


 THE ROYAL BRITISH
LEGION

A career in the Armed Forces differs from all others. Service personnel agree to sacrifice certain civil liberties and to follow orders; including orders to place themselves in harm's way in the defence of others. In return, the Nation promises to help and support people in the Armed Forces and their families when they need it most. This mutual promise is enshrined in the Military Covenant, which is acknowledged by all Services.

The Military Covenant does not have the force of law, but has been enshrined through convention, custom, and contemporary application, and it represents the Nation's moral commitment to its Armed Forces.

While we acknowledge that significant efforts have been made in recent years, we believe that certain aspects of the Military Covenant are not being delivered and that the Nation must now bring about change to ensure that our Service people and their families get the support they deserve. It is time to Honour the Covenant.

The Legion believes:

1. **There should be a just compensation scheme which recognises the commitment and sacrifices made when serving the Nation.**
2. **There should be a greater commitment to support the physical and mental health of Service people and their families.**
3. **There should be more support for bereaved Service families.**

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1. **There should be a just compensation scheme which recognises the commitment and sacrifices made when serving the Nation.**

The Armed Forces Compensation Scheme (AFCS) was introduced in April 2005. It is designed to financially compensate those who have been injured or have an illness that is caused by Service. It also compensates the families of those who have been killed as a result of their Service.

The Legion believes that with the introduction of the AFCS the Government has eroded some of the additional support afforded under the Military Covenant. Because of the nature and risks associated with the Armed Forces and because combat immunity laws mean the Crown is normally not liable for civil court action, we believe that the compensation scheme should be substantially more generous.

1.1 Value of awards

The AFCS only allows for three injuries to be claimed where all of the injuries have resulted from the same incident. Additionally, the lump-sum provided for each individual injury

reduces with each one claimed. In the case of maximum of three injuries: the first injury will receive 100% of the lump-sum tariff; the second 30% of the lump-sum tariff will be paid; and for the third 15%.

Multiple injuries are becoming more common. This is related to improvements in field first-aid and the treatment provided in field hospitals in operational theatres. Since 2003, more people are surviving serious wounds sustained in Iraq, who might previously have died. Field hospitals have treated 267 people wounded as a result of action, of which 196 were classified as "Seriously" or "Very Seriously Injured or Wounded". Field hospitals have had a total of 2,117 admissions since 2003 of which 1,096 had to be evacuated back to the UK for further treatment.

Multiple injuries, commonly resulting in serious disabilities, need to be adequately compensated for. There is no justification for not fully compensating Armed Forces personnel for each and every injury sustained by a single incident.

1.2 Burden of proof

Claimants for compensation must now prove, on a balance of probabilities, that the injury, illness or death was caused predominately by Service. Previously, the burden of proof was on the Secretary of State, and the benefit of the doubt was given to Service personnel.

The onus should be placed back on Government to prove that Service was not responsible for causing or worsening conditions for compensation claims under the AFCS.

1.3 Time limits on claims

The AFCS introduced a five-year time limit for making an initial claim for compensation – the only exceptions are where a claimant is too ill to make a claim or recognised late-onset conditions. There is also a 10-year limit for deteriorating conditions.

The Legion believes these time limits are an unnecessary restriction and should be scrapped.

2. There should be a greater commitment to support the physical and mental well-being of Service people and their families.

The Legion is concerned that Service personnel, ex-Service personnel and their dependants are not always getting the standard of health care they are entitled to receive.

2.1 Armed forces personnel

2.1.1 Seamless handover to NHS care

Around 1,000 people are discharged for medical reasons from the Services each year, and too many ex-Service personnel are experiencing difficulties accessing the NHS services they need on discharge. The NHS and MoD plan improved technology for the storage and handover of medical records, but this will not be in place until 2010 at the earliest.

Until then, more needs to be done to ensure GPs and other NHS staff can access the medical histories of personnel who have been medically discharged.

2.1.2 Accommodating families of injured personnel

Charities have stepped in to provide accommodation for families, particularly at the Defence Medical Rehabilitation Centre at Headley Court, Surrey. The personnel being treated at Headley Court are still serving in the Armed Forces – the cost of housing their families should be borne by the Government.

Current regulations allow for two family members to be provided with travel and accommodation costs to visit the most seriously injured or ill Service personnel; however, this entitlement expires after 7-10 days.

While this rule may be extended at medical discretion, the Legion believes the rules should be amended to cover travel and accommodation costs for the entire time Service personnel remain on the most seriously ill or wounded list.

