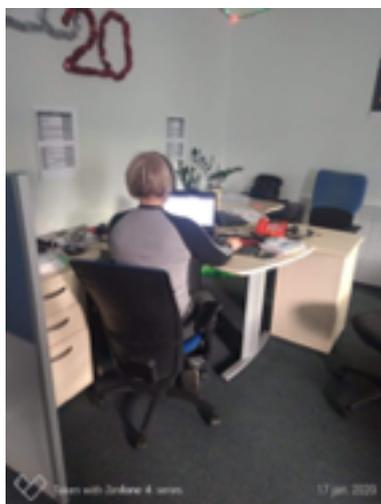
## THE FIRST CONTACT

*The first and most important thing I experienced when working with injured veterans was to build trust. Trust based on mutual respect and equality for each other as human beings and veterans. There should not any other agenda than creating a common platform with a common goal to increasing the quality of life for the veteran.*

*Confidence and trust is crucial for getting the contact needed for both to work and get together and cooperate. Failure to make good contact or no positive contact at all may damage future trust and cause irreparable damage.*

*Meet the veteran with respect and recognition. Respect and compassion for the veteran's physical and mental distress and the personal challenges the veteran faces in his daily life. The veteran challenges that also deal with uncertainty for the future about work, legal rights and finances.*

*Respect for the service he or she has performed and the missions they have accomplished in an exceptional way, including endangering their own lives and comrades' lives. And that the soldier took one step forward when asked by his country;*



 Lifeline Ukraine

## **ACCEPTANCE AND BECOMING A PEER**

*Accept that the physical or psychological injuries the veteran is struggling with is part of the soldier's real life and appears in the main picture as a disabling factor in daily life, both as a civilian or maybe still serving soldier. Not only for themselves, but also for the family, parents, siblings, wife, cohabitant, children, former or current work colleagues and friends.*

*You as a friend or buddy must accept that the cause of the wounds, and that the physical or invisible mental damage is caused by the war or conflict alone.*

*Respect the story being told no matter how cruel it can be, and listen to what the veteran is trying to tell you.*

*The story may be incoherent and not necessarily in line with your experience, or perception, or historically correct. What will be important for you to understand is when the veteran started telling fragments of his story, that this is a clear signal of confidence and that you are accepted as a peer and as a recipient.*

*The veteran approached you the way he or she is in the moment, and it can often happen that the appearance does not represent the person you served with. But never be fooled. You meet a he or she who would have died for you during his & her service and still have the same focus - never forget it!*

*As a veteran myself, I have experienced many times talking to veterans, that we ask each other small control questions, to confirm that we are credible veterans.*

*When these questions are accepted or confirmed, the conversations often become more relaxed and nuanced. And often regardless of nationality, age or mission area, we include each other, without reservation, again the invisible network, called "Band Of Brothers".*

## CONSEQUENCES AND COSTS

*All wars or conflicts have a human and economic consequence that will characterize the veteran and family for many years to come. For the veteran, the focus will be on lost physical or mental health and it will influence life financially and socially, for many years to come, and perhaps for the rest of life. It's a good picture of a well-functioning society with high ethical and moral standards, when the society as a naturally spinal reflex and with no hesitation shows interest and immediate commitment to include and help the veterans and families back to better health, secured financial support and working life.*

*Closing your eyes or going into denial, will absolutely be considered financially irresponsible, inhuman and disrespectful.*

*Previously, before in the 19th century and earlier, the veteran had to carry the total personal social and economic consequence and burden of war alone! And respective politicians and professional military, tended to blame the veteran himself. They were guilty of their own suffering; they were weak people, lazy and cowardly. During combat and in the theatre the story tells us that many soldiers have been executed and shot for cowardice and desertion because the military alone must have possessed a lack of knowledge about mental health understanding and research on the consequences of war. Unfortunately, there are still such attitudes in some environments. For a long time, the Defence Forces have been allowed to own the right of definition on the "consequences of war", on human costs.*

*Even among medical science environments within today's defence, we still see traces of outdated knowledge dissemination. Fortunately, this is about to change. Largely due to civilian research in this area, which is in rapid development, and acceptance of man's limitations and endurance. Many veterans live alone with their invisible wounds with four hard consonants - PTSD.*

*War and conflict have a major impact on society. We like to think of this as something we can calculate in advance. It should be known that war is not just about maintenance of weapons, ammunition, fuel, air, sea or land.*

*Veteran work also has a great financial impact on society and involves many parts of social life for decades to come.*

*I think society cannot adopt or try and avoid the economic aftermath of war or conflict.*

