

Many War-Injured Military and Contractors Still Need Access to Aftercare and Support

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Abstract

The Defense Base Act requires the provision of medical care and disability benefits for contractors injured while supporting overseas governmental operations; however, many claims submitted under the act are denied, which indicates a systemic problem. Research is lacking on the effects of this practice on contractors' ability to recover from injuries and make life adjustments upon returning from war. The purpose of this phenomenological study was to explore how they lived experiences of contractors compare to those of members of the military injured during war operations. The findings indicated that, although the essence of the experience of war injury is similar for all participants, contractors perceived their access to injury care as unfairly limited compared to the access available to their counterparts in the military. Implications for the study included the need for government and political leaders to consider policy revisions and more effective implementation of the Defense Base Act to ensure more equitable provision of medical care and disability benefits to all injured war participants.

Key words: injured war contractors, Defense Base Act, denial of benefits, war injured military, contractors' aftercare and support

Introduction and Background

The practice of using civilians and contractors to support war activities has been common in the wars in Afghanistan and Iraq. The increased use and reliance on contractor support in overseas contingency operations generated the requirement to evaluate policies in connection with oversight, management, and aftercare of contractors (U.S. Government Accountability Office [GAO], 2008). The wars in Iraq and Afghanistan are the largest contractor-supported operations in American war-fighting history (Dunigan, 2013). The unprecedented use of contractors in overseas operations and the resulting injuries sustained by this population raised a number of questions among government leaders, military officials, and injured war contractors regarding the Defense Base Act (DBA) policy established in 1941. Very little information was available on the DBA policy and its use for contract activities associated with the global war on terrorism (GWOT). The U.S. Department of Labor (DoL) Office of Workers' Compensation Programs (DoL, 2013) administers the DBA policy without enforcement authority.

The plethora of media attention focused on Iraq and Afghanistan centers on the estimated costs of fighting the wars, war injuries, and long-term costs to provide military and veteran healthcare. According to Bilmes (2013), the costs associated with both wars will reach \$4 to \$6 trillion, which includes health care costs for America's military members and veterans. A discussion on the health care costs and support for contractors injured while participating in the two wars was missing from the media coverage. The concern with contractor injuries brought up the question of what system was intended by the government to provide medical and aftercare support to the injured contractors and where would costs for their support be absorbed. A review of the extant literature revealed the need for more current research on the experience of contractors injured while participating in the GWOT.

Many of the injuries sustained by contractors in Iraq and Afghanistan are similar to those endured by military members (Dunigan, Farmer, Burns, Hawks, & Setodji, 2013; Schooner & Swan, 2010). Studies conducted with injured military members and veterans supporting the GWOT have provided general insight into possible contractor injuries (see Messenger, Farquharson, Stallworthy, Cawkill, & Greenberg,

2012). Messenger et al. (2012) found that the denial of medical care and disability support to injured war contractors appears to complicate the healing process by contributing to prolonged injury recovery, increased emotional stress, and financial problems. Further research was necessary to understand injured war contractors' experiences.

Statement of the Problem

The research problem addressed in the study was the denial of health care and disability benefits to injured war contractors, which requires an achievable resolution that not only helps with physical injuries but also assists in the reintegration from war. The deputy secretary of labor acknowledged that DBA insurance providers denied 44% of claims involving injuries sustained in Iraq and Afghanistan and agreed with congressional leadership that the growing problem required a solution (Kucinich, 2009). More than 44,000 contractors have been killed or injured supporting operations in Iraq and Afghanistan since 2001 (Schooner & Swan, 2012). Pursuant to the requirements of the DBA, injured contractors should receive medical care, and the loved ones of those killed should receive death benefits.

Although the DBA program is responsible for providing medical care and disability support for contractors injured while supporting overseas governmental operations, insurance providers have denied claims submitted under the act, which indicates a systemic problem. Individual employment status should not serve to segregate war tragedies, but private contractors who supported the wars in Afghanistan and Iraq have encountered obstacles in the process of obtaining the care to which they are entitled as required under the DBA.

Purpose of the Study

The primary aim was to analyze and discuss the experiences of injured war contractors and discover how the experiences and denial of benefits have shaped their lives. The purpose of this study was to explore the experiences of contractors injured while participating in war operations overseas and the denial of medical care and disability benefits. Through this study, we sought to discover injured contractors' perception of the experience and its impact on their reintegration from war.

