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LEGAL, ORGANIZATIONAL AND ECONOMIC ASPECTS OF PHYSICAL REHABILITATION AND REINTEGRATION OF COMBAT VETERANS

Abstract. The article analyzes the best practices of foreign experience of rehabilitation services for war veterans. The modern institutional structure, legal and organizational aspects of the rehabilitation and reintegration of war veterans are characterized. The essence, importance and necessity of physical rehabilitation, the creation of a single rehabilitation space, the introduction of an interactive map for the provision of social rehabilitation services in accordance with uniform standards, as well as systems for monitoring their effectiveness and quality at the state level, are substantiated. It is concluded that the success of rehabilitation and re-adaptation programs for war veterans depend on the timely adoption of necessary legal acts, proper financing, and rational use of budget funds. It is emphasized the importance to strengthen the economic mechanism for the rehabilitation and reintegration of war veterans on the basis of principles - targeting, diversification, adaptation to the socio-economic profile of each war veteran and the domestic economic situation in the country, maximally activating new forms of cooperation and partnerships between government bodies, non-governmental organizations and business. It is concluded that national systems of rehabilitation and reintegration of war veterans require a paradigm shift in accordance with modern international approaches, standards and practices.

Key words: law, public policy in the field of social protection, physical rehabilitation of combat veterans, reintegration of combat veterans, social protection of combat veterans, economic mechanism.

Introduction. The problems of rehabilitation and reintegration of combat veterans are very important today, especially in the countries, involved into armed conflicts. There are dozens of ongoing armed conflicts in the modern world, including the Afghanistan–Pakistan skirmishes, Al-Qaeda insurgency in Yemen, Moro conflict, International military intervention against ISIL, War in Afghanistan (2001–present), Insurgency in Ogaden, Bangladesh Drug War, Philippine Drug War, Kamwina Nsapu rebellion, Saudi Arabian-led intervention in Yemen, Yemeni Civil War (2015–present), Somali Civil War, War in Darfur, ECOWAS military intervention in the Gambia, Islamist insurgency in Mozambique, Kashmir conflict, Insurgency in Balochistan, Insurgency in Khyber Pakhtunkhwa, Conflict in the Niger Delta, Cabinda War, Boko Haram insurgency, Insurgency in the Maghreb (2002–present), South Thailand insurgency, Sinai insurgency, Saudi Arabian–Yemeni border conflict (2015–present), Rohingya genocide, Boko Haram insurgency, Kurdish–Turkish conflict (1978–present), Mexican Drug War, War in Donbass, Syrian civil war, etc. [1; 2]. A significant number of traumatized combat veterans require the creation of a comprehensive system of effective physical rehabilitation. The primary task is to develop a system of rehabilitation and reintegration of combat veterans, based on the consolidation of efforts and comprehensive support of the state and society, adapted to the national historical, political, economic, legal and socio-cultural contexts, focused on the implementation of a better foreign experience.

Methods of research. The problems of rehabilitation and readaptation become especially acute after the wars and military conflicts, which were extremely frequent in the XX and in the early XXI century. This necessitates a certain actions and comprehensive scientific researches, because the impact becomes

noticeable only after the expiration of a certain time period, so a sound legal basis and substantial funding are necessary to eliminate the harmful consequences. The problems of the legal protection of the participants of the military conflicts were investigated by K. Gajdej, J. Grygorenko [3], D. Chyzhov [4], the problems of the budgetary policy, formation of financial resources, economic mechanisms of reintegration, social protection – by I. Storonianska [5], I. Chekanova [6], J. B. Perlin [7], G. Hoff [8], etc., the problems of rehabilitation and readaptation – by Landes S. D., etc. [9], J. Bryndikov [10], the foreign experience of combat veterans rehabilitation was investigated by A.A. Denisov [11], G.F. Solomon [12], D. J. Knapp, T. R. Tremble [13], N.N. Alalykina [14], A.M. Burlak [15], Ye. Smirnov [16], A.A. Bove, S.J. Oxler [18], A.G. Karayani [19], A.I. Vorobiyov [20], V.S. Novikov [21], T. Grining [22] and others. The wellknown Kazakh authors A.T. Karimova, M.N. Sarkulov, M.N. Yesengulova, A.V. Gavrina investigated the general psychological aspects of medical health care [23], as well as T.A. Apendiyev and N.M. Abdukadyrov researched the problems of the treatment of the prisoners of war, captured during the First World War [24], etc.