*Often, a country will be measured on how they treat their veterans.*

*It will clearly be an indicator of how they are fulfilling social and political obligations.*

*Experience tells us that it is also about our children and how we pass on our legacy to the generation after.*

*There are still participants and survivors of World War II living among us!*





## THE SOLDIER/VETERAN

*Men or women of their best age in very good physical and mental form, selected and accepted and trained by the country's defence forces.*

*Sent to war "in harm's way" after a political election by the country's politicians.*

*A lot of time and millions of dollars have been spent to train the soldier to become combat-ready.*

*They have been promised to keep their jobs when they return from war.*

*They were told they should be met with respect in the local community and praised by the nation. If they should be physically or mentally injured mildly or seriously, would receive the best treatment their country can give them.*

*This promise is universal, and has been used by all nations since the dawn of time. And the soldiers have always, with the courage of youth and sense of invulnerability gone out to war without any thought for the suffering and atrocities that will confront them. And as often before, they came home to broken promises, disillusioned with injuries and disorders that will affect some or all of them for the rest of their lives.*

## SYMPTOMS

*A time after returning home, there is often growing alienation where the veteran feels he does not belong in the society he left. No one wants to listen to his or her stories. The veteran tries to find an arena and tell his story and show his pictures, but will soon become silent. Because civil community, family and friends are unable to relate to the reality of what war is. This might often be the first step on a ladder of destruction that will lead to isolation and trapped emotions.*

*The only ones who can and will understand and relate, are their fellow soldiers and other veterans.*

*In fairness it must also be said that this also is considered a normal reaction and almost everyone who has served in war, experiences this.*

*Pathology often starts with insomnia and nightmares. Nightmares that only get stronger and more devastating for days and weeks.*

*Sad to say, many veterans now start to self-medicate themselves. Walking to their local store to buy a couple of beers, wine or liquor to stop their sleep deprivation/deprived sleep.*

*Combined with prescribed sleeping pills from their general practitioner the veteran may be on the starting point of substance abuse.*

*A spiral of anxiety, depression, combined with substance abuse, indigestion, problems with diarrhea, headache, sleeping disorder and personality disorders will soon or later lead to problems working, personal relations and disability.*

*Attention! Many people don't know that depression and anxiety lead to severe physical pain.*



## Different Psychological Trauma

*Trauma is roughly divided into danger-based and not danger-based.*

*Danger-based trauma can involve soldiers in classic military settings where, for example, they are shot at or ambushed. It is an active threat linked to anxiety.*

*The non-danger-based traumas are divided into two subgroups:*

*Witness: To see suffering or death in others, without even being in danger.*

*Moral injury: Seeing or performing an act that violates one's own moral beliefs.*

*Drone pilots sit thousands of miles from the war theatre and follow terrorists for days and weeks. They see them with friends and family in work and leisure. He may have a wife and children. The pilot will over time give the terrorist a human face and the image of the person will no longer just become an enemy. Then comes the order to attack and kill the person.*

*What is a trauma disorder?*

*A trauma is a disorder that results in a delayed or prolonged reaction to a life-threatening event or situation (of short or long duration) of an exceptionally threatening or catastrophic nature, which would most likely cause severe discomfort in most people. (Diagnostic System ICD-10).*

*We can divide traumatic events into two categories:*

*Type I trauma can be dramatic and frightening single events such as war, robbery, threat of murder, accident or serious injury.*

*Type II trauma is a serious trauma of persistent nature and / or repeated events, often in childhood and adolescence. When there is trauma inflicted by, for example, adults who should look after the child, we use the term relationship trauma.*

*The characteristics of type II trauma are:*

- *Repeated traumatization over time. For example, sexual abuse in adolescence, maltreatment, severe neglect / attachment failure.*



*Wider range of symptoms:*

*In addition to PTSD symptoms, there are often relational difficulties, difficulties with emotion regulation, self-esteem problems, lack of / poor body contact, dissociation, anxiety/depressive symptoms, difficulties with food and sleep.*

*Post-traumatic stress disorder (PTSD)*

*The diagnosis of PTSD, post-traumatic stress disorder, was first introduced in 1980 and was largely based on what was observed of the psychic effects of war veterans. Earlier it was referred to as Shellshock, Vietnam syndrome. Soldier's heart. It was eventually found that similar symptoms could also be seen in others who have experienced traumatic events.*

*Most trauma patients fulfil the criteria for PTSD, which means the following:*

- *Has been exposed to life event or situation of exceptionally threatening or catastrophic nature*
- *Traumatic events are relived time and time again in intrusive memories ("flashbacks")*
- *dreams or nightmares*
- *Avoiding activities and situations reminiscent of the trauma*
- *Increased alarm readiness*
- *Increased vigilance*
- *increased jumpiness and*
- *insomnia*

