

Injuries from UAP Encounters and UAP Programs: Tort Claims, Benefits, and Compensation Models

Version 1.10 · October 2026 · nhilaw.com/issues/d5.html

Version 1.10, October 2026. Legal information, not legal advice. Published by the [Emergent Frontiers Institute](#) (NHI Law is not a law firm). Citations checked in October 2026; check every citation before relying on it.

Key points

- Recovery routes depend on the claimant: FTCA for civilians near government operations, FECA for federal employees, VA benefits for service members, state law against contractors, and HAVANA Act benefits for covered personnel.
 - The central proof problem is showing that the government owned, operated or controlled the object (*Cash-Landrum*); official acknowledgment after disclosure could supply it.
 - Causation for novel injuries runs through experts under the amended Rule 702; build claims on documented exposure and prompt medical records.
 - The best model for a UAP injury statute is the Camp Lejeune Justice Act (own cause of action, “at least as likely as not” causation, no discretionary-function defense); EEOICPA’s Special Exposure Cohort fits workers whose exposure records are classified.
 - File the SF-95 within two years of accrual ([Form D5-1](#)); accrual may run from disclosure where the government’s role was concealed (*Kubrick*).
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1. Summary

People report physical injuries associated with close UAP encounters (burns, radiation-like symptoms, neurological effects) and with work on UAP programs (exposure to unknown materials, psychological harm, retaliation-related injury). Congress has recognized the category: AARO must collect and analyze reports of “adverse physiological effects” associated with UAP. 50 U.S.C. §3373(c) (1).

Recovery routes and their obstacles:

Claimant	Route	Main obstacles
Civilian injured near government operations	FTCA (28 U.S.C. §§1346(b), 2671-2680)	Discretionary function (<i>Allen v. United States</i> , 816 F.2d 1417 (10th Cir. 1987)); proof that the

Claimant	Route	Main obstacles
		government owned or controlled the object (<i>Cash-Landrum</i> , dismissed 1986); state secrets
Federal civilian employee injured on the job	FECA (5 U.S.C. §8101 et seq.), exclusive remedy against the United States	Causation proof; classified medical records
Service member	VA disability compensation (38 U.S.C. ch. 11); FTCA barred by <i>Feres</i>	Service connection; access to classified exposure records
Contractor employee	State workers' compensation; Defense Base Act abroad; tort claims against third parties	Exclusive-remedy rules; government contractor defense
Anyone injured by a contractor's unauthorized conduct	State tort law	After <i>Hencely v. Fluor Corp.</i> , 608 U.S. 31 (2026), preemption limited where conduct was not required or authorized
Constitutional injury by federal officers	<i>Bivens</i>	Almost unavailable after <i>Egbert v. Boule</i> , 596 U.S. 482 (2022)
Covered government personnel with brain injuries from "anomalous health incidents"	HAVANA Act benefits (Pub. L. 117-46, 2021)	Agency eligibility criteria; denials reviewable under the APA (<i>American Foreign Service Ass'n v. U.S. Dep't of State</i> , 826 F. Supp. 3d 67 (D.D.C. 2026))

The most promising long-term path is statutory: a compensation program modeled on the HAVANA Act, the Radiation Exposure Compensation Act, and the Energy Employees Occupational Illness Compensation Program Act, with relaxed causation standards and access to classified exposure records.

2. FTCA claims

- **Jurisdiction and procedure.** Administrative claim (SF-95) within two years of accrual; suit after denial or six months (28 U.S.C. §§2401(b), 2675). Liability under the law of the place of the act or omission.