Definition of Terms

For the purpose of this study, the following definitions are provided:

Civilians: Nonmilitary citizens who work for all branches of the federal government (U.S. Department of Defense, 2013).

Defense Base Act: Provides workers' compensation protection to civilian employees working outside the United States on U.S. military bases or under a contract with the U.S. government for public works or for national defense (DoL, 2013).

Injured war contractors: Private contractors injured while working for the U.S. government in Iraq and Afghanistan or other countries in support of the GWOT (United States Code, 2012)

Service member: A person in the Army, Navy, Air Force, Marines, or Coast Guard, including active duty, reserves, and National Guard components (U.S. Department of Defense, 2013).

Assumptions and Limitations

We assumed that participants would be willing to share their experiences in an effort to highlight a growing problem. There followed an assumption that the participants wanted their experiences heard and would provide in-depth, open, and honest information to help the research audience understand their plight.

The assumption that injured war contractors are largely excluded from the recognition process, and that their efforts in support of the GWOT are marginalized, was a motivating factor for participation (Levitas et al., 2007). Studies of injured service members' war experiences served as the basis for the assumption that a phenomenological study was the best approach for this research effort (Feinstein & Botes, 2009; McCormack, Hagger, & Joseph, 2010; Shaw & Hector, 2010).

A major limitation of the study was the lack of previous research related to injured war contractors and their reintegration after war. Another limitation was the paucity of empirical-based evidence concerning the denial of medical care for injured contractors. The focus of the study was the lived experiences of contractors injured while supporting the wars in Iraq and Afghanistan and who had a disability claim denied under the DBA, as well as military members who were wounded in the Iraq and Afghanistan operations. A major threat to the research effort related to two additional areas: (a) the differences in people's experienced meaning, and the stories they tell about this meaning and (b) the connections between storied texts and the interpretations of those texts (Polkinghorne, 2007).

Literature Review

The framework of this study included the distributive justice theory, which is concerned with the perceived inequities and injustices among similarly positioned individuals (Törnblom & Vermunt, 2007). Additionally, the study included the reentry theory, reintegration theory, and transition theory. These theories helped frame some of the challenges that injured contractors encountered upon their return home to the United States after participating in the Iraq and Afghanistan wars.

Distributive Justice

The issue of equality in the services provided to injured war contractors returning from the Iraq and Afghanistan wars, compared to the services received by military members, lies within the realm of distributive justice theory. Phelps's (1987) theory of distributive justice concerns the just distribution of resources and benefits to all members of society. Arneson (2007) explained that the basis of distributive justice is the concept of all members of a society sharing equal rights. Some individuals, industrialists, and politicians have a major hold over the economy of the state and therefore enjoy more rights and benefits than the other members of society enjoy.

Because members of the military serve the country throughout their lives, they receive a larger share of state resources and medical benefits for recovering from their injuries. Cook and Hegtvædt (1983) contended that the services of military members are of far greater importance than the services of contractors. Accordingly, these authors noted that equal medical facilities and compensation insurance packages for injured war contractors who served for a short span of time is against the principle of distributive justice.

Equity Theory of Justice

Equity theory is another dimension of the distribution of benefits and for this reason was suitable for the theoretical framework of the study. With its roots forming the organizational framework, equity theory

serves to define the distribution of rewards based on the input and output from each member or employee (Greenberg, 1987). According to this theory, developed by Adams (1963), rewards given to people should equal the contributions, efforts, and suffering they experienced during the process. If a person has worked hard and served his or her time and efforts for a cause, then that person should receive a reward, even if the desired outcome did not occur.

Reentry Theory

Adjustment and recovery after the completion of duty in the war zone is a primary challenge for many individuals. Scholars have found that individuals who participated in combat activities and sustained injury or knew someone injured or killed are likely to experience greater challenges with reentry (Knickerbocker, 2011). Borus (1975) conducted one of the earliest studies on the reentry of military members and the challenges faced. Using Vietnam veterans as participants, Borus researched the coping behaviors of war veterans upon their return home. Through his study, Borus endeavored to understand the behavioral activity of Vietnam veterans in the transitional adjustment of returning to a society plagued by antiwar sentiments. Borus added that in the normal cycle of life, many people have to cope with change or some form of transition. Consequently, for military members, especially Vietnam veterans, the often-rapid transition results in maladjusted transitional behavior. The absence of a pre-redeployment period in which the veterans could collect themselves and prepare for their return home could be a major contributing factor to the emotional and physical maladjustments experienced by military members.

