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**Soldier, Contractor, Trauma:
The Governance of Post-Traumatic Stress Disorder
in the Private Military Labour Market**

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Abstract

The article explores the governance of post-traumatic stress disorder (PTSD) among soldiers-turned-contractors in the private military labour market. Using original data relating to the UK case, it argues that this governance regime is best understood as a political economic process which transcends the public-private divide. On one side, PTSD is managed as an economic issue – a calculation to be factored into the pursuit of profit maximisation. On the other side, it is managed as a political or social issue – a component of the civil-military relationship in which state and society have a duty to care for all those who have served and sacrificed in defence of the nation. In other words, this process is shaped by – and gives shape to – the complex professional identity of the individuals under examination: they are private military contractors and, at the same time, armed forces veterans.

Key Words

civil-military relations, contractors, post-traumatic stress disorder, private military labour market, soldiers, veterans.

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'There are thousands of mercenaries out here, private military guys like myself who are suffering from the same thing that I am'

Danny Fitzsimons, speaking from his Iraqi prison cell in 2010¹

Introduction

Born in 1980, Danny Fitzsimons joined the Royal Regiment of Fusiliers on leaving school aged 16. Two years later he was deployed to Kosovo where one day out on patrol he discovered the mutilated remains of a local boy he had recently befriended – an experience, he claims, which has repeatedly come back to haunt him. He joined the Parachute Regiment in 2000, completing tours in Macedonia, Northern Ireland and Afghanistan, before being discharged in 2005 after failing a drugs test. By this time, he had also accrued convictions in the UK for possession of an offensive weapon and criminal damage. Like thousands of other armed forces veterans, he then found employment as a private military contractor on the post-9/11 battlefields of Iraq where he witnessed a colleague burn to death inside a car following an ambush on his convoy – another incident, he says, which has plagued him ever since. He was sacked for unprofessional behaviour by Aegis Defence Services in 2007 and Olive Group the subsequent year. Over this period, he also accumulated further convictions in the UK for battery, robbery and possession of ammunitions without a certificate. In May 2008, he was diagnosed with post-traumatic stress disorder (PTSD) by a court-appointed doctor and soon afterwards collected another conviction in the UK, this time for racially aggravated assault. In August 2009, he once more found employment as a private

¹ Quoted in Owen (2010).

military contractor in Iraq working for ArmorGroup – a company purchased by G4S the year before. This was to be the defining moment in his story. 36 hours after arriving in Baghdad he shot dead two fellow contractors – one British, one Australian – in the heat of an argument. Two years later, he was given a 20 year prison sentence on two counts of murder, making him the first Westerner to be convicted in an Iraqi court since the beginning of the Coalition invasion. Despite ongoing efforts to transfer his sentence to the UK, he remains today in an Iraqi prison cell (on the details of this account see: Gillard 2009; Owen 2010; Head 2011; Hattenstone and Allison 2014; Reprieve 2018).

Over the past decade, the story of Danny Fitzsimons has become well known. Reflecting on the affair six years after it unfolded, a coroner presiding over one of the inquests described it as nothing less than a ‘defining moment globally in the security industry’ (Topping 2015). During the course of the extensive post-incident media coverage, the foremost question raised by his family, the families of his victims, legal professionals, human rights advocates and even the Chairperson of the United Nations Working Group on the Use of Mercenaries was: how did Danny Fitzsimons manage to gain employment in ArmorGroup given his fragile mental health and the dangerous nature of private military work? As one of the barristers involved in the legal proceedings puts it: ‘Fitzsimons was an accident waiting to happen. What you don’t do with someone who may have PTSD is give them a gun and allow them to work alongside others in a stressful environment’ (Gillard 2009). This question received some kind of an answer in 2014 when a BBC investigation obtained an internal review of G4S recruitment practices circa 2009 showing that in the case of Danny Fitzsimons key documents were missing such as a completed application form and past employment references (Poling 2014). The problem, it seems, revolved around poor human resource practices. Thinking more deeply, however, this answer raises many more

questions than it resolves. What happens if soldiers-turned-contractors do show symptoms of PTSD during the pre-deployment recruitment process? What happens if they exhibit symptoms while on deployment? What happens if they display symptoms post-deployment? What training and/or support are they offered at these various stages of the employment cycle? These questions are important because they go beyond the singular and high-profile case of Danny Fitzsimons and touch upon the wider and less visible experiences of other soldiers-turned-contractors who have developed symptoms of PTSD during their transition from the armed forces to the private military labour market and beyond.

