The World of Diplomacy and the Role of Psychiatry

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Iran Hostage Crisis

The Hostages’ Release

Relatively little happened during the summer, as Iranian internal politics took its course. In early July, the Iranians released hostage Richard Queen, who had developed multiple sclerosis. In the States, constant media coverage—yellow ribbons, footage of chanting Iranian mobs, even a whole new television news program, ABC’s Nightline—provided a double blow to the presidential election season. As Carter adviser and biographer Peter Bourns put it, “Because people felt that Carter had not been tough enough in foreign policy, this kind of symbolism for them that some bunch of students could seize American diplomatic officials and hold them prisoner and (shambled) now at the United States.”

Finally, in September, Reza Khan’s government decided it was time to end the matter. There was little more advantage to be gained from further anti-American, anti-Shah propaganda, and the ongoing sanctions were making it harder to strengthen an already chaotic economy. Despite rumors that Carter might pull out an “October Surprise” and get the hostages home before the election, negotiations dragged on for months, even after Republican Ronald Reagan’s landslide victory in November. Carter’s all-night effort to bring the 52 hostages home before the end of his term, documented by an ABC television crew in the Oval Office, fell short; the Iranians released them minutes after Reagan was inaugurated.

On January 21, 1981, now-former President Carter went to Germany to meet the freed hostages on behalf of the new president. It was a difficult moment, fraught with emotion. Hamilton Jordan recalled that Carter “looked as old and tired as I had ever seen him.”

General Article: The Iranian Hostage Crisis

November 1979 - January 1981

On November 4, 1979, an angry mob of young Islamic revolutionaries occupied the U.S. Embassy in Tehran, taking more than 52 Americans hostage. From the moment the hostages were seized until they were released 444 days later, the crisis absorbed more concentrated effort by American officials and had more extensive coverage on television and in the press than any other event since World War II.

The United States and Iran

The hostage crisis was the most dramatic in a series of problems facing Americans at home and abroad in the last year of the Carter presidency. Was Carter to blame for allowing it to happen? It is hard to say, since the hostage crisis was nearly the latest event in the long and complex relationship between the United States and Iran.

Even since oil was discovered there in 1901, Iran had attracted great interest from the West. The British played a dominant role there until World War II, when the Soviet Union joined them in fighting to keep the Germans out. Until 1953, the United States mostly stood on the sidelines, advocating for an independent Iran under the leadership of the young king, Reza Shah Pahlavi. But that year, facing that charismatic prime minister Mohammad Mossadegh might be moving Iran closer to Moscow, the CIA directed an operation to land bids and
Development of Mental Health Program

1924
Foreign Service Act of 1924. Mission of Consular Service with Diplomatic corps to create Foreign Service.

**State, War and Navy Building**
- Home to Department of State from 1875-1947
- Home to the War Department Health Unit
- Now Executive Office Building of the President

1946
Foreign Service Act of 1946 authorized the establishment of a “first aid station” and a nurse of overseas post if numbers of employees warrant a medical unit.

1947
Establishment of Office of Medical Services
US DEPARTMENT OF STATE
FOREIGN SERVICE

11,242 employees
  in 266 overseas posts (embassies & consulates)
  165 embassies in 80 countries worldwide

Bureau (Geographic Areas)
  NEA (Near East) 5,000 employees
    (Morocco – Saudi Arabia – Turkey)

EGYPT – Embassy 650 staff

HEALTH Unit
  3 Physicians (RMO, RMO/P); 1 fsnp; 4 NURSES; 1 Lab FS Lab Tech; 2 local physicians
Development of Mental Health Program

1949
Utilization study showed medical expenses overseas for “emotional problems” was the third largest health expense (following surgical intervention and GI diseases).

1950
MED Office determined that 60% of patients who came to Embassy Health Units were experiencing emotional problems rather than coming for primary physical complaints.

1951
Outside mental health consultations and psychiatrists to perform clearance examinations (psychological testing
Development of Mental Health Program

1958
Attempts to institute a psychological screening program.
Congress curtailed this effort (NY Democrat House Representative John Rooney) and denied request to establish further psychological testing programs on Foreign Service applicants.

1960
Recognition of increasing problems of alcohol and drug abused among FS families FS officers.
Development of Mental Health Program

1971-74
Congress establishes comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment Rehabilitation Act – MED sought confidentiality for FS officers

1974 -76
Mental health programs overseas providing intervention strategies to Embassy communities for adolescents. Efforts directed at recreational resources. Alternative educational and drug counseling for prevention.
Special Action Office for Drug Abuse Prevention.
Community Mental Health Act established use of community psychiatry model for services provided by ancillary mental health professionals (psychologists and social workers)
Development of Mental Health Program

1974

Kabul, Afghanistan
American Embassy post and RMO hired psychologist to establish a practice based and focused on problems within Embassy community.

1974

First Civil Service Psychiatrist, Pat Haynes (attended Columbia University College of Physicians and Surgeons, residency in Air Force and worked in Federal Aviation Administration)
Hired other mental health professionals for screening program using psychological tools(16 PF)

The Policy Psychiatrists

William Davidson: 1968-1970
Steve Pieczenik: early 1970s-early 1980s
Negotiation strategies
Psychological analysis of behavior of nations
Novels
Development of Mental Health Program

1979
Second psychiatrist hired (Peace Corps background and trained as Child Psychiatrist in Albert Einstein College of Medicine and New York Hospital).
Served in Kabul, Afghanistan when Ambassador Dubs assassinated in kidnapping event – Feb 14, 1979.
Psychiatrist was viewed as part of the community fabric and valued for his interest in children experiencing trauma.
Embassy personnel expressed feeling “of what are we-doing-here-anyway?”