The application of the reentry theory to injured war contractors indicated that the perceived availability of medical care and disability benefits is crucial for recovering from their injuries. Moreover, the denial of disability support and medical care were unexpected for the injured war contractors, which contributed to the challenge of readjusting to life back home (Miller, 2009). Elbogen, Johnson, Wagner, Newton, and Beckham (2012) added that the rejection of the disability benefits and access to medical care are contributors to disruptions in the reentry environment.

Reintegration Theory

The United States is a social society, and it is important for injured contractors to have the opportunity for a successful reintegration into society. Resnik, Gray, and Borgia (2011) conducted research that revealed the importance of assessing social reintegration concerns and providing early interventions among Iraq and Afghanistan war veterans. Using a convenience sample of 35-year-old service members with injuries, Resnik et al. “conducted psychometric testing of Community Reintegration of Service members (CRIS) to measure veteran specific reintegration outcomes” (p. 90). Using the CRIS tool as a measurement instrument, Resnik et al. “determined that acceptance and support of the community proved to be an integral part of successful reintegration” (p. 92). The CRIS measure consists of three scales measuring perceived limitations in and satisfaction with community reintegration (Resnik, Tian, Ni, & Jette, 2012). The focus of the CRIS tool is skills used for normal daily functions such as reading, handling household maintenance, interacting with family members, handling stress, and performing daily routines. The aforementioned skills are essential for the individual in the social integration process and help injured contractors to return to major life roles.

Transition Theory

The application of the Schlossberg, Waters, and Goodman (1995) theory of transition led to an understanding of the impact and influence the transition process had on injured contractors as they attempted reintegration. Schlossberg et al. further identified four factors, referred to as the four Ss (situation, self, support, and strategies), that influence a person’s ability to cope with a transition.

Although Schlossberg et al.'s theory does not include an assessment tool to determine which behavioral change resulted from one or more of the transition types, applying the theory is still useful to enhance the possibility for a successful transition of the injured contractors. It is also important to assess the state of mind of injured contractors before, after, and at the time of transition to determine whether they have coped with the transition. The experience of war changes people and their perceptions; in the case of those injured supporting a war, unexpected obstacles such as the denial of medical care and disability support complicate their transition home. The growing social context of increased reliance on contractors to support government operations abroad indicates the need to help this population chart a successful course for transition upon their return home.

Methodology

Research Design

The qualitative research method was used to explore the human element associated with the injured war military members' and contractors' experience, which was determined as the best approach to help gather personal meaning, definitions, and characteristics specific to each participant. Phenomenology was suitable for exploring the lived experiences from a first-person point of view (van Manen, 1990) and led to reflections that helped to view the phenomenon through a fresh perspective to conduct the study as if initiated for the first time (Moustakas, 1994). Using the phenomenological approach helped us to capture the individual experience rather than measurements and explanations; it also enabled us to explore conscious accounts of the phenomenon (Moustakas, 1994). The research questions were as follows:

1. What are the experiences of military members and contractor personnel who sustained injuries while participating in the global war on terrorism?
2. How do the experiences of injured war contractors differ from those of military members with regard to the Iraq and Afghanistan wars?
3. What is the potential impact due to the difference in treatment?
4. Why does a difference exist in the medical care and support provided to returning injured contractors from Iraq and Afghanistan wars as opposed to the care provided to military personnel?
5. How applicable is the 1941 DBA policy to the current requirements of contractors supporting the war on terrorism?
6. What elements of the DBA should the DoL leaders in the Office of Workers' Compensation Programs consider updating or should they establish new policy that addresses the subject of enforcement and penalties for noncompliance with the act?

The hermeneutic phenomenological approach was the most effective for this study because it illuminated the lived experiences of the injured war contractors and emphasized the importance of accurate interpretation of their perspective. According to Marshall and Rossman (2011), when the focus of the study is to understand the human element associated with a phenomenon, use of the hermeneutic phenomenological approach is emphasized. The hermeneutic phenomenological research design was the most logical method to discover and interpret the injured war contractors' experience based on the meaning with the denial of care and disability benefits under the DBA. Phenomenology is just one of several qualitative approaches that focus on the lived experience.