The purpose of the article is to address these questions. Drawing upon original data relating to the UK case, its central argument is that the governance of PTSD among soldiers-turned-contractors in the private military labour market is best understood as a political economic process which transcends the public-private divide. On one side, it is managed as an economic issue – a calculation to be factored into the pursuit of profit maximisation. On the other side, it is managed as a political or social issue – a component of the civil-military relationship in which state and society have a duty to care for all those who have served and sacrificed in defence of the nation. In other words, this process is shaped by – and gives shape to – the complex professional identity of the individuals under examination: they are private military contractors and, at the same time, armed forces veterans. Lastly, it is important to emphasise that in pursuing this line of reasoning the article develops new connections between the disciplines of international relations, political economy, health science and criminology – a reflection of the fact that the complex life-course trajectories travelled by soldiers-turned-contractors tend to cut through traditional state-centric disciplinary boundaries

in the social sciences and thus require a flexible interdisciplinary approach (Hawks 2016).

The argument develops over six further sections. The next section reviews the extant political economic literature on the private military labour market, both to add theory and context and to map out the article's original scholarly contribution. It also outlines the article's methodology. The subsequent section explores the symptoms and prevalence of PTSD among soldiers-turned-contractors. The following three sections investigate how these symptoms are managed during the pre-deployment, deployment and post-deployment stages of the employment cycle. The final section reviews the article's main findings and clarifies its original scholarly contribution.

Theory, Context and Method

The central tenet of political economic analysis is that markets are not self-regulating entities animated by profit-maximising economic actors alone – as the dominant neoclassical economic paradigm suggests – but are dependent upon and constituted through a vast array of political and social structures, from international organisations and state institutions to familial relationships and religious beliefs. Take these structures away, so the logic goes, and markets as we know them cease to function. The task of political economic analysis is to uncover and explore this dialectical relationship between (political and social) structure and (economic) agency, in the process challenging the hegemonic status of neoclassical economics (Gamble et al 1996). Over the past three decades or so, this agenda has reached into almost every corner of social scientific enquiry – and the extant scholarship on the rise of the private military labour

market is no exception. Roughly speaking, this scholarship has taken shape in two waves.

The first wave cleaves towards a more neoclassical economic logic, emphasising how the shifting landscape of global conflict during the 1990s established the conditions for the distinctive supply/demand dynamics which underpin the private military labour market (for an overview see: Rosen 2008; Singer 2008). Impatient to realise a much anticipated post-Cold War 'peace dividend', political leaders across the globe set in motion extensive military downsizing programmes amounting to a collective reduction of approximately 7 million soldiers (Singer 2008, p.53). However, the assumption of a peaceful new world order proved to be a false one. The thinning out of superpower military presence had the unintended consequence of releasing previously suppressed civil tensions throughout Eastern Europe, Africa and South Asia, causing a groundswell of small-scale wars (Kaldor 2012). While many Western states sought to intervene in (some of) these wars, they no longer necessarily had the frontline capacity to do so. In line with neoliberal economic thinking, they resolved this conundrum by turning to the growing number of companies seeking to profit from this vacuum by repurposing ex-service personnel as private military contractors. Between 1990-2000, these contractors were deployed in 80 conflicts worldwide, most notably in the former Yugoslavia (Rosen 2008, pp.79-80). The sector then experienced further rapid expansion on the post-9/11 battlefields of the Middle East, where Coalition forces found themselves facing down unexpected resistance from insurgents and once again turned to the private military labour market to compensate for a shortfall in frontline capacity (Isenberg 2009). At the height of these operations, there were an estimated 54,000 armed private military contractors working for Coalition forces in Iraq and

Afghanistan, and many tens of thousands more carrying out a wide range of unarmed logistical and support functions (Krahmann 2012, p.344).

The second wave assumes a more explicit political economic approach, recognising the importance of these supply/demand dynamics, while simultaneously emphasising that they are not taking place in an unfettered marketplace. They are instead, so the reasoning goes, dependent upon and constituted through a range of political and social structures, ranging from the norm against mercenarism (White 2018a) and the racial legacies of colonialism (Chisholm 2015) to gender politics (Eichler 2015) and past military training (Higate 2012). The article's main scholarly contribution is to advance this second wave. Issues of health governance have not until now received any attention from a political economic perspective – though they have received some consideration from an occupational health perspective (see Dunigan et al 2013). Yet, as the following sections illustrate, these issues do tessellate neatly with the distinctive picture taking shape in this wave. In particular, build upon the work of Higate (2012) on the relationship between the past military training and the private military labour market. Higate observes how the primary exchange value in this labour market is the capacity of contractor 'bodies' to respond to crisis situations (e.g. coming under small arms fire) in a pre-reflexive (or automatic) manner. He goes on to illustrate how this value is initially produced in the 'total military institution' where soldier 'bodies' are drilled into achieving this capacity, before it is transferred into the labour market through the aforementioned dynamics of supply and demand, where it is then sustained in quasi-military conditions by specialist companies. As he remarks: 'the conditions under which the value of the sector grew at this time were made possible by the availability and willingness of individuals trained in the legitimate discharge of