*Complex PTSD*

*In addition, most trauma patients will experience problems in several areas of life. These phenomena were observed together and named first by an American psychologist, Judith Herman. She called this symptom picture complex PTSD, which was especially pronounced for people who have been exposed to serious relationship traumas as a child. Complex PTSD is not a diagnosis in today's ICD-10, but suggestions have been made to include this in the next version of the diagnostic system (ICD-11). (May 2019.)*



## TREATMENTS

*All treatment starts with the veteran himself accepting that he / she need help. And accept that this is an injury that has its cause in the actions and experiences of war or conflict.*

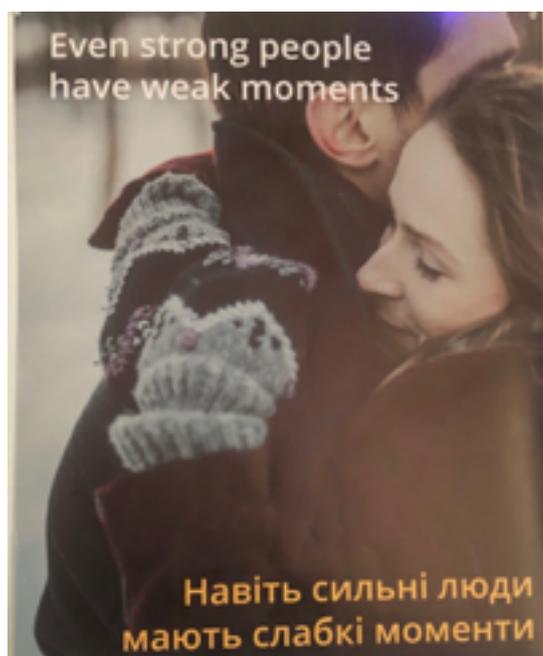
*The time it can take to realise and accept this can be a long time, even up to several years. Studies from the UK and King`s College tell us that it took an average of 13.3 years before British veterans contacted the health care system.*

*“The average time from leaving Military Service to seek help from Combat Stress is 13.3 years. The average time is 4 years for those who have served in Afghanistan and 7 years for Iraq.” The reason for the time difference, I think, can be about the new openness and acceptance of talking about mental health injuries after participating in war. In this case, the war in Iraq and Afghanistan.*

*Buddy or peer support - Lifelineukraine.com*

*First aid is often “buddy support” and I would personally consider it often as the most important part of the emergency aid and first treatment. They often are the first responders and buddy support are often sadly underrated and sometimes their motives misunderstood/ mistrusted.*

*As it is often veterans who have served together or volunteers who have relatives or friends who have been at war who perform the role, “buddy support”. It is common for them to share their experiences and have great confidence and trust in the veterans and each other. The work is often done voluntarily with small financial means paid by the helper (POC). They might help the veteran with opening their mail, paying their bills, social contact, accompany the person to the doctor, treatment, getting the proper insurance/benefits and so on.*



- *General practitioner. Medication due to short time. General practitioners often have limited time and insight into the veteran’s needs.*

- *District psychiatric outpatient clinics*

- *Social and Welfare Administration where they can/ should receive financial support and have pension rights.*

*I’d like to mention briefly one of the European countries, Norway, who represents the average of European countries experiences.*

- *National Veterans Centre in Norway Bæreia, Defence Forces Veterans Centre*



- *Modum Bad is a hospital with special expertise in mental illness, PTSD. Cognitive and Metacognitive treatment! They have one department for veterans diagnosed with PTSD.*

*Today, there are many different forms of treatment for mental disorders following serious mental stress. For example, traffic accidents, rape, physical and mental abuse, terror and war.*

*Common to all of these stresses is that the injuries have many common features if we focus on posttraumatic disorders.*

*It is important to understand that these reactions are normal reactions caused by abnormal events.*

*As it says in the definition of PTSD; "A reaction that far surpasses human endurance!"*

*In other words, a person has no personal references through learning or training to withstand this strain.*

*You can't teach a human to face the prolonged grotesque consequences of war, death and despair, not even the soldier!*





## TREATMENTS by Professionals

### *Cognitive Therapy for PTSD (CT-PTSD)*

*Several forms of trauma-focused cognitive behavioural therapy have been developed based on the same principles.*

- *Tasks to take back a normal daily life*
- *Working with trauma memories - imagined exposure, discrimination of reminders, seeking out the scene, reshaping inner images - to reduce relapse*
- *Change perceptions of the trauma by updating trauma memories*
- *Changing perceptions of the consequences of the trauma (for example, the symptoms)*
- *Abandoning inappropriate strategies*