The primary research aim was to analyze and discuss the experiences of injured war contractors and discover how the experience and denial of benefits have shaped their lives. Phenomenology was

appropriate for aiding in the formation of the open-ended research questions (Husserl, 1983). According to phenomenology, established by Husserl, the structured phenomena of occurring things, objects, and events that have left an impact on the overall outlook of the life of the person shape the experiences of people. In the essence of the theory, the experience does not include preconceived ideas and presuppositions, but only those events that are meaningful in the context of phenomenology and personally experienced by the individual.

The use of phenomenology that included the hermeneutic phenomenological approach aids researchers in creating a comfortable platform that encourages the participants to share their experience. According to Husserl (1931), empiricism is not the focus of phenomenology; rather, phenomenology is a transcendental philosophy associated with psychology. Ricoeur (1975) posited that hermeneutic phenomenology allows the flexibility to search for the true experience. The basis of hermeneutic phenomenology is interpretations that bring the information of the participants' lived experiences closer to a clearer understanding (Kidd & Kidd, 1981). Phenomenology worked well in providing a forum where injured contractors could speak freely on an issue that was deserving of a solution.

Sampling Methods and Procedures

This study used the purposeful sampling method and involved selecting participants who could inform the study through sharing their experience that directly related to the study's purpose. According to Patton (2002), candidates for a phenomenological study should be capable of providing information-rich and illuminative data that contribute to a greater insight of the phenomenon. Purposeful sampling was also an effective strategy when using a small number of cases in which the desire was to learn a great deal of knowledge regarding injured war contractors' denial of care and its impact on reintegration.

The use of a smaller sampling of injured participants enabled us to gather a representative sample because we considered the population of injured war contractors to be homogeneous. The sample size included participants from various geographical locations in the eastern United States to ensure reasonable variation in the settings and participants (Marshall & Rossman, 2011). In addition, previous researchers who focused on injured military members and veterans war experiences using the phenomenological design (Coll, Weiss, & Yarvis, 2011; Currier & Holland, 2012; Warchal, West, Graham, Gerke, & Warchal, 2011) also used a small number of participants. Thus, the literature review and the research questions helped provide for the sampling decision of nine participants (Marshall & Rossman, 2011, p. 104). In addition, we believed the sampling strategy would be affected after the study commenced, but only one referral resulted.

Instrumentation

To help facilitate the discussion on the lived experience of war, injury, and reintegration, participants answered a series of open-ended questions to share their experience and perceptions concerning war participation and reintegration from war. Marshall and Rossman (2011) noted using interview questions to help facilitate the telling of the experience is an effective strategy to obtain primary data (p. 94). The interview and discussion approach also allowed the opportunity to clarify any information that may not have been clear. The two-way exchange was helpful for the participants to obtain answers to any questions or concerns not previously made clear.

The interview questions were structured to explore the experience of working in a war environment. Initial questions covered details of how the contractors identified the work overseas in support of military operations. No demographic information was collected on any of the participants. The goal of the questions was to put the participants at ease to help prepare them for recalling the traumatic experiences and to ensure their comfort while sharing details about the experience.

Data Collection and Analysis

The primary data collection method for this study included telephonic interviews to provide consideration for the participants with medical conditions. Conducting face-to-face interviews is the preferred primary method of qualitative data collection; due to the medical concerns of the participants, one face-to-face interview was conducted. The face-to-face approach provided for greater interaction and observation of the participant. The face-to-face approach is beneficial in most instances because it enables researchers to observe participants' moods and mannerisms and gather data from body language (Janesick, 2011, p. 99).

The data collection process was guided by a semistructured style of interviewing that began with open-ended questions to engage and allow the participants to control the tempo of the interview. Using a semistructured interview approach enabled us to vary interview questions when needed; it also provided the flexibility to follow up on points made during the discussion. Patton (2002) noted the semistructured style is more conversational and leads to greater spontaneity to ask questions that focus directly on the phenomenon of the study (p. 343). Semistructured interviews also provided the ability to probe deeper or to rephrase a question if clarification was needed during the discussions.