violence – veterans – to exploit, and be exploited by, neo-liberal forces’ (Higate 2012, p.36).

While Higate’s analysis draws our attention to how the bodies of soldiers-turned-contractors are readied for deployment in hostile environments through a combination of past military training and supply and demand, the present discussion focuses on how their traumatised bodies are managed through a similar combination of factors. The institutions in question, however, are not those responsible for drilling the bodies of soldiers-turned-contractors in the pre-reflexive discharge of violence, but repairing them following exposure to such violence. For the cohort under examination here – that is, British soldiers-turned-contractors involved in the War on Terror and its aftermath – the relevant institutions are situated in the public and third sectors. On one side are the Ministry of Defence health and wellbeing policies established from mid-1990s onwards in response to the post-combat difficulties experienced by Gulf War veterans. On the other side are the manifold armed forces charities founded over the past century to support soldiers and veterans in need (Mumford 2012). The significance of the welfare-orientated activities undertaken by these institutions has risen considerably over recent years in line with the mounting discourse surrounding the Military Covenant – a term which in the popular consciousness has come to encapsulate the idea that state and society have a duty to care for all those who have served and sacrificed in defence of the nation (Ingham 2014). Against this backdrop, the ensuing sections uncover and explore the political economic processes through which these welfare-orientated activities (or political and social structures) intersect with the profit-maximising activities of private military companies (or economic agency) to manage symptoms of PTSD among soldiers-turned-contractors in the private military labour market.

Before commencing with this line of reasoning, however, a note on methodology is in order. The article draws primarily upon original interview data. Between 2012 and 2015, I used a combination of purposive and snowball sampling to conduct interviews with 18 private military contractors, 13 private military company executives, 22 armed forces charity workers, three former civil servants and two other stakeholders, all with current or past connections to the UK private military labour market.² While my main line of questioning focused on the broad issue of demobilisation, 8 contractors (hereafter C1 – C8), 10 executives (hereafter E1 – E10), 5 charity representatives (hereafter R1 – R5) and both stakeholders (hereafter S1 – S2) offered specific insights into the prevalence and management of PTSD among soldiers-turned-contractors. Over the following sections, this dataset is interpreted through a political economic lens to construct a narrative on the governance of PTSD in the private military labour market. It is important to recognise the limited generalisability of this dataset, however. Given the sampling techniques used, the extent to which it is representative of either the UK private military labour market or similar labour markets in other countries remains unclear. As such, this article should be regarded as a first-cut single case study which unearths previously obscured labour market dynamics rather than a systematic multi-case study which tests the reach of already known dynamics.

Symptoms and Prevalence

² The names of all individuals and organisations in this primary dataset are withheld to protect the anonymity of the interviewees.

With hindsight, the development of mental health problems among soldiers and veterans following exposure to traumatic situations is evident in accounts of war dating back to the antiquity. However, it was not until more recent times that PTSD – as these symptoms came to be known – was formally recognised and defined by the medical community, first appearing in the American Psychiatric Association’s 1980 Diagnostic and Statistical Manual as a reaction to the mental health problems experienced by Vietnam veterans, before appearing in the World Health Organization’s International Classification of Diseases twelve years later (Turnbull 1998). The diagnosis covers a range of symptoms – listed in Box 1 – which can be triggered through exposure to traumatic events, either straight away or years after they took place.³ Given the nature of these symptoms, those suffering from PTSD can be vulnerable, unpredictable and sometimes volatile and as a consequence present a danger to themselves and others. There is evidence now linking the condition among veterans to physical deterioration, suicide, homelessness, aggression, violence and criminality (Ramchand et al 2015) – as the case of Danny Fitzsimons illustrates so vividly. It is for this reason that a growing number of institutions in the public and third sectors have become ever more attuned to soldiers and veterans suffering from PTSD. Yet it is important not to over emphasise its prevalence in the armed forces. While PTSD has come to occupy a prominent position in the public consciousness over the past few years, a prominent study by Fear et al (2010) suggests that the prevalence of PTSD among UK armed forces personnel deployed to Iraq or Afghanistan since 2003 is actually only 4.%.