*These reactions are little adapted to the current situation and often create new problems in a vicious circle.*

*In the ITV project, Norway has chosen to provide training in a model developed at the Oxford Centre for Anxiety Disorders and Trauma in the United Kingdom, called Cognitive Therapy for PTSD (CT-PTSD).*

*CT-PTSD is thus one of several trauma-focused cognitive therapies. Other forms of therapy that often fall under the term trauma-focused cognitive therapies are extended exposure therapy, narrative exposure therapy, cognitive processing therapy, and STAIR narrative therapy.*

*The model on which CT-PTSD is based (Ehlers & Clark, 2000) assumes that PTSD is developed if traumatic experiences are processed in a way that leads to a sense of serious current threat. When the feeling of threat is awakened, revival and alertness symptoms and strong emotions such as anxiety, anger, shame, guilt or sadness occur. The treatment consists of reversing the sustaining factors.*



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## “Eye Movement Desensitization and Reprocessing” (EMDR)

*EMDR therapy is based on a so-called adaptive processing model (Shapiro & Liliotis, 2015). Through everyday experiences of stress, our psyche processes these experiences so that emotions are regulated and self-image is maintained. In traumatic experiences, the psyche is overwhelmed so that the experience does not integrate with the network of already stored memory and remains unprocessed. Unprocessed traumatic memories are easily triggered by external and internal stimuli and the whole set of emotions, self-other perceptions, and sensations from that time are awakened.*

*In EMDR therapy, one seeks to initiate and complete the processing of traumatic memories by focusing simultaneously on (a) spontaneous associations to traumatic images, thoughts, emotions, and body sensations and (b) stimulation of both hemispheres through rapid eye movements. It is not clear what the effective factors are in EMDR, but recent research indicates that bilateral eye movements help to weaken trauma memories by burdening working memory (van den Hout & Engelhard, 2012).*

*Extended Exposure Therapy is one of the methods with the best research support for the treatment of PTSD. The method was developed in the United States and places particular emphasis on exposure to trauma memories and situations related to the trauma.*

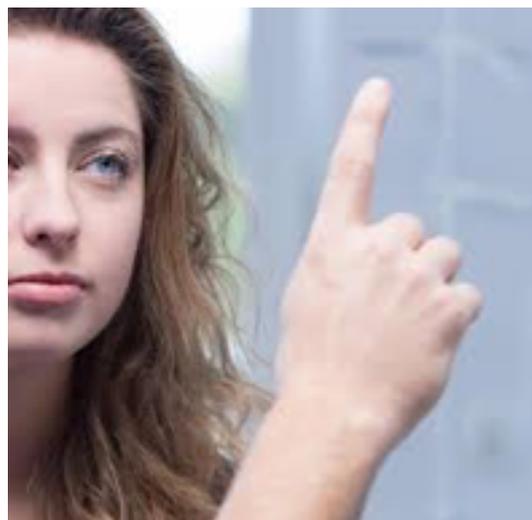
*Narrative Exposure Therapy is a treatment method specially developed for working with refugees, but it has also proven effective in treating other patients with PTSD. The treatment is based on exposure and processing of trauma memories, as well as retelling of a holistic life story.*

*Cognitive Processing Therapy is also developed in the United States and has a lot of research support. The treatment has a lot in common with CT-PTSD and aims to change trauma-related thoughts and interpretations that lead to PTSD complaints.*

*STAIR Narrative Therapy is a method specially developed for the treatment of PTSD after repeated traumatization and complex PTSD (Complex PTSD DIAGNOSIS belongs to ICD-11).*

*In this treatment, we first work on learning skills to better regulate emotions and manage relationships with other people. Then you work more specifically on processing trauma memories.*

*Metacognitive Therapy (Modum Bad) is a treatment method developed to treat a variety of mental disorders and has shown promising results for the treatment of PTSD. It differs somewhat from other methods in that one talks less about the traumatic events or thoughts about them, but rather works with how the person thinks about and relates to negative thoughts and feelings. Thank you!”*





In between sessions, Psychologist and Vietnam Veteran, Mr. Mark Sandman of the 101st Airborne Division (US), and Mr. Stamnes took time to meet three representatives at the STATE INSTITUTION HOSPITAL FOR THE WAR VETERANS FOREST GLADE OF THE MINISTRY OF HEALTH OF UKRAINE (a clinical neurophysiologist, a psychologist and the director of the hospital) in Kiev Ukraine and discussed their opportunities they have to help veterans. In this hospital 60% of patients are diagnosed with TBI (Traumatic Brain Injury). This hospital also has newly released POW patients. A strong experience!