- **Proof of government involvement.** In *Cash v. United States* (S.D. Tex., filed 1984, dismissed 1986), two women and a child reported burns and illness after a 1980 encounter with a diamond-shaped object escorted by helicopters near Huffman, Texas. The suit reportedly failed because the plaintiffs could not prove the craft or helicopters belonged to the United States; no reported opinion exists. The case shows the central problem: plaintiffs must prove the government's ownership, operation, or control. Official acknowledgment after disclosure could supply that proof.
- **Discretionary function.** *Allen* held that the government's choices about monitoring and warning the public of fallout from atomic testing were protected policy judgments, reversing judgments for downwind plaintiffs. Claims about failures to warn of UAP-related hazards will face the same defense ([Issue D4](#)). Claims based on violation of a mandatory directive, or negligent operational conduct, can survive.
- **Accrual.** An FTCA claim accrues when the claimant knows of the injury and its cause, not when the claimant learns that the cause may be actionable. *United States v. Kubrick*, 444 U.S. 111, 122 (1979). A person who learns only on disclosure that a government operation, and not an unknown phenomenon, caused a known injury has an argument that the claim accrued at disclosure, which is the argument that matters most for older injuries.
- **Individual employees.** The Westfall Act substitutes the United States as defendant for employees acting within the scope of employment (28 U.S.C. §2679(d)), so the FTCA's limits apply to suits against program personnel too.
- **Intentional torts and other exceptions.** Assault, battery, and similar claims are excluded unless committed by law enforcement officers (§2680(h)); misrepresentation claims are excluded.

3. Benefits programs

- **FECA** covers federal civilian employees; claims for injury from exposure during UAP program work should be filed with the Office of Workers' Compensation Programs. Classified exposure information can be submitted through agency security channels.
- **VA.** Service members exposed in UAP-related operations may claim service connection. The VA relies on service records; where exposure is classified, the claimant should request a statement from the command through classified channels and cite 38 C.F.R. §3.102 (benefit of the doubt).
- **Medical records of UAP effects.** The Joint Staff's May 19, 2023 UAP reporting order directs that "[d]etails of UAP-related health incidents (e.g., physiological, psychological effects and whether persistent or transitory) will be retained in service members medical records but shall not/not be transmitted with the UAP report" (§3.C.1), while the report itself records "UAP effects on persons (yes/no)" (template line 8.B). Joint Staff J3 GENADMIN, "Unidentified Anomalous Phenomena Reporting and Material Disposition," DTG 191452Z May 2023, released under FOIA as DoD 24-F-0067. A veteran pursuing service connection should therefore request the service treatment records for the date of the event and cite the

order, and should ask AARO or the command for the UAP-event serial number assigned under the order to link the medical entry to the event.

- **HAVANA Act.** The Helping American Victims Afflicted by Neurological Attacks Act of 2021 authorizes the CIA, State, and other agencies to pay benefits to personnel with qualifying brain injuries from anomalous health incidents. In *AFSA v. State* (D.D.C. Feb. 13, 2026) (Ali, J.), the court denied a motion to dismiss an APA challenge to the State Department’s benefit denials, holding the workers plausibly pleaded that the denials were arbitrary and capricious. In *Hogg v. Department of State*, 2026 WL 2368109 (D.D.C. Aug. 16, 2026), an employee with an anomalous health incident diagnosis stated a reasonable-accommodation claim. The HAVANA Act is not a UAP statute, but it is the closest existing model: a congressionally recognized category of unexplained injury, compensated without requiring proof of the cause. The State Department’s rule shows the limit for UAP cases: a “qualifying injury to the brain” must have “occurred in connection with war, insurgency, hostile act, terrorist activity, or other incidents designated by the Secretary of State,” and must meet medical criteria (imaging or EEG findings, a TBI diagnosis requiring 12 months or more of treatment, or acute onset of persistent disabling neurologic symptoms) (22 C.F.R. part 135, definitions). An injury during a UAP encounter qualifies only if the Secretary designates the incident or it fits one of the listed categories; counsel for a State Department employee should ask for a designation.