³ It is important to note that respondents need not exhibit every symptom on the Checklist to receive a PTSD diagnosis – they only need to display particular combinations to a certain degree of intensity.

Box 1: PTSD Checklist – Military Version (PCL-M)

1. Repeated, disturbing memories, thoughts, or images of a stressful military experience.
2. Repeated, disturbing dreams of a stressful military experience.
3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it).
4. Feeling very upset when something reminded you of a stressful military experience.
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience.
6. Avoid thinking about or talking about a stressful military experience or avoid having feelings related to it.
7. Avoid activities or talking about a stressful military experience or avoid having feelings related to it.
8. Trouble remembering important parts of a stressful military experience.
9. Loss of interest in things that you used to enjoy.
10. Feeling distant or cut off from other people.
11. Feeling emotionally numb or being unable to have loving feelings for those close to you.
12. Feeling as if your future will somehow be cut short.
13. Trouble falling or staying asleep.
14. Feeling irritable or having angry outbursts.
15. Having difficulty concentrating.
16. Being “super alert” or watchful on guard.
17. Feeling jumpy or easily startled.

Source: United States Department of Veterans Affairs

Regardless of its prevalence, the medical and policy communities have nevertheless established a connection between PTSD and the armed forces. There is debate, however, over the extent to which this connection should automatically be

extended to the private military labour market. Some argue it should not on the basis that while soldiers engage in offensive combat operations, private military contractors only carry out defensive non-combat operations, such as the static and mobile protection of persons and property – a distinction which has its roots in international law (Percy 2007). As one executive observes: ‘They might have the odd contact with hostility, but they’re not going out on regular fighting patrols. They wouldn’t come under the same stress levels as a serving soldier out on patrol’ (E1). Likewise, one contractor remarks: ‘The Forces are more in need of PTSD support because they’re more frontline. We’d try to keep out of it. That was our job. There were less incidents than in the army’ (C1). Others, however, regard this as a false dichotomy. To begin with, the distinction between offence and defence is highly nebulous in practice, meaning contractors are sometimes called upon to directly engage the enemy. Another contractor notes, for instance, that ‘Iraq is dangerous work. Plenty of guys get killed. Ex-paras are selected to go out there to do fighting in dirty areas’ (C2). Furthermore, even in more obviously defensive situations, contractors are still wide-open to potentially traumatic events. ‘You’re exposed to traumatic experiences same as in the military’, reminisces a further contractor, ‘you don’t have to engage. You can get blown up at every checkpoint going into the Green Zone. I was blown up and shot at. You don’t need to engage to get PTSD’ (C3). Moreover, there is not necessarily a linear relationship between the objective severity of a traumatic event and the intensity of any resulting PTSD symptoms – as shown by the original trigger in the Danny Fitzsimons case where it was a personal connection with one deceased person rather exposure to a bombs and bullets which allegedly caused this event to traumatise him so deeply. By this logic, private military contractors may actually be just as likely to develop symptoms of PTSD as soldiers.

Importantly, the only large-scale study undertaken on this issue supports the latter position. Dunigan et al (2013) surveyed 660 contractors deployed to a hostile environment at least once between 2011 and 2013 – the vast majority of whom (84%) were soldiers-turned-contractors. Approximately one quarter were British and, of these, 12% reported symptoms of probable PTSD (Dunigan et al 2013, p.45).⁴ On the surface, this suggests a rate of prevalence three times greater than their public sector counterparts. Yet the precise ratio is open to interpretation. This is because it is difficult to ascertain whether or not the triggering events in question occurred during their time in the armed forces or the private military labour market. One contractor succinctly captures this ambiguity: ‘You clearly see guys who’ve been affected by what’s happened to them. But it’s increasingly difficult to differentiate the cause due to the number of veterans from Iraq and Afghanistan’ (C4). Indeed, there is again perhaps no better illustration of this opacity than Danny Fitzsimons, who claims to have witnessed traumatising events as both soldier and contractor. Either way, the salient point is that the rate of prevalence in the private military labour market is sufficiently high to prompt many (if not most) UK-based companies to manage symptoms of PTSD among soldiers-turned-contractors in the pre-deployment, deployment and post-deployment stages of the employment cycle. Moreover, their largely profit-maximising activities intersect with the aforementioned welfare-orientated programmes rolled out in the public and third sectors for soldiers and veterans in need, bringing into effect a complex governance regime which transcends the public/private divide.