There seems to be no universal rule to qualitative data analysis. The use of Colaizzi's (1978) seven-step method provided a structured process to describe, classify, and characterize the interview data. The participants' account of their experience was read and transcribed as the first step in the data analysis process. Next, statements of significant were extracted from each transcript. Meaning was formulated from the significant statements and organized into themes, clusters, and categories as appropriate. The themes were organized to formulate a preliminary picture of the phenomenon. Finally, a more detailed data analysis was done to evaluate and determine if results of the interpretation were an accurate reflection of the participants' experience. The use of the Colaizzi's method allowed for modifications as needed to benefit the study.

To aid in the process of data analysis, both the Atlas.Ti and NVivo 10 software tools were used to help drill down the analysis to the deepest levels and improve reliability of the study. Creswell (2007) proposed that the use of a software tool, especially in a phenomenological study, could help improve researchers' analysis of the data by improving the ability to see the codes and themes (p. 165). The use of the software tools enhanced the ability to produce an exhaustive rich description of the participants' experience from their voices and interview data as it pertained to injuries sustained in war and denial of disability benefits.

Credibility and Validity

Ensuring that research results achieved the desired aim of the investigated phenomenon facilitated validity of study. Lincoln and Guba (1985) suggested the use of four criteria, credibility, dependability, transferability, and confirmability, to help check accuracy of a study's findings. Creswell (2009) suggested eight techniques to help address the issue of validity. This study employed four of the suggested strategies: triangulation, member checks, clarification of researcher bias, and rich, thick data descriptions to enhance quality of the study.

To enhance the reliability of the study, we triangulated different data sources. Also known as data triangulation, the intent is to use different types of information to enhance the accuracy of the findings (Creswell & Miller, 2000), such as interviews, government documentation (congressional testimonies of injured war contractors), and observations. Triangulation was used during the data analysis process to help identify and group common themes to prevent overlapping areas and further enhance credibility.

Another measure used to enhance reliability was the member-check process. Member check, also known as respondent validation (Maxwell, 2005), is the process of obtaining feedback from the participants of the study. After completing data collection and transcribing the interview data, we sent the participants their transcription and asked them to comment on the accuracy and interpretation of their experiences in the transcribed reports. The participants' feedback focused on whether the researchers' understanding corresponded with those of the participant from whom the data were obtained (p. 111). Member checks served as an important tool during the data analysis and verification process. Only three participants provided feedback that the transcription was accurate, the other participants did not respond.

Lastly, rich data are the result of descriptive, specific observations coupled with detailed field notes that describe qualitative data and their subsequent representation in text (Given, 2008). The detailed descriptions, which provided a multitude of perspectives, contributed to a more realistic thick description, which contributed to the reliability of the findings. By collecting rich data, we sought to explore the varied complexities of the phenomenon studied (p. 795). Using a rich, thick data description not only leads to enhanced reliability but can also help grab readers' attention and help them share the experience.

Findings

Analysis and Evaluation of Research Data

The findings of the study resulted in nine themes that emerged from the analysis. The study included participants' text description of the war injury experience. The nine themes were issues with DBA insurer, claims denial and legal actions, dealing with mental and emotional issues, the dangers of working in a war environment, financial challenges, concerns with support from family and friends, lack of access to medical care and support, feelings of abandonment, and sense of patriotism. In the following discussion, participants are identified by a pseudonym.

Theme I: Issues with the DBA and insurance companies affected many returning contractors, and both contractors and military members had suggestions for improving the whole readjustment process and fixing the DBA. This theme includes the DBA, recommendations, and insurance companies. These are all issues affecting contractors rather than members of the military. The same is true for insurance companies, as contractors do not have access to the Veterans Administration and are dependent on insurance benefits supplied by the employer for medical care after returning home.

Theme II: Denied claims often led to court cases and legal actions against insurance companies. Theme II was closely related to Theme I. This theme consisted of court cases, legal actions, and denied claims. Most denied claims were followed by legal actions. As an example, a contractor stated, "I had to endure a long and grueling legal battle to reinstate the disability benefits that should have never been stopped."

Theme III: Returning military and contractors experienced various manifestations of posttraumatic stress disorder (PTSD), including sleep disorders. This theme included the PTSD and sleep disorder codes. Most interviewees who discussed sleep disorders were also diagnosed with PTSD. Problems adjusting to being home were manifest in these interviews. As related by Interviewee 001 (military, "It really takes its

toll on us and our families. Because when I came back I did not know about PTSD, no one knew about PTSD, and I was married, I came back it was totally different, I couldn't sleep."