The delegation also had the opportunity to visit Kyiv and the many areas which reminded us of old and new conflicts in the area.

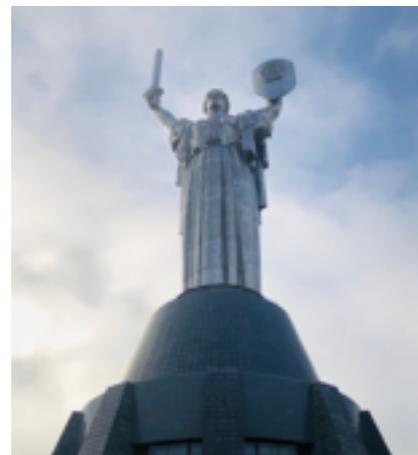
The tours were arranged by Paul Niland as we also got a guided tour to Maidan Square.

[https://en.wikipedia.org/wiki/Maidan\\_Nezalezhnosti](https://en.wikipedia.org/wiki/Maidan_Nezalezhnosti)

There he told us his personal story from the fighting days from December 2014 to January 2015.

We also visited the Motherland Monument, [https://en.wikipedia.org/wiki/Motherland\\_Monument](https://en.wikipedia.org/wiki/Motherland_Monument) war museums and Bibiji Jar [https://en.wikipedia.org/wiki/Babi\\_Yar](https://en.wikipedia.org/wiki/Babi_Yar)

The WVF delegation would like to thank all those who supported us in this mission and we look forward to starting the VPI/ Military Veterans Reintegration Program in Ukraine later this year.



*« After a busy and sometimes emotional week as well, our return home was surely not the end of our Ukrainian relation. It was also a unique occasion for EUROMIL and the WVF to join their forces for the future! »*

**--President EUROMIL, Mr. Emmanuel Jacob.**

*« YOU ARE ALL FANTASTIC. Our team learned so much from you in these last few days. Thank you for becoming part of the Lifeline Ukraine story and family. »*

**--Founder Lifeline Ukraine, Mr. Paul Niland.**

# COVID-19 and Buddy Support

**Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic. (Wikipedia)**

As we have registered an increased need for Buddy Support to veterans during the pandemic, we have asked our Medical Advisor, Mr. Geir O. Stamnes for some simple advice regarding Covid-19 and Buddy Support.

*“First and foremost, act within and promote normality! Try and connect with family, friends, colleagues or other people. Since we have reduced physical contact, make a phone call! Don't be passive and wait and get a call from others.*

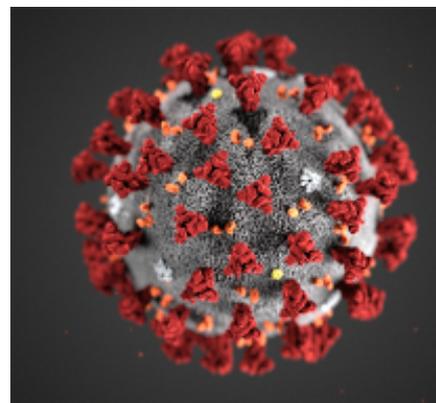
*Be proactive and do it yourself!*

*Bring out the positive in yourself. In this way you can help yourself and others. Your knowledge as a warrior and surviving with your war experiences can now also help others.*

*But remember, you are now at home and no longer at war. Your tools can still be used civilly. You are a survivor and many trusts you. We will all get through this! One beautiful day we will be able to meet each other in the normal way and learn from our experiences. Don't dwell on the sad thing that happens today. Don't panic or lose control. It doesn't help anyone!*

*Take your brother in arms out into the countryside or the parks for a great conversation! And enjoy the spring, the sun, the birdsong, the smell of nature and focus on positive experiences. As we empower you and your friends or family, take away the focus and pressure from the media and newspapers that are mainly about the number of infected and dead.*

*Remember the phrase you once learned; “There's always a little bit of heaven in a disaster area!”*