⁴ Dunigan et al (2013, p.45) also reveal that the prevalence of probable PTSD among US contractors (who made up 61% of their sample) is much higher at 32%. The reasons for this striking difference represent an interesting topic for future research.

Pre-deployment

Generally speaking, once a company has secured a contract with a client (or contract holder) – most often a government department, multinational corporation or non-governmental organisation – it goes about recruiting the requisite number of appropriately skilled soldiers-turned-contractors from the private military labour market. In addition to seeking references and recommendations, it has become the industry norm to screen applicants for symptoms of PTSD during this process. Larger companies with greater resources usually accomplish this task through an in-house doctor, as one executive describes:

We retain a doctor part time. Each candidate must present a letter signed by their GP [General Practitioner] saying they don't have [diagnosed] mental health issues. Our doctor checks them. We can't personally speak to their doctors about their mental health but our retained doctor can, doctor to doctor. If our doctor signs them off they can work for us (E2).

Smaller companies with fewer resources more commonly open up a direct line of communication with the doctor of the applicant, as another executive explains: 'During vetting and screening I can ask their GP if there is any reason why I can't employ them and the GP can issue a psychological form. It's part of the vetting and screening process' (E3). When carried out effectively – and this is clearly not something to be taken for granted given the Danny Fitzsimons affair – the effect of these two approaches is more or less the same. If a doctor declines to 'sign them off', or if symptoms of PTSD are

alluded to in the accompanying references and recommendations, the applicant most likely fails the recruitment process on grounds of poor mental health.

For those applicants who fall into this category, little in the way of support or advice is offered by companies. Indeed, many executives convey a mixture of relief and satisfaction in their ability to avoid such applicants. One articulates this sentiment in the following words: 'We have a very thorough vetting process as we don't want anyone with psychological trauma potentially carrying a weapon to protect clients. We weed people out at the recruitment stage' (E4). Interestingly, another does express frustration about casting these failed applicants back into the labour market, remarking how:

Data protection is a problem. We're not allowed to send their CV to other companies to warn them that this guy hasn't passed our screening. So these guys bounce around like they're in a pinball machine while the sector does nothing. It's difficult to do anything because of data protection. The best scenario if they've failed the PTSD screening would be if we could register them into a system, but we can't (E2).

It is notable, though, how the concern here appears to be more for the integrity and reputation of the sector than it is for the welfare of the applicants themselves. While this perhaps makes sense from an economic and operational perspective, it reinforces the point that the health and wellbeing of applicants is not a priority. This quote also highlights how privacy laws can unintentionally make the already difficult situation faced by applicants even more precarious. As such, once they are 'weeded out' their fate is to 'bounce around' the private military labour market 'while the sector does nothing'.

To be sure, given that in the above scenarios symptoms of PTSD have been diagnosed by a doctor, these applicants do have the option of pursuing treatment in the public healthcare system, especially when access to this system is free at the point of entry as is the case in the UK. However, this course of action was not mentioned by interviewees, so it remains no more than logical speculation.

At first glance, the governance of PTSD among soldiers-turned-contractors in this stage of the employment cycle seems to be dominated by the profit-maximising activities of companies. Guided by a straightforward logic of supply and demand, they populate their contracts with healthy recruits, screening out and discarding any applicants who display symptoms of PTSD. For companies, in other words, these symptoms essentially represent an economic issue to be factored into profit/loss calculations, rather than a social issue animated by considerations of welfare.

Furthermore, those public and third sector institutions which do regard symptoms of PTSD among soldiers-turned-contractors as a social issue are conspicuously absent from the equation. This absence, however, is partly a deception caused by the article's organising categories. The employment cycle under examination is just that – a cycle. As a consequence, the welfare-orientated activities of these institutions identified in the ensuing 'deployment' and (most especially) 'post-deployment' stages do in reality feed back into the 'pre-deployment' stage. In the interests of crafting a coherent narrative, however, these activities are left to later sections. For now, it is simply enough to draw attention to the economic agency of companies in the recruitment process.

Deployment

Applicants who successfully pass through the recruitment process sign a contract of employment with the company. In most instances, contracts cover a fixed term (usually 12 months) and most commonly specify a series of '9/3' rotations (nine weeks on deployment followed by three weeks rest) – a ratio designed to circumvent the UK tax system. During periods of deployment, companies generally depend upon two (complementary) strategies to monitor soldiers-turned-contractors for symptoms of PTSD. The first strategy is more light touch and relates to past military training. In recent years, the Ministry of Defence has developed and refined its health and wellbeing policies on mental illness:

We recognise mental illness, including Post Traumatic Stress Disorder, as a serious and disabling medical condition but one which can be treated ...