Theme IV: Whether in the military or a contractor, all participants were performing a dangerous job during wartime and surrounded by fighting and death. Theme IV was created from the codes of dangerous job, death, fighting, and wartime experience. As explained by Interviewee 003 (military), "The experience is something where that you do not wish this on anybody." This sentiment was echoed by Interviewee 005 (contractor): "I went to war to the war zone and saw horrible things for 3 years." This theme related entirely to the experience of performing a dangerous job in a war environment rather than to the adjustment process and problems involved in returning home.

Theme V: Some returning contractors and military members experienced financial problems, which sometimes led to a need for assistance. This theme is relatively close to many injured contractors, as financial problems and the need for assistance occurred more frequently in the contractor interviews. Some contractors were unable to work upon their return and experienced financial difficulties. They also seem resentful about their financial problems and need for assistance.

Theme VI: Anger, fear, and other negative emotions affect interviewees' interactions with family and friends. This theme included the anger, family, negative emotions/worry, companionship, and fear/apprehension codes. Theme VI centered on the importance of family and friends in adjusting to a postwar environment. According to Interviewee 003 (military), family was an integral part of the returning home process; "all families were always welcome to listen to and try to understand what their spouse went through. So they could also be another set of eyes and ears as we talked about what resources are available to them." Interviewee 001 explained how the adjustment problems and negative emotions affected his relationships: "But, I did not fit in. Because I just wanted to be by myself. I did not want to be around anyone. I would be with them, but after a while I would go to my bedroom and stay in there."

Theme VII: In addition to suffering from physical issues, contractors also had problems with lack of support and medical care after returning home. Theme VII included the I was a contractor, lack of medical care, lack of support after returning home, caring and care provided, medical care, and physical injuries/problems codes. The counseling code was by itself just above this grouping, but based on correlations between counseling and the Theme VII codes, I included counseling in this theme. Counseling was suggested in most cases as part of the adjustment to being home; in some cases, the lack of counseling contributed to the perceived lack of support by contractors.

Theme VIII: Feelings of abandonment can lead to suicidal tendencies among both returning military and contractors. This theme included the abandonment and suicide codes. Interviewee 011 (military) explained her feelings of abandonment, saying, "And no one knew what was going on with me because I was too embarrassed to tell them and I just felt disconnected and I felt like nobody was going to understand." Some participants had suicidal feelings themselves; others watched fellow returnees contemplate suicide.

Theme IX: Members of the military returning from a demanding job need and receive some support in readjusting to being home, but they also exhibit enjoyment, patriotism, and pride in their jobs. This theme included the codes I was in the military, patriotism, work requirements, communication, job opportunity, training and education, enjoy life/pride in accomplishments, readjustment, and support network. Although some returning military experienced problems, most explained that they had the Veterans Administration and a support network behind them. They were proud of the job they had done in serving their country. Interviewee 003 explained part of his readjustment process: "It is not you come

back home and we just drop you off. You are constantly under someone's watch until you are helped through those tough times."

Examination of Research Questions in Relation to the Themes

Research Question 1: What are the experiences of military members and contractor personnel who sustained injuries while participating in the global war on terrorism? Military personnel and contractors serving in Iraq and Afghanistan described essentially similar experiences during their service. Both military and contractor groups experienced exposure to similar working conditions and life-threatening situations, witnessed similar traumatic events, and experienced similar injuries and short- and long-term psychological reactions to their situations, including suffering from PTSD. Interviewee 003 (military) said,

You will see someone sustain an injury or someone you know endure a fatal injury over there. You may see them one day, or you may not see them the next day. That applied to military or contractor because you never know when something came over the fence line, which could be a mortar attack, who it was going to hit or what it was going to hit.

Research Question 2: How do the experiences of injured war contractors differ from those of military members with regard to the Iraq and Afghanistan wars? In reading through the interviews, it seemed that military personnel and contractors described initial treatment provided at military hospitals similarly. However, during rehabilitation, recovery, and long-term care, the stories of the contractors and military personnel begin to diverge. None of the military personnel participating in the study described the treatment for their physical injuries as inadequate. Although some still suffer occasional pain from their injuries, they describe having recovered, being rehabilitated, and moving on from their injuries. The theme that applies most directly to injured military members was Theme IX: Members of the military returning from a demanding job need and receive some support in readjusting to being home, but they also exhibit enjoyment, patriotism, and pride in their jobs. They appeared to exhibit more pride and more satisfaction with their current lives than contractors did. These military members had severe physical and psychological problems after returning from overseas, but because of their support networks and medical care, they were able to work through these problems and go on with their lives.