The purpose of the study is to analyze, generalize and conceptualize the foreign experience in the formation of the legal framework, institutional infrastructure, economic mechanisms for ensuring physical rehabilitation and reintegration of combat veterans.

Research results.

1. International practice of combat veterans rehabilitation. It is necessary to say, that the scientific definition of the term “rehabilitation” changes under the influence of the historical context. In particular, the development of the different types of rehabilitation started during the First World War. Thousands of injured soldiers received the rehabilitation and remedial treatment.

The significant contribution in the research of the military personnel rehabilitation was made by A. Denisov [11] and G.F. Solomon [12]. These scientists created the conception, based on such principles as: approaching of the rehabilitation measures to the scene of the fighting; timeliness and completeness of assistance; the support of the confidence of the wounded soldiers, that they will return to normal life after the treatment. This Conception was realized during the Korean War, the Vietnam War and all other next wars [13, p.207-209].

We think, that it is very interesting and important to analyze the foreign experience of rehabilitation. The Commission of experts of the World Health Organization (WHO) made the first session on rehabilitation in 1958. The main scientific principles of rehabilitation as well as the directions of the next researches in this sphere were defined during the session [11]. At the same year the International system of organization of rehabilitation was created. The International society on the rehabilitation of disabled people was established in 1960, it joined to the WHO and cooperates with UN and UNESCO [14].

Famous foreign researchers of rehabilitation created the conception of isometric, which became the ground of creation of the informational exercise machine system. The first system appeared in the trauma center in 1968. It was the passive isokinetic exercise machine, which was used to test the damaged functions and to make the rehabilitation. Isokinetic equipment has been used since the 1980-th in American trauma centers for the rehabilitation [15].

It is necessary to say, that the social rehabilitation experience of the US Armed Forces is the most progressive. The creation of the social rehabilitation service on the scene of fighting gives the opportunity to reduce the number of combat veterans, who suffer from the mental health disorders. It helps to solve the problem of the social rehabilitation [11].

During the Second World War in the American army the hospitals for convalescent patients were the part of the system of the military health facilities. Wounded and ill people in the departments for the convalescent patients received the complex therapy in the connection with the physical training. At the same time, all wounded and ill people were confined to barracks [16].

The Combat Stress Center of the US Army, organized during the Persian Gulf War, is a perfect example of such health facility. Its personnel included 38 people, who during 6 months provided 514 patients with the health check and medical care. 650 thousand of American soldiers and officers participated in the Persian Gulf War. It was planned, that in the case of escalation of conflict and increase of the number of injured people, the personnel of the Center will be increased by the experienced psychiatrists from the rear area. For example, the emergency psychiatric care was necessary for the personnel of the 71st air rescue squadron of the US Air Force, which lost 5 people as killed and 19 people as wounded as the result of the bomb explosion in the Saudi Arabia [17, p.391-395]. During the next

2 days after the explosion, approximately 100 people of the personnel of the psychiatric clinic of the Patrick Air Force Base, Florida, were sent to the Saudi Arabia and provided with the medical care 100 injured people. The majority of people, who need care, appear during the first month of the combat operation [18].

In the American army, the system of measures of prevention of battle fatigue and their consequences defined in the special Field Manual FM 26-2 “Management of Stress in Army Operations”, they are: effective and stable troop command and control; high level of the battle training; physical cold training of the personnel; good state of health; ability of soldiers and officers to relax in hard battle conditions and to perform autogenic training [19, p.62-67].

Modern American army has 160 thousand of psychologist and rehabilitation therapists, who are distributed to military units, including frontline. Each of them takes care of 12-16 soldiers and members of operating personnel. Psychologist and rehabilitation therapists provide people with consultative and primary educational psychological care. There are different recommendations to the military command on the adaptation and rehabilitation of the military personnel on the different stages of the military service [20, p.13-18]. Troops, who were pullout, need social and psychological support, and soldiers, who returned home, need a hearty welcome, including enthusiasm, forgiveness, care [21, p.88-102].

The international cooperation of the Commonwealth of Independent States in the sphere of combat veterans’ rehabilitation also has the positive experience. These countries have the common history of the participation in the Second World War, in the Soviet-Afghan War and in the UN peacekeeping missions.

The decision of the Warriors-Internationalists Affairs Committee under the authority of the Council of the Heads of Governments of the Commonwealth of Independent States on the realization of the Conception of the development of the social and medical base of improvement of the quality of life and prophylaxis of the loss of the ability to work of the combat veterans, participants of the local conflicts, peacekeeping operations and victims of terrorism in the states-members of the Commonwealth of Independent States on 2006-2010 opens the new horizon of cooperation in the sphere of combat veterans’ rehabilitation [22].