2.1.3 Physical and mental health

The King's Centre for Medical Health Research currently undertakes in-depth health surveillance for personnel on operations in Iraq and Afghanistan. This has identified an increase in psychological problems, ranging from PTSD to alcohol misuse, among personnel who have been deployed for 13 months or more in a three-year period.

Research has also shown a heightened vulnerability to psychological problems among medically downgraded personnel. The Legion believes in-depth health surveillance should be mandatory for all Service personnel, whether or not they are operationally deployed. There is also a need for additional surveillance of personnel who have been deployed for extended periods of time, and for those who have been medically downgraded.

The Legion also believes that voluntary health surveillance should be offered to families of personnel on deployment. Family members have to cope with a great deal of uncertainty and anxiety for long periods of time. A long period of separation followed by a sudden return home creates its own difficulties.

2.2 Veterans

2.2.1 Priority care for war pensioners

The Legion is concerned that priority medical treatment of War Pensioners for conditions arising from their Service, although their rightful due under government policy since 1953, is no longer being delivered by the NHS.

The government must ensure there is immediate access to healthcare for veterans making priority treatment work not just in theory but in reality. Pensioners and veterans should also be made more aware of their rights to priority treatment.

2.2.2 Ensuring priority care in the future

At the moment, there is no way to accurately assess the demand for priority treatment or the impact it has on the NHS. The MoD should identify the exact number of people who are eligible to receive priority treatment and provide the resources needed to deliver it.

2.2.3 Mental health services for veterans

There have been 190,000 people awarded a War Pension since 1939 for post-traumatic stress disorder (PTSD). These veterans often have the most difficulty accessing the health services they need and are least likely to be offered priority treatment. Evidence suggests that only the very seriously mentally ill receive treatment from the NHS. Due to the pressures on NHS services, priority treatment for War Pensioners is rarely achieved.

The MoD provides Combat Stress (the specialist mental health charity for veterans) with around £2.5 million each year to deliver mental health care to War Pensioners whose condition is due to service. A further increase has been promised this year but has not yet been announced. This is a welcome investment. However, veterans who are not assisted by Combat Stress, or another specialist organisation, need to be able to access mental health care from the NHS and receive priority treatment.

3. There should be more support for bereaved Service Families

The Legion is concerned by the distress caused to the family members of Service personnel who have died, by delays and the lack of legal representation during coroners' inquests.

3.1 Clearing the inquest backlog

By 9 August 2007, the number of Armed Forces casualties in Iraq (since deployment in March 2003), had reached 168. Of these, 132 have been classed as Killed in Action or Died of Wounds. By 12 August 2007, the number of Armed Forces casualties in Afghanistan (since deployment in November 2001), had reached 70. Of these, 47 have been classed as Killed in Action or Died of Wounds.

All in-Service deaths abroad are repatriated and subject to coroner's inquest. Despite enhanced resources, backlogs still remain. There are still some 120 families in the UK awaiting inquests, 21 of these concern deaths that occurred before May 2006.

More resources are urgently needed to clear this distressing backlog and this should be achieved by providing additional resources to the coroners who already have experience in military inquests, thereby establishing a "centre of excellence". This service could provide a service on an outreach basis – thus enabling inquests to be held near to where bereaved families live.

3.2 Legal representation for families

Inquests can be very confusing for the families of Service personnel. Without knowledge of the legal system or of the military, Service deaths can be very complicated – particularly during times of conflict (as was demonstrated by recent inquests involving "friendly fire" incidents).

Family members can be legally represented at inquest, but solicitors can be expensive and funding is only available in "exceptional cases", where the family is financially eligible. All Service families need to apply to the Lord Chancellor for their case to be classed as "exceptional".

The Legion believes that independent legal advice, representation and advocacy should be provided to all families where an in-Service death has occurred, and that this should be provided at public expense.

3.3 Independent commissioner for in-Service deaths

All deaths in the UK which are violent and/or untimely are referred to coroners. This is often the case for deaths which occur in-Service due to the age demographic of those who Serve. Additionally, all deaths that occur overseas are repatriated and referred to a UK coroner. Often deaths in-Service are also the subject of Military Police or civilian police investigations.

However, while the family have the right to be involved in inquests, and sometimes police investigations, they are not always happy with the outcome. Often families also feel suspicion that facts have been suppressed; told that national security is at risk. The Legion believes that the Government should appoint an independent commissioner to investigate complaints relating to in-Service deaths.

An independent commissioner would improve transparency and enhance public confidence, in much the same way as police have benefited from the Independent Police Complaints Commission. The commissioner's powers would extend only to cases where there has been a fatality so the military chain of command would be uninterrupted.