Personnel receive training and briefings to increase their awareness of mental health issues and stress management ... Officers, Junior and Senior Non-Commissioned Officers are routinely trained in methods of suicide prevention and stress management.⁵

The main training programme referred to in these policies is Trauma Risk Management (TRiM), a 'proactive, post-traumatic peer group delivered management strategy' used not to prevent or treat PTSD as such, but 'to provide an early indication of who may go on to develop formal illnesses and to empower unit leaders ... to create the best possible conditions for psychological recovery to occur' (Greenberg et al 2008, p.124). Most

⁵ www.army.mod.uk/personnel-and-welfare/health-and-wellbeing.

companies rely on the fact that soldiers-turned-contractors operationalise this past military training while on deployment. As one executive reasons: 'We're awake to PTSD. Pretty much 100% industry is. Our consultants [contractors] have to be aware of PTSD. The kind of people [name of company] employs – ex-military – would recognise it. They know it when they see it' (E5). 'We have a retired senior Army Warrant Officer as our health and safety representative', adds another, 'He's done health and safety in the Army' (E6). A training consultant with expertise in this area similarly observes how 'a lot of them would have been trained in TRiM during their previous military careers ... When you deploy in the military a percentage of the Unit needs to be practitioners and managers and a lot of these guys will be in the industry now' (S1). In short, most companies assume that the ability to identify and cope with symptoms of PTSD is intrinsic to the labour market.

For certain companies, however, this assumption does not go far enough and a second more interventionist strategy is brought into effect – namely, paying specialist third-party organisations to proactively inculcate TRiM into their workforce. As one executive elucidates:

Through [name of third-party organisation] we use TRiM – a military procedure which is based on peer review. Our guys are trained in this. It's an online system – an e-learning platform. Everyone working for us has to do it once a year. They get tested on it. It's not just bits of paper. If they see someone they're working with acting strange – maybe they've gone quiet, they're not sleeping, they're not going to the gym – it gets picked up. Then they'll be asked to have a chat with someone up the chain of command to see if there's a problem. The real screening is done in theatre' (E7).

This strategy is increasingly common. March on Stress – a prominent third-party organisation founded, not coincidentally, by a former military psychiatrist – now counts many of the largest UK-based private military companies among its client-base.⁶ This trend is driven by two interlinked factors. The first is ongoing professionalisation. Voluntary codes of conduct in the sector – most notably ANSI/ASIS PSC.1 and ISO 18788 – have become more cognisant of occupational health and safety in recent years. The second is reputational protection. Citing a familiar incident, for example, a training consultant reflects: ‘I think security companies started coming to us on the back what happened with Danny Fitzsimons, having seen what happened in the media as a consequence’ (S1). In principle at least, both strategies nevertheless play out in the same manner. Those who exhibit symptoms of PTSD on deployment – especially following exposure to a potentially traumatic incident – will in the first instance be supported peer-to-peer in the hostile environment. If they require more input, however, they will be withdrawn. ‘If an individual doesn’t look like they can cope’, one executive explains in simple terms, ‘they will be brought back’ (E8).

In this stage of the employment cycle, the governance of PTSD among soldiers-turned-contractors is clearly shaped by the interplay between the profit-maximising activities of companies and the welfare-orientated activities of military institutions in the public sector. To begin with, companies value soldiers-turned-contractors not only because past military training has drilled their bodies in the pre-reflexive discharge of violence (as per Higate’s analysis), but also because this training has equipped them to identify and cope with the psychological trauma associated with such violence.

⁶ www.marchonstress.com/page/p/clients

Furthermore, certain companies procure the services of specialist third-party organisations specifically to reinforce the influence of this past military training. This suggests that economic agency in the private military labour market is more dependent upon underlying political and social structures than was previously recognised. Moreover, this dependence further deepens in the post-deployment stage.

Post-deployment

Once soldier-turned-contractors have been 'brought back' for showing symptoms of PTSD on deployment, their most immediate source of assistance usually comes through their companies' insurance cover. In their survey, for instance, Dunigan et al (2013, p.58) found that 80% of the sample population had company insurance for deployment-related health issues. One executive outlines the process of accessing this assistance:

Getting an insurance pay-out is not an issue because we have decent insurers. If someone is covered they get the insurance benefit. Our welfare team acts as a liaison between the contractor and the insurance company. Not just "here's the broker's address". We deal with the case properly (E9).