**Access free online courses on COVID-19 anytime, anywhere!**

Italiano العربية  
日本語  
Español Türk  
српски језик Français  
Tiếng Việt

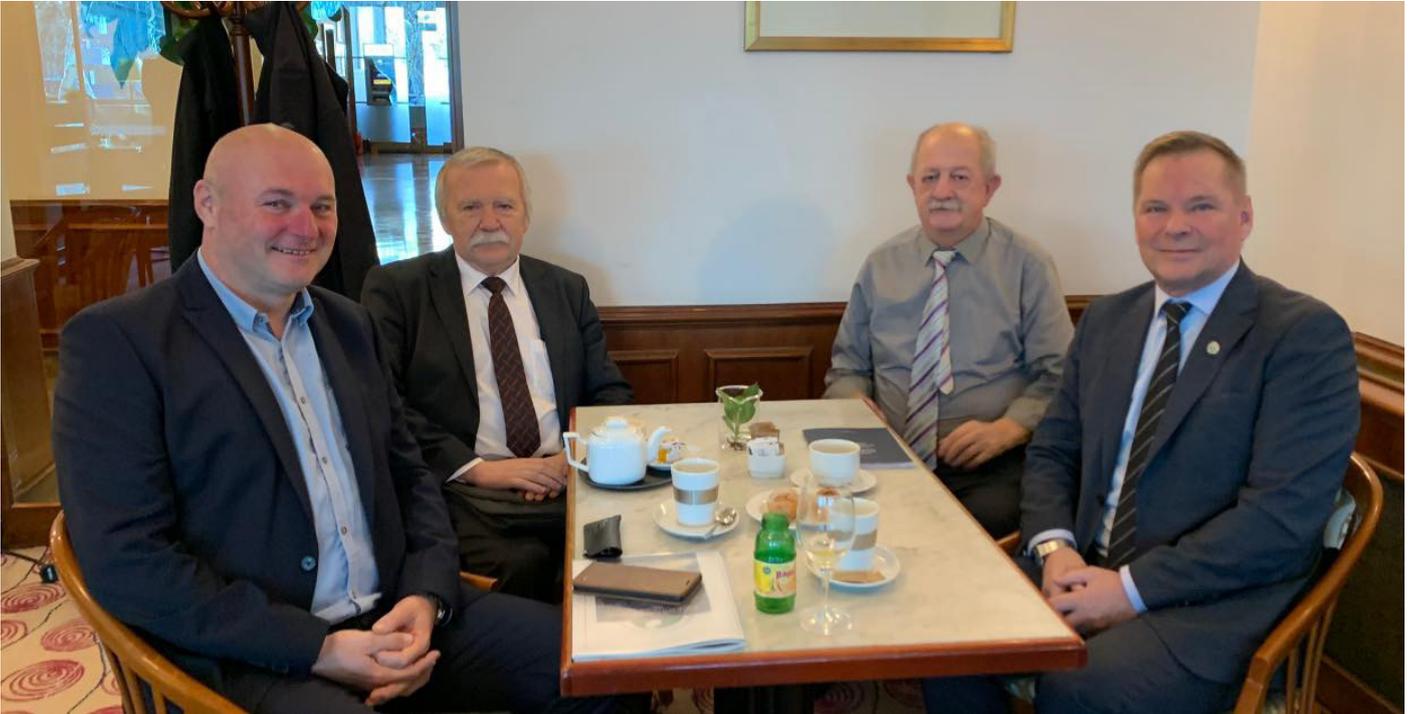
中文 فارسی  
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Português  
Русский  
Bahasa Indonesia

**OpenWHO.org**



# Meeting A Slovenian Delegation

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The president had a meeting with a delegation that represent all member organizations in Slovenia, to discuss future cooperation and support to the WVF.

- Association of Veterans of the War for Slovenia
- Federation of Disabled War Veterans Associations of Slovenia
- Sever Association of Police Veterans Societies
- The MORiS Association of Societies and Clubs
- Union of the Associations for the Values of the National Liberation Movement of Slovenia (ZZB NOB)



## WVF Peace and Security Division

The WVF President took part in the International Conference ‘Fascism and anti-fascism in Europe today’ in Zagreb 2020. It was hosted by our member Association; Union of anti-fascism fighters and anti-fascists of the Republic of Croatia. The organizers of the Zagreb conference invited representatives of anti-fascist associations from 25 European countries, including 15 EU member-states, also many member organizations from the WVF.

The event was held as part of the efforts to counter the strengthening of extreme right-wing politics and more and more aggressive attacks on the values of the anti-fascist struggle, which, it said, were the biggest values of the present-day Europe.

It stated that the victory against the fascist regimes in 1945, after they had caused the Second World War, did not mean that fascism had disappeared from the historical scene.

It was also pointed out that there were “more refined appearances” of fascism in a great number of European countries.

It made criticism of Resolution 1481 adopted by the Council of Europe in 2006, which underlined the need for international condemnation of crimes of totalitarian communist regimes as a document that equates fascism and communism. He added that historical revisionism also originated from that document.