3A. Causation

Novel injuries are proved through experts, and Federal Rule of Evidence 702, as amended December 1, 2023, requires the proponent to show the court “that it is more likely than not” that the expert’s opinion reflects a reliable application of reliable methods. Courts now apply that standard strictly to specific causation. The record on anomalous health incidents shows the difficulty: 2024 studies at the National Institutes of Health found no imaging evidence of brain injury in a group of affected U.S. personnel, while the symptoms remained real and disabling. UAP injury claims should therefore be built on documented exposure (time, place, proximity), prompt medical records, and a differential diagnosis, and should say plainly where the mechanism is unknown.

A former director of the Navy’s UAP Task Force writes that encounters “were often followed by human effects, burns, disorientation, neurological damage,” with symptoms that “often mirrored radiation exposure” (Jay Stratton, *Out of the Shadows* ch. 11 (2026)), and that “those with the most intense exposure survived only five to seven years past the encounter” (*id.* ch. 48). If government data of that kind exist, they would be the most important evidence in any injury claim and in the design of a compensation program, and they belong at the top of any records request ([Form B1-1](#)).

4. Contractor liability

Contractors who operated programs or handled material can be sued in state court for negligence and related torts. *Hencely* holds that state tort claims arising from a military contractor’s combatant activities are not preempted where the contractor was not required or authorized to take the action. The government contractor defense of *Boyle v. United Technologies Corp.*, 487 U.S. 500 (1988), protects contractors only where the government approved reasonably precise specifications, the product conformed, and the contractor warned of known dangers. Workers’

compensation exclusivity limits suits by a contractor's own employees against the employer, but not against other contractors.

5. A compensation statute for UAP-related injuries

The best model is the Camp Lejeune Justice Act of 2022, Pub. L. 117-168, §804, 136 Stat. 1759, 1802-04. Congress created a federal cause of action for people, "including a veteran," exposed to contaminated water at the base; set a causation standard satisfied by evidence that the relationship between exposure and harm is "at least as likely as not" (§804(c)(2)(B)); barred the United States from asserting the discretionary function exception (§804(f)); gave one district court exclusive jurisdiction (§804(d)); and offset veterans' and Medicare benefits (§804(e)(2)). Each of those features answers an obstacle in §2 above. Other models:

- **PACT Act** (same law): presumptions of service connection for listed conditions after defined toxic exposures, which avoids case-by-case proof for veterans.
- **Radiation Exposure Compensation Act.** Extended in July 2025 to December 31, 2028 and expanded to new groups, including Trinity test downwinders (Pub. L. 119-21, §§100201-100205).
- **EEOICPA Special Exposure Cohort.** Where it is not feasible to estimate a worker's dose because records are missing or classified, a class of workers can be added to a cohort entitled to compensation for listed cancers without individual dose reconstruction (42 U.S.C. §7384q). That is the right answer for workers in programs whose exposure records the government will not release.

Elements drawn from these models:

1. **Eligibility categories:** civilians with documented injuries from UAP encounters in the vicinity of government operations; federal personnel, service members, and contractor employees exposed in UAP programs.
2. **Presumptions** of causation for listed conditions upon proof of presence or exposure (RECA model).
3. **Records access:** agencies must search classified records for exposure evidence and provide it to the adjudicator (EEOICPA model).
4. **Lump-sum and medical benefits;** election of remedies.
5. **Judicial review** under the APA.
6. **AARO data:** use the adverse physiological effects data AARO collects under §3373 to define conditions.

6. Practice points

1. Preserve medical records and obtain prompt specialist evaluation; document symptoms, timeline, and witnesses.

2. File FOIA requests for records of the event ([Form B1-1](#)) and preservation demands ([Form D4-1](#) adapted).
3. File an FTCA administrative claim within two years if government involvement is plausible.
4. Report to AARO through its public reporting channel, so that an official record exists, but do not rely on AARO to investigate: the site assumes it is part of the concealment. Give the same account to the treating physician, the employing agency's medical office, and (for service members) the command.
5. For federal personnel, pursue FECA, VA, or HAVANA Act benefits as applicable; appeal denials.
6. Evaluate state-law claims against contractors.