Despite the confidence expressed here, however, another executive notes certain complications when it comes to conditions such as PTSD: 'The problem is that insurers are cautious about mental health because they don't want unlimited liability. If it's a broken leg, that's fine. But mental health can go on forever, so the insurers put limits on the cover' (E7). If insurance cover alone is not sufficient, some executives indicate a willingness to fund 'top up' care through the company, though others do not. Neatly

capturing this spectrum, one remarks how: 'In those cases, the company has to determine if we can or can't assist, and if we can to what extent. That's the company opening up its own chequebook. It's not a blank cheque' (E9). What these quotes suggest is that company insurance cover – with or without 'top up' care – does provide these soldiers-turned-contractors with access to professional health care, but for a limited time only.

Further assistance can be arranged, however, through the hundreds of armed forces charities which exist to support those who have served and sacrificed in defence of the nation (Ashcroft 2014). Companies are aware that soldiers-turned-contractors technically meet the eligibility criteria for most of these charities and duly take advantage of the support on offer. 'We do refer people to the veterans charities', one executive articulates, 'We've notified [name of charity] before now and made enquiries to [name of another charity], asking if there's an opening for our people. Sometimes they say "yes", sometimes they say "no"' (E9). This course of action, though, raises difficult questions about the ethics of profit-making companies exploiting charitable support aimed at individuals who are defined above all else by their public (not private) service. Keen to balance out this equation, a number of executives emphasise the charitable work undertaken by their companies. 'There is a PTSD charity which we're involved with', says another executive, 'We have individuals who promote it and do fund raising' (E8). According to one charity worker, however, this balancing act is not a sector-wide phenomenon:

We spoke to a big private security [military] company about them donating some money to us because we're looking after their employees. But they didn't give us any money. They're just in it for the profit. Big corporations are in it for profit,

nothing else. The industry should help the charities who are helping their people (R1).

Ethical dilemmas aside, however, it seems clear that some companies look to supplement (limited) insurance cover with additional support through the third sector.

Furthermore, the doors of these charities are open to soldiers-turned-contractors who develop symptoms of PTSD outside the remit of their company insurance cover, either when they are at rest between deployments or once their contract of employment has come to an end. This is particularly notable given that opportunities in the private military labour market have been decreasing for a number of years now, leaving ever more soldiers-turned-contractors without work (White 2018b). Significantly, this is also where our narrative comes full circle because here the post-deployment stage blurs into the aforementioned pre-deployment stage where soldiers-turned-contractors are seeking out new openings. It may be the case, in other words, that previously deployed soldiers-turned-contractors who are failing to find employment because they are exhibiting symptoms of PTSD during the recruitment process are in fact accessing support through armed forces charities. To suggest that charities help all the soldiers-turned-contractors who fall through the cracks in the pre-deployment, deployment and post-deployment stages would be wrong, however. Dunigan et al's (2013, p.63) study, for instance, discovered that only 28% of the sample population with probable PTSD received mental health treatment in 12 months prior to the survey. Contemplating the worse-case scenarios arising from this situation, one contractor grimly reflects: 'God knows how many end up in prison or lose their lives through heavy drinking. Guys off the Circuit with PTSD. These are former colleagues

I'm talking about. Once great warriors, now just big drinking men. It's a shame' (C5).

The parable of Danny Fitzsimons once more comes to mind.

In this stage of the employment cycle, the governance of PTSD among soldiers-turned-contractors is primarily shaped by the interplay between the profit-maximising activities of companies and welfare-orientated activities of charities in the third sector. In the first instance, companies address symptoms of PTSD through their insurance cover, which is an accepted cost of doing business in any sector and factors into profit/loss calculations almost by default. While some companies do then provide 'top up' assistance where necessary, this process is not entirely divorced from their balance sheets – it remains in part an economic issue. These symptoms are only treated as a genuine social issue in the third sector, where armed forces charities fill in the some of the gaps exposed through insurance cover and 'top up' assistance. To be sure, certain companies do engage in charitable work to facilitate this gap-filling, thereby cutting across the otherwise stark distinction between profit-maximising and welfare-orientated activities. Yet this does not detract from the overarching point that once again economic agency in the private military labour market is seemingly dependent upon and constituted through an array of political and social structures to a greater degree than was previously understood.