In resolution 1481/2006 of the Council of Europe Parliamentary Assembly (PACE), issued on 25 January 2006 during its winter session, the Council of Europe “strongly condemns crimes of totalitarian communist regimes”. The Parliamentary Assembly refers to its Resolution 1096 (1996) on measures to dismantle the heritage of the former communist totalitarian systems. The paper condemned “the massive human rights violations committed by totalitarian communist regimes”. It also “calls on all communist or post-communist parties in its member states which have not yet done so to reassess the history of communism and their own past, clearly distance themselves from the crimes committed by totalitarian communist regimes and condemn them without any ambiguity.”

The rise of neo-fascism was accompanied by the process of degrading and vilifying anti-fascist fighters from the Second World War and their contemporary followers.



“We all have to take responsibility to avoid the expansion of far right movements in Europe. If not, peace and security will be challenged big way.”  
—Zagreb, Croatia.

## THE 75<sup>th</sup> ANNIVERSARY of the end of World War II

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This year we will celebrate 75 years since the end of WWII, a cruel war that took millions of lives. The event will be marked in one way or another despite the ongoing pandemic. In total, it is estimated that World War II claimed approximately 72 million lives. Civilian losses were about 47 million, including 20 million due to hunger and illness. Military losses were about 25 million, including about five million dead in captivity. The Allies lost about 61 million, while the Axis powers lost 11 million. In addition, we must remember the many who sustained damage that would last for the rest of their lives.

When VE Day dawns on 8th May 2020 it will be 75 years since the guns fell silent at the end of the war in Europe. Years of carnage and destruction had come to an end and millions of people took to the streets to celebrate peace, mourn their loved – ones and to hope for the future, but not forgetting those still in conflict until 15th August 1944 when it was announced that Japan had surrendered unconditionally to the Allies, effectively ending World War II. Despite the ongoing pandemic the 75th anniversary will provide our nations, and our friends around the world, with an opportunity to reflect on the enormous sacrifice, courage and determination of people from all walks of life who saw us through this dark and terrifying period.



## 70 years in service for veterans 1950 – 2020

70 years ago, the directors of veteran associations of Belgium, Denmark, the United States of America, France, Italy, the United Kingdom and Yugoslavia, most of them harshly affected by the tragedies of the Second World War, met at the UNESCO headquarters in Paris to create the International Federation of Veterans, which soon became the World Veterans Federation.

This meeting was symbolic for several reasons:

Firstly, because it was dedicated to the building of peace and was held in a building that was used as a bunker during the war. Secondly, because the meeting was hosted by UNESCO, whose constitutive text, which was recalled, states:

***”since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed”.***

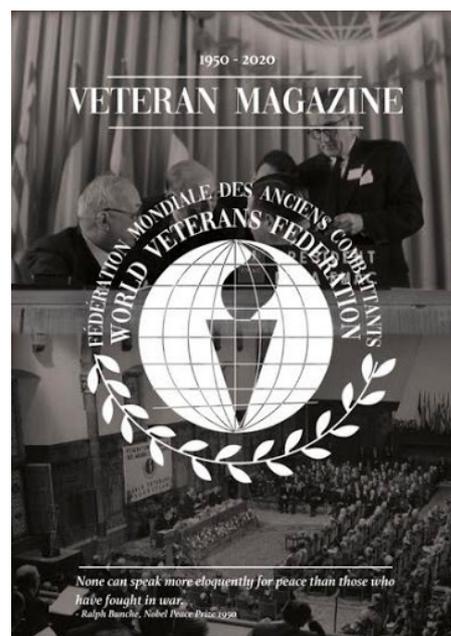
which in its profound sense was implicit in the founding aims of the WVF:

“Unite efforts so that those who have experienced the suffering of war, whether they fought side by side or against each other, may work together for a world in keeping with the Charter of the United Nations and the Universal Declaration of Human Rights and contribute through an exchange of experiences to bandaging the wounds of war and improving the quality of life of all its victims”.

The WVF replaced the Interallied Federation of Veterans (FIADC), founded in 1920 and the International Gathering of Veterans, founded in 1948.

Since the establishment there has been a long history, which will be presented in our newest VETERAN MAGAZINE, scheduled to be released at the end of the summer. If you are interested in receiving some copies, please send an email to us for further information.

[www.wvf-fmac.org](http://www.wvf-fmac.org)



### Some sneakpeak from the history:

*«In the domain of sport the WVF, with the support of the member associations concerned, also had an innovative role by patronising the “Paraplegic Games” of Stoke Mandeville in England and taking the initiative to coordinate this activity internationally, which resulted in the International Organisation of Sport for the Disabled, whose expansion and importance are illustrated by the Paralympic Games.»*

## WVF Companion, Robert Wilson Marine Technology, Sweden

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### **Memorandum of understanding opens the way to possible archaeological research in the marine subsoil of the Peninsula in Ecuador.**

This memorandum aims to promote cooperation, stimulating the joint conduct of academic, professional and intercultural research and activities.