2. Legal basis of support and rehabilitation of combat veterans. The current legislation has the aim to guarantee the legal protection and effective physical rehabilitation of the combat veterans [25,26]. It determines the basic principles of creating of legal, socio-economic, organizational conditions to eliminate or compensate for the consequences, caused by persistent health disorders, to support physical, mental, social well-being of the disabled people and to assist them in the achieving of a social and material independence. Also, the State target program for the period up to 2023 was adopted to increase the effectiveness of physical rehabilitation and psychosocial readaptation of combat veterans.

At the same time, imperfection and untimely adoption of important acts of legislation has serious consequences and impacts on the realization of rehabilitation and readaptation measures of combat veterans. The analysis of the state of normative legal support of social and professional adaptation of combat veterans confirms this. For example, the presence of significant bureaucratic obstacles is evidenced by the red tape regarding the draft Regulation of the Cabinet of Ministers of Ukraine “On a certain aspects of organization of social and professional adaptation of the combat veterans”, which was developed in 2015-2017, and after that it was in a permanent state of refinement under the Ministry of Social Policy approval procedure. The same situation took place with the adoption of the Regulation of the Cabinet of Ministers of Ukraine No. 1057 “On the approval of the Procedure of psychological rehabilitation of the combat veterans”. In December 2018 the ineffective activity caused the need to create and adopt the Regulation of the Cabinet of Ministers of Ukraine No. 1175 on approval of the Regulation “On the Ministry of Veterans”, which was empowered to form and realize the state policy in the field of social protection, provision of psychological rehabilitation, social and professional adaptation, employment, etc. of combat veterans, as well as the members of their families.

3. Institutional infrastructure and organizational aspects of providing of physical rehabilitation of combat veterans. It is necessary to note, that the states of the post-soviet territory have inherited the Soviet rehabilitation system, which has not yet undergone any fundamental changes during the last 30 years, except, perhaps, an increase in financing for sanatorium treatment and the provision of technical means of rehabilitation.

As usual, only some combat veterans underwent comprehensive rehabilitation after the participation in the military conflict. At the same time, experts say, that psychological adaptation is necessary for the majority of the combat veterans, because in the case of insufficient treatment the posttraumatic stress

disorder returns in future and becomes sharper. It should be noted, that the post-traumatic and postoperative sequelae are accompanied by changes in the functioning of many organs and systems, which causes numerous pathophysiological reactions.

Physical rehabilitation contributes to the maximum recovery of functional changes of the body. An important role in the remedial treatment by the means of physical rehabilitation belongs to the remedial gymnastics. Exercises help to restore motor activity, improve the functions of the cardiovascular system, restore the full respiratory mechanism, activate the secretory and motor functions of the digestive tract, improve kidney function, accelerate metabolic processes, etc. But it is necessary to say, that the positive impact of exercise take place only in a case of their systematic, purposeful and prolonged usage.

In particular, the necessity of continuous improvement of the mechanism of physical rehabilitation, creation of an effective institutional infrastructure and a generally national system of social protection, rehabilitation and readaptation of combat veterans is obvious. Today, the institutional infrastructure of the rehabilitation and readaptation of combat veterans includes a system of health care institutions, subordinated to the Ministry of Healthcare of Ukraine, as well as specialized medical institutions of the Ministry of Defense of Ukraine with the active participation of public, charitable, religious organizations and volunteers, medical and prophylactic facilities, medical-social centers and hospitals of war veterans work in all regions of the country [27].

Regarding the organizational aspects of the rehabilitation and readaptation of combat veterans, it is necessary to say, that active military personnel are permanently under the supervision of the command and, if necessary, receive rehabilitation assistance from psychologists, medical workers directly in military units and hospitals. They receive additional leaves and periodically go to departmental sanatoriums. Reserve officers and reserve soldiers are registered in social protection departments and receive the medical care like all citizens of Ukraine in accordance with general practice. If a veteran needs to receive a medical care or rehabilitation, he has to visit a family doctor, to go to an ambulatory-care clinic according to the place of residence, to stay in line. So, we see an absence of realization of accessible and complex habilitation and rehabilitation services, as well as absence of programs of personalized support for this category of citizens and their families.