In contrast to the described experiences of military personnel, the contractors' statements appeared to point toward a pattern of insurance companies being initially responsive but disputing long-term disability or compensation payments. Some of the problems experienced by returning contractors were expressed in Theme VII: Contractors, as well as suffering from physical issues, also had problems with lack of support and medical care after returning home. Lack of support and lack of medical care were consistent complaints of contractors injured on the job. They did not feel they received the support and care given to returning members of the military. Contractors also experienced financial problems due to the denial of disability benefits.

In terms of reintegration support, particularly treatment for those suffering from PTSD, the experiences of military participants were more varied, with several suffering from PTSD for a long time before seeking and receiving treatment through the Veterans Administration. The key difference between these interviewees and contractors suffering from PTSD was that the treatment was available to them when they sought it. The contractors described the treatment available for PTSD symptoms as inadequate: medication or no treatment at all.

Research Question 3: What is the potential impact due to the difference in treatment? The differences in care were partially illustrated by the differences in Theme VIII (relating to contractors) and Theme IX

(relating to military). Lack of support and lack of medical care were recurrent theme in the contractor interviews. Several contractors described having their doctor's prescribed medical treatment jeopardized because of their insurance carrier's denial or refusal to pay for treatment. In some cases, the contractors directly attributed a delay in their recovery or potential diminished effectiveness of treatment to having to fight to get their treatment covered. This problem was illustrated by Theme II: Denied claims often led to court cases and legal actions against insurance companies.

Financial hardship was felt at times by both returning members of the military and contractors. The difference, however, appeared to be that the hardship was more likely to continue for injured contractors. Several contractors whose injuries caused disability and compromised their ability to seek employment and were in prolonged claims disputes described undergoing financial hardship due to insurance company delays, receiving denials in disability benefits, or having to pay out-of-pocket expenses to continue their medical treatment. Spatially close to the *I was a contractor* code in the cluster diagram is Theme V: Financial problems were experienced by some returning contractors and military, which sometimes led to a need for assistance and support.

Research Question 4: Why does a difference exist in the medical care and support provided to returning injured contractors from Iraq and Afghanistan wars as opposed to the care provided to military personnel? The contractors interviewed who had suffered injuries or PTSD, and did not receive adequate treatment and support, identified several aspects of the DBA process that directly contributed to their ordeals. All had to do with disputing the insurance carrier's denial of medical or disability coverage. All study participants agreed on the importance of the contractor role in the war effort. Interviewee 004 said, "The only real difference [between military and contractors] was I always had to wear my weapon. In other regards, we all worked as a team and it was nice." Interviewees from both groups described contractors' role as essential, working together as a team, and serving their country.

Research Question 5: How applicable is the 1941 DBA policy to the current requirements of contractors supporting the war on terrorism? According to participants, problems with the DBA, how it is interpreted, and how it is enforced led directly to the lack of care and support they encountered after returning home, as explained in Theme VII. Interviewee 005 (contractor) explained contractors' problems in receiving care under the DBA:

Congress quickly put together Defense Base Act and it was supposed to be a quick and easy way for injured workers working for the government in dangerous situations and their families to be taken care of. . . . We are supposed to get the benefit of the doubt, it is supposed to be weighted on our side. . . . Just follow the letter of the law. The process is meant to be quick and easy.

These participants argued that insurance companies were motivated to continue the dispute and make it as difficult on the claimant as possible in an effort to avoid long-term compensation. Along the same lines, the family of an Iraqi contractor killed in service experienced what seemed to be an attempt by the insurance company to expedite a lump sum payment that was less than the amount to which the family was entitled. Injured contractors also described their companies as being uninterested in their well-being and care when they returned after being injured. Their experiences indicated that companies did the bare minimum to cover their liability for the contractor and farm out the dirty work to the insurance carrier, thus undermining the original spirit of the Defense Base Act.