Likewise, Espol and Robert Wilson Marine Technologies established that areas of mutual interest could include:

- Joint research programs
- Internship programs
- Visiting programs or academic exchanges
- Cultural exchange programs
- Among others.

In this context, both institutions expressed their predisposition to design scientific research proposals in the marine-coastal areas of the Santa Elena Peninsula, which would allow the identification of non-visible cultural remains. In other words, they could carry out underwater archaeological investigations on Ecuadorian coasts.

For this purpose, the Swedish company would bring to Ecuador technological devices that would allow non-invasive studies of the seabed. Among these is The Bubble, which consists of a portable structure that protects divers and the job site during investigations.



The Escuela Politecnica del Litoral, through its principal, Cecilia Paredes, and the Swedish company Robert Wilson Marine Technologies, through its general manager, Olle Appelgren, signed a memorandum of understanding between the two institutions.



# Membership scale for 2020

At the 28th WVF General Assembly, the Executive Board was tasked to introduce an adjusted dues scale and at its 164th meeting a new scale was adopted. The dues scale has for many years not been aligned with the constitution but has now been corrected. The scale has been adjusted to ensure that any association can be a member, however, to become a full member with all rights members must pay their membership dues. We have already seen some members who are willing to become Honorary Lifetime member and we welcome all to study these terms and upgrade your membership. After all, we are a worldwide veteran organization and this year the WVF will celebrate its 70th Anniversary in the service of veterans.

We kindly ask you to update your membership.

## NEW MEMBERSHIP SCALE FROM 2020, 70 YEARS ANNIVERSARY IN THE SERVICE FOR VETERANS



1. Honorary Lifetime Member; Honorary, Ordinary and Associated Members can become an Honorary Lifetime Member and member of the Board of the Honorary Members Club for a total fee of 50 000 Euro.



2. Honorary Member; Ordinary and Associated members can become an Honorary member and member of the Honorary Members Club for a 5 000 Euro yearly fee.



3. Ordinary member (every member organization); Yearly fee of 1 800 Euro to be paid by 1st of January of the year in question at the latest. If they fail to pay this later than 1 month after due date, they will be reduced to Associated Member.



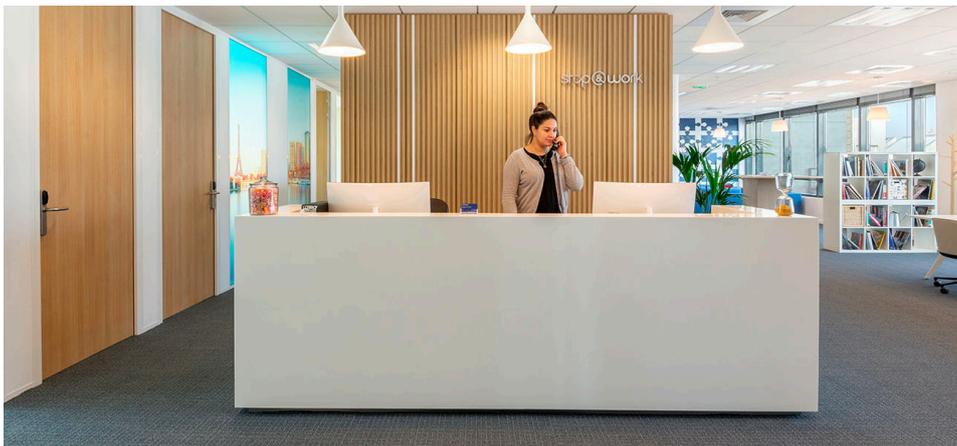
4. Associated Member (non-paying members); This category is open to new applicants who are not able to contribute financially to the Federation. Other members who have outstanding membership dues will also see their status reduced to Associate Member, with membership rights revoked, until their outstanding membership dues are up to date. They have no voting rights and can only participate in meetings as observers for a set fee.



Affiliated Member: Legally instituted organizations and corporate bodies who support the aims and objectives of the WVF can become Affiliate members. They would have no rights to vote and can only participate in meeting as observers.



Companion: International Organizations, companies and private persons who support or sponsor the WVF will have companion agreements, the terms of which will be drawn up on a case-by-case basis. They would have no rights to vote and can only participate in meeting as observers.



WVF HQ has now moved to a suburb of Paris to modern and practical offices. The office is now close to the two airports, Orly and Charles de Gaulle.

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**wvf@wvf-fmac.org**