The analysis of foreign experience of organization of the institutional structure of rehabilitation of combatants shows the effectiveness of the organization of specialized rehabilitation centers, in particular, centers for overcoming the consequences of psychological trauma (USA, Croatia). The cooperation of the government and the associations of public professional organizations is very useful, because it leads to the creation of a national system of distress tolerance centers, providing psychotherapy and psychological rehabilitation services for the population (Israel).

So, we think, that it is necessary to create a unitary rehabilitation space on the basis of the model of continuous support of combat veterans, to introduce an interactive map of providing social and rehabilitation services by uniform standards, as well as the systems of monitoring of their efficiency and quality at the state level. It is necessary to expand the institutional infrastructure of social and rehabilitation services with the help of creation of mini-centers in cities and territorial communities. These centers will ensure effective coordination of social and rehabilitation services, support of veterans and their physical rehabilitation on a permanent basis.

4. Economic aspects of ensuring of rehabilitation and reintegration of combat veterans.

Strengthening of the economic mechanisms of reintegration of combat veterans is a very important matter, as well as the development and improvement of legal and institutional instruments and measures.

During the development and realization of the economic mechanisms of combat veterans' reintegration, it is necessary to remember, that the majority of combat veterans are economically vulnerable, because: 1) they lost available assets and ability to accumulate new assets, which limits their ability to carry out high-yield economic activity with the obligatory condition of attracting of a large amount of capital; 2) as usual they have lower level of education and professional competence; 3) they were traumatized and need the physical rehabilitation; 4) they have knowledges and skills of the weapon usage, so they may belong to the group of high risk for safety. The disabled combat veterans are a special group, because they need not only a physical rehabilitation, but also the special preparation for the employment, preferential access to capital in the case of the individual entrepreneurial activity, participation in programs of reintegration personally and with the members of their families.

So, the mechanisms of the economical reintegration should be based on the principles of targeting, diversification, adaptability to the socio-economic profile of each combatant and internal economic environment of the country. At the same time, they must be strictly limited in time to prevent the onset of dependency syndrome, the economic behavior of the dependent and to provide other categories of people with the necessary support.

The reintegration of combat veterans includes economic mechanisms in monetized and non-monetized forms, such as: land ownership, financing of needs, housing, vocational education, etc.

The possibility to receive the property right to land makes the lasting social and economic effect of reintegration in the sphere of the individual employment.

For example, the legislation of Ukraine declares the free transfer of land plots to citizens, including the combat veterans and other categories of people. The citizens of Ukraine have the right to free transfer of land from the land state or municipal property in these sizes: a) to conduct farming – in the amount of land (share), determined for farms located in the village, town or city council, where the farm. If the territory of village and city council are several farms, the amount of land (share) is defined as the average of these enterprises. In the absence of agricultural enterprises in the size of the relevant council land (share) is defined as the average for the region; b) to conduct personal farm – no more than 2.0 hectares; c) for the conduct of gardening – no more than 0.12 hectares; d) for the construction and maintenance of residential homes, commercial buildings and structures (croft) in the villages – no more than 0.25 hectares, in villages – no more than 0.15 hectares in urban areas – no more than 0.10 hectares; e) for an individual country construction – no more than 0.10 hectares; f) for the construction of individual garages – no more than 0.01 hectares [28]. So, more that 12000 hectares were transferred to combat veterans.

The rehabilitation and reintegration of combat veterans need the essential financial resources, which may be non-official (alternative) and official (such as: budgetary funds, grants and loans from international financial institutions with low or zero interest, bank loans).