Research Question 6: What elements of the DBA should the DoL leaders in the Office of Workers' Compensation Programs consider updating or should they establish new policy that addresses the subject of enforcement and penalties for noncompliance with the act? Participants suggested several

ways in which to improve the current DBA system to meet the needs of injured contractors. At a minimum, participants suggested changing the profit structure of the DBA system to de-incentivize litigation over disputes. Again, this related to Theme I: Issues with the DBA and insurance companies affected many returning contractors, but both contractors and military members had suggestions for improving the readjustment process and fixing the DBA. The contractors in long-term disputes did not trust that insurance companies acted in good faith and suffered no consequences for their actions. Therefore, holding insurance carriers accountable for the wrongful denial of claims or acting in bad faith is an essential fix for the DBA system.

The exploration of the experience of war injury, access to medical and aftercare support, and the effect on reintegration resulted in findings that connect military and contractor personnel in several areas. The availability of medical and aftercare support to military persons does not diminish the challenges they face with adjustment from war injuries. It does however aid in their healing and reintegration. The findings indicated that military members desire additional services to help them acclimate back into society. Contractor personnel perceived that if the same or similar medical and aftercare support were available to them as was available to the military, it would help aid in their reintegration efforts. Collectively, the contractor participants reported that challenges in obtaining access to medical care and disability benefits for contractors bred feelings of injustice and resulted in self-analysis regarding whether the same path would be followed for future military operations. The denial of access to medical care for several of the participants resulted in delays in the healing and recovery process and contributed to emotional, physical, and financial challenges. Both populations posited that access to medical care should be available to all injured war participants to aid in the recovery from war injuries.

Summary and Implications

Summary

This study contributes to the literature on the injured contractor population of war participation and injury. The focus was on a topic that has not generated much research. The increased reliance on contractors to participate in military and federal government operations supports the timing and contribution of this study. It is imperative to understand the experience of reintegration and transition of contractors injured during war operations, which includes critical medical care, disability benefits, and access to mental health resources. This study helps start the sensitive discussion.

The findings in the current data indicated the need for improvements with the enforcement system of the DBA policy. A difference exists in the way that contractors and members of the military are treated upon returning home. This difference even carries over to the care of serious physical injuries and problems, as well as with psychological problems and PTSD issues, which leads to anger and resentment on the part of contractors. Allowing contractors access to support services similar to those offered by the Veterans Administration or military would help close the gap in reintegration support that was made so clear in participants' experiences. Even the military interviewees agreed that contractors carry out an important function of the war effort. Thus, the differences in postwar care need to be addressed.

This study involved some limitations. The study was based on self-reported reflections and recollections. All interviews and testimonies were subject to biases based on faulty memories. Any negative experiences could also bias the description of results as described to the researcher. The number of participants in the study was small. Only four members of the military and four contractors were interviewed, as well as a family member of a fatally wounded contractor. The sample size did not allow for a generalization of the findings to all injured war participants.

Implications

The DBA is the primary source of benefits and support for contractors injured in overseas war operations. The literature reviewed indicated that contractors' injuries are similar to those suffered by military personnel and require the same need for access to medical care, disability benefits, and aftercare support. The continued absence of care to the injured contractor group prolongs the healing and reintegration process. Understanding the impact the denial of benefits has on local, state, and federal social service would be helpful in determining a cost of war not currently researched from the injured war contractor capacity.

As the administrator of the DBA, the DoL could be established as a true management entity that has a method or system to investigate, consider, and recommend the solutions to service-related disputes with service providers. Providing the DoL the authority to override insurance companies' denial and enforce administrative court orders would be an important improvement to ensure injured contractors have access to medical care and disability benefits. DBA insurance is paid for with taxpayer resources; ensuring medical care and disability benefits are provided through the DBA program could minimize additional costs to taxpayers associated with legal action and could reduce reliance on local and federal social service programs. Addressing concerns with the DBA program could help contractors reintegrate from war and facilitate the transition process.

Creating nonprofit or governmental support organizations could help to provide outreach to injured contractors and ensure access to local resources is available. Many nonprofit organizations were established after the start of the wars in Iraq and Afghanistan to help injured military members and their families. Similar or partnership services to injured contractors would be useful. It is imperative to understand the reintegration and transition of contractors injured during war operations, which includes critical medical care, disability benefits, and access to mental health resources.

Patriotic feelings motivated both military and contractors; both groups served their countries. Differences in postwar care need to be addressed at a policy level to ensure the United States protects all those who have made or will make extreme sacrifices to protect Americans. The experiences of these protectors demonstrate that the true cost of freedom ought to be shared among all citizens to the extent that it can be and not shouldered only by a few.

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