Conclusion

The article set out to address a series of questions concerning the governance of PTSD among soldiers-turned-contractors in the private military labour market. Using the UK case, it has now illustrated how throughout the pre-deployment, deployment and post-deployment stages of the employment cycle, PTSD is managed as both an economic

issue and a political and social issue by a range of actors across the public-private spectrum. The economic side of the picture is shaped by the profit-maximising activities of companies which manage symptoms of PTSD using a combination of strategic recruitment (hiring former soldiers and screening them for symptoms), outsourcing (procuring training programmes from third-party organisations) and insurance policies (covering those who develop symptoms on deployment). Some companies do also engage in more benevolent activities such as providing 'top up' care and undertaking charitable work, though these activities are never entirely detached from the pursuit of profit. The political and social side of the picture is shaped by the welfare-orientated activities of military institutions and armed forces charities which first equip soldiers-turned-contractors with the ability to identify and cope with PTSD on the battlefield, before assisting them when they require further help as part of the civil-military relationship in which state and society have a duty to care for all those who have served and sacrificed in defence of the nation. While the resulting governance mechanisms are patchy and uneven to say the least, take them away and the private military labour market as we know it ceases to function.

In developing this picture, the article makes a number of original contributions. To begin with, it augments the second wave of political-economic scholarship which seeks to uncover the various political and social structures responsible for shaping supply/demand dynamics in the private military labour market. Alongside the norm against mercenarism (White 2018a), the racial legacies of colonialism (Chisholm 2015) gender politics (Eichler 2015) and past military training (Higate 2012), it is now possible to add the welfare-orientated activities of military institutions in the public sector and armed forces charities in the third sector. Furthermore, it is important to emphasise the connections between these activities and past military training in

particular. While Higate illustrates how past military training prepares the bodies of soldiers-turned contractors for the exercise of violence in hostile environments, the preceding sections show how the welfare-orientated activities of military institutions and armed forces charities help to repair their bodies following exposure to such violence. These two analyses, in other words, reveal a set of complementary processes. To the extent that Higate is correct in asserting that the capacity of soldiers-turned-contractors to deal with violence is intrinsic to their exchange value on the private military labour market, this article has also uncovered a previously unacknowledged dimension of this underlying value. All these more specific points, of course, contribute towards the overarching point that understanding the dynamics of the private military labour market – and all other labour markets, for that matter – requires us to explore not just the economic agency of clients, companies and contractors but also a range of constitutive political and social structures.

Finally, the article raises some important questions for future enquiry, the foremost of which concern issues of harm and responsibility. As noted earlier, the governance regime for managing PTSD among soldier-turned-contractors is patchy and uneven at best. It is therefore inevitable that individuals such as Danny Fitzsimons will fall through the cracks causing harm to themselves and others. Who should take responsibility for these harms? What, if anything, needs to change? While there is not space here to reflect upon these questions in any detail, it is possible to sketch out some initial answers so as to highlight the basic contours of debate. In so doing, it is first instructive to recall another of Higate's (2012, p. 36) observations mentioned in the preceding pages – that the dynamics of private military labour market are dependent upon the 'willingness' of soldiers-turned-contractors '*to exploit, and be exploited by, neo-liberal forces*' (emphasis added). These two dimensions of exploitation represent a

valuable axis around which to approach the issues of harm and responsibility raised here.

First consider the harms done to soldiers-turned-contractors themselves. If soldiers-turned-contractors are viewed as empowered actors who are consciously 'exploiting neo-liberal forces', fully aware of the corresponding risks to their person, then it falls upon them to assume responsibility for their own welfare. If, by contrast, they are cast as disempowered actors who are 'being exploited by neo-liberal forces', insufficiently aware of the corresponding risks to their person, then it falls upon clients and companies to take on greater responsibility for the welfare of the contractors on their payrolls. Next consider the harms done by soldiers-turned-contractors to others. If soldiers-turned-contractors are regarded as empowered actors who are 'exploiting neo-liberal forces', then once more it falls upon them to assume responsibility for any harms done to others as a consequence of their work activities. If, however, they are seen as disempowered actors who are 'being exploited by neo-liberal forces', then again it falls upon clients and companies to take greater responsibility for any harms done to others as a result of their work activities. Expressed in more concrete terms, should Danny Fitzsimons sit in an Iraqi prison cell while G4S and its clients avoid formal sanction, or should these institutions also be held to account? The implication of Higate's observation on the double-sided nature of exploitation in the private military labour market is that all parties should assume responsibility for these harms to some degree. This is not a debate for this article, however. For now, it is enough to note that the foregoing discussion clearly raises some interesting questions for future enquiry.

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