In particular, the structure of the budget expenses of Ukraine in 2018 shows, that: 97.024 billion UAH (9.8% of the budget) were spent for the defense (and only 59.351 billion UAH, or 8.7%, – in 2016); 22.618 billion UAH (2,3%) – for the healthcare (and only 12.465 billion UAH, or 1.8% – in 2016); 163.866 billion UAH (16.6%) – for the social protection (and only 151.962 billion UAH (22.2%) – in 2016). At the same time, the expenses for the public order, safety and judicial power increases from 10.5% to 11.9%. During the period of 2017-2020, in the structure of financing of the activities of strengthening of the national defense of Ukraine, we see an increase of the expenses for the creating of a unified logistics system and reforming of the medical system of the Armed Forces according to NATO standards. The total expenditure for these needs is equal to 31.796 billion UAH. 10.233 billion UAH will be spending in 2020, and only 2.899 billion UAH were spent in 2017. However, despite the positive dynamics of financing, budgetary policies regarding the usage of expenditures on sanatorium-resort treatment, rehabilitation, social and professional adaptation cannot be considered effective [29, p.171-173]. According of the State Budget of Ukraine, 2.473 billion UAH (2.6%) were spent for the medical care, rehabilitation and sanatorium treatment in 2018, and 1.994 billion UAH (3.4%) – in 2016. At the same time, the Accounting Chamber of Ukraine made the audit and came to the conclusion, that the allocated funds for the social support of combat veterans in 2016-2017 were used partially. In particular, the State Budget on 2016 allocated 100.8 million UAH for psychological rehabilitation, sanatorium-resort care, social and professional adaptation, but only 86.7 million UAH (86.1%) were spent for these needs, and the rest of money were returned back to the budget. 107.6 million UAH were allocated in 2017, and only 28.4% were used, herewith 22.7% (11.5 million UAH) – for the sanatorium-resort treatment, and 40.9% – for social and professional adaptation. At the same time, the sum of money for sanatorium-resort care was increased from 22.5 to 50.5 million UAH, and the organs of social protection concluded tripartite agreements for 28.1 million UAH. The level of psychological rehabilitation this year was 0.1% of the total number of persons included in the Unified Register. It was provided only in Kyiv and Zhytomyr regions. It happened as the result of decrease of the budget financing from 50 to 21.9 million UAH (and only 2.3 million UAH of them were used). Such reduction is related to the “long-term formation of the normative base of the Ministry of Social Policy on issues of social support for combat veterans, organizational miscalculations of the Combat Veterans Service and social protection organs in the procurement of services, ineffective management decisions of these bodies at all stages of realization of measures” [29, p.171-173]. Unfortunately, the situation has not fundamentally changed.

The access to the bank loan depends on the solvency of the borrower. It is necessary to mention, that Ukrainian banks feel the social responsibility and develop the innovative programs of social lending for the combat veterans and people, who suffered from the conflict on the east of the country. For example, the State Savings Bank of Ukraine (or Oschadbank) according to “The Social Entrepreneurship Program” gives such loans for 5-10 per cent per annum, at the same time other programs give the loans for 9-20 per cent per annum.

Different forms of international financial support were implemented. The World Bank gave almost \$ 17 million to the government of Rwanda in 2009-2014 for demobilization, support of social and economic reintegration of combat veterans, including women, children and disabled people. Also, it supported the Central African Republic government program and granted \$ 30 million for the social and economic reintegration of 5 thousand of combat veterans in 2017-2020 for the rebuilding of the country after years of conflicts. The World Bank started the development of the reintegration model of Donbass in 2019, and the International Partnership Support Fund was established for this purpose, thanks to the common efforts with Ukraine.

There are such alternative sources, as different funds, P2P lending, crowdfunding from the non-governmental organizations, entrepreneurs and natural persons, which are popular in the modern world for the solving of the financial problems of combat veterans (the support of the entrepreneurial projects, payment for the medical, transport and public utility services, purchase or rental of housing, support of mobility, compensation for long-term care, etc.).

The economic mechanism of the acquisition of professional competencies, which give the opportunity to enhance the profitability of economic activity and social status of combat veterans, is very important for the successful reintegration. The US legislation approved a program to cover the various costs of education (up to 36 months of study), licensing and certification, national testing. The Ukrainian state guarantee the support for the combat veterans and their children in the sphere of the receiving vocational and higher education (free provision of textbooks, internet access, dormitory, payment of social scholarships, full or partial tuition fees, long-term educational credits). At the same time, the absence of motivation for the receiving of the education is a serious problem, because the educational process is long, education doesn't guarantee privileges, the levels of employment and creation of a new workplaces are low.

It is necessary to inform and consultate the combat veterans about the economic possibilities, provided by the economic mechanisms of the reintegration. We support the ideas of the Kazakh scientists, that the countries, which have the same levels of incomes, education and healthcare costs, may have different opportunities in the sphere of the solving of the most sharp problems of the health protection. So, the creation of the national health care system must be based on the evaluation of the possibilities to solve the most important tasks under the certain economic, social and political conditions, according to the achievements of the international experience [23].

The study of the Kazakh authors “During the First World War Germany and Austria – Hungary prisoners of the Aulieata county” describes the problems of the fate of the prisoners of war [24], and it is very interesting in the context of the future scientific researches. It is necessary to add, that the problem of the rehabilitation of the prisoners of war is very important, especially for the countries, involved into the local armed conflicts. Also, the unresolved problems of medical rehabilitation indicate the imperfection of international law in this area.

Conclusion. The physical and other types of rehabilitation are based on the natural innate qualities of a person, such as physical activity, which becomes a major stimulant and therapeutic agent, revealing potential opportunities to restore physical working ability and, as a consequence, to improve psychological health and quality of life. At the same time, the success of the implementation of the programs of rehabilitation and readaptation of combat veterans depends on the perfection, timeliness of adoption of important legal acts, proper financing and rational use of budgetary allocations, effective management on the principles of public-private partnership, cooperation of state organs and non-governmental organizations. National systems of rehabilitation of combat veterans require a change of paradigm in accordance with the modern international approaches, standards and practices. The priority task of the state policy is to develop and to adopt the program of medical and psychological rehabilitation of combat veterans, which must be based on the fundamental economic calculations. The establishments, which have the experience of such activity, must consolidate their efforts with the aim to create the program of the

medical, social and psychological rehabilitation, based on the complex scientific research. Also, it is necessary to add, that the effectiveness of the economic mechanisms of reintegration enhances the quality of life of combat veterans.

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СОҒЫС АРДАГЕРЛЕРІН ФИЗИКАЛЫҚ САУЫҚТЫРУ ЖӘНЕ РЕИНТЕГРАЦИЯЛАУДЫҢ ҚҰҚЫҚТЫҚ, ҰЙЫМДАСТЫРУШЫЛЫҚ ЖӘНЕ ЭКОНОМИКАЛЫҚ АСПЕКТІЛЕРІ

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ПРАВОВЫЕ, ОРГАНИЗАЦИОННЫЕ И ЭКОНОМИЧЕСКИЕ АСПЕКТЫ ФИЗИЧЕСКОЙ РЕАБИЛИТАЦИИ И РЕИНТЕГРАЦИИ ВETERANОВ БОЕВЫХ ДЕЙСТВИЙ

Аннотация. Статья посвящена анализу правовых, организационных, экономических аспектов физической реабилитации ветеранов боевых действий. Охарактеризованы состояние и проблемы действующего законодательства Украины и ряда других стран. Доказано, что, несмотря на определенные достижения, до сих пор не существует эффективной комплексной системы социальной защиты, реабилитации и реадaptации ветеранов боевых действий.

Проведен анализ лучших практик зарубежного опыта реабилитационных служб для ветеранов боевых действий. Основное внимание уделено постсоветским государствам, европейским странам и США. Определено, что американская система реабилитации боевых ветеранов является наиболее эффективной, поскольку в ее основе лежит непрерывность реабилитационной деятельности.

Охарактеризована современная институциональная структура и организационные аспекты реабилитации и реинтеграции ветеранов войны. Обоснованы сущность, важность и необходимость физической реабилитации, создания единого реабилитационного пространства на основе модели постоянной поддержки ветеранов войны, внедрения интерактивной карты для предоставления услуг социальной реабилитации в соответствии с едиными стандартами, а также систем мониторинга их эффективности и качества на государственном уровне. Предлагается расширить институциональную инфраструктуру путем создания мини-центров в городах и территориальных общинах, что обеспечит эффективную координацию социальных и реабилитационных служб, поддержку ветеранов и их физическую реабилитацию на постоянной основе. Подчеркивается, что наряду с разработкой и совершенствованием правовых и институциональных инструментов и мер важно укреплять экономический механизм реабилитации и реинтеграции ветеранов войны. Сделан вывод о том, что успех программ реабилитации и реинтеграции ветеранов зависит от разработки и своевременного принятия необходимых правовых актов, надлежащего финансирования, рационального использования бюджетных средств, а также эффективного управления на условиях партнерства и сотрудничества государственных органов, неправительственных организаций и бизнеса. Доказано, что реинтеграция ветеранов боевых действий включает экономические механизмы (владение землей, финансирование потребностей, жилье, профессиональное образование) в монетизированной или немонетизированной формах на основе принципов адресности, диверсификации, адаптации к социально-экономическому профилю каждого комбатанта и внутренней экономической ситуации в стране. Сделан вывод о том, что национальные системы реабилитации и реинтеграции ветеранов боевых действий требуют смены парадигмы в соответствии с современными международными подходами, стандартами и практикой.

Ключевые слова: право, государственная политика в области социальной защиты, физическая реабилитация ветеранов боевых действий, реинтеграция ветеранов боевых действий, социальная защита ветеранов боевых действий, экономический механизм.

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