1979
NEW DELHI, India  Position for RMO/P established at Embassy

1979
Burning of the US Embassy in Pakistan
Development of Mental Health Program

1979 – 81

Tehran Hostage Crisis
Esther Roberts MD joined MH Program with background from Columbia (MPH) and Harlem Hospital N4UP in Social and Community Psychiatry and Masters in occupational Health in Cincinnati and school of Public Health). 444 days of captivity (extensive planning and implementation of support for release in Weisbaden, Germany and US military base)

Establishment of RMO/P PROGRAM was firmly based in the mental health response to these two (2) events in Kabul and Tehran.

Medical Program Services - recognized the value in having mental health clinicians, particularly psychiatrists, because of their ability to address medical and psychological issues.

1979– 81

RMO/P positions in NEW DELHI and VIENNA
RMO/P positions in CAIRO and BANGKOK.
Development of Mental Health Program

1980-83
Establishment of Employee Consultation Service employee assistance program model and Social workers for FS employees and civil service employees in State Department. “In house Services” providing short term counseling and psychotherapy.

1981
Mental Health Event Program.
RMO/Ps oversaw mental health grants and establishment of “preventive mental health” presentations to support American FS personnel and families as well as experts.
Development of Mental Health Program

1983

Beirut Bombings, required immediate response and support to personnel. (Recent bombing at Embassy was re-traumatizing event despite the fact was not a direct target, the LES had been them 3 previous events in Lebanon working for U.S. government)

1984

Six positions overseas for RMO/P, Bangkok, New Delhi, Cairo, Monrovia, Vienna and Mexico City. Attack and hostage taking Archille Laura ship in Red Sea area and response by RMO/P from Cairo

US Department of State Psychiatrists 2006
WORLD MAP

PSYCHIATRISTS LOCATED IN:

- LONDON
- MOSCOW
- FRANKFURT
- VIENNA
- AMMAN, JORDAN
- NEW DELHI
- CAIRO
- PRETORIA
- NAIROBI
- ACCRA, Ghana
- BANGKOK
- TOKYO
- MEXICO CITY
- LIMA, PERU
Development of Mental Health Program

1988
KINSHASA, Zaire and ABIDJAN, Cote D’Ivoire (RMO/P positions developed) for African countries coverage.

1989
PARIS, FRANCE RMO/P position established for Europe and then moved to LONDON in the REGIONAL MEDEVAC CENTER 1994
EPR returns as Mental Health Director for second tour in State Department Washington, DC

1998

2000
NAIROBI KENYA, RMO/P position established in wave of Embassy bombing and to cover AF territories.
Development of Mental Health Program

2001-2006: Terrorist Attacks

9/11 Attack domestically on World Trade Buildings – found entire group of Regional Medical Officers in USA attending CME meeting. RMO/P group in Hotel in Boston unable to return overseas to our community posts and unable to participate in the assistance of Americans right here at home in US.

Numerous terrorist attacks and individual events throughout the Foreign Service environments.

Jeddah, Saudi Arabia, Pakistan, Iraq – out briefings of FS employees returning from tours in Iraq and Afghanistan.

Expansion of mental health interventions in Natural Disaster. (Tsunami in Southeast Asia, Earthquakes in Pakistan, Egypt bombings, airplane crashes PAN AM/03, evacuations of American personnel from overseas Embassies and Consulates In support of Consular officers at Embassies working for American citizens either killed or injured while overseas.)
Bombing in Beirut, Lebanon
Mission Goes Global for State Dept. Psychiatrists

“Office politics” takes on a new meaning for psychiatrists who are stationed abroad and treating diplomats and their families as employees of the U.S. Department of State.

STRATEGICALLY PLACED IN POSTs ACROSS THE WORLD ARE A CREAD OF PSYCHIATRISTS WHO AS PART OF THEIR WORK HAVE THE OPPORTUNITY TO TRAVEL EXTENSIVELY, BECOME IMMERSED IN DIFFERENT CULTURES, AND OCCASIONALLY OPERATE WITHIN HIGHLY CHARGED POLITICAL ENVIRONMENTS.

As part of the U.S. Department of State (DOS) Mental Health Program, they lead professional lives that often combine the routine with the extraordinary as they counsel and treat the foreign-service officers and their families stationed overseas.

No one understands this better than Esther Roberts, M.D., the psychiatrist who was tapped to develop the Mental Health Program and became its first psychiatrist director.

Today, there are 22 psychiatrists assigned by the DOS to posts in DOS headquarters in Washington, D.C., and around the world, including London, Moscow, Vienna, New Delhi, Cairo, Nairobi, Beijing, Bangkok, and Lima, among others. Ultimately, the program is responsible for a range of mental health services provided to 37,000 foreign-service officers and their families in 260 consulates and embassies.

Each regional psychiatrist is responsible for the care and treatment of U.S. foreign-service officers and their families within a specific geographic territory that can span countries and cover thousands of miles.

The Mental Health Program also encompasses a domestic component and includes the employee assistance program, which Roberts developed in 1982 for U.S.-based foreign-service officers and civil-service staff, a drug and alcohol awareness program, a deployment stress management program, forensic evaluations, and clinical assessments and services provided for children and adolescents.

In her 28-year career with the DOS, Roberts has worked in South America, Asia, the Middle East, Africa, and Europe. In addition to establishing the program, she served as director of the program from 1980 to 1983 and then again from 1992 to 1997. “It’s been a fascinating journey,” Roberts told Psychiatric News.

Psychiatrists in the program spend a lot of their time traveling to different embassies within their assigned regions, and the nature of their work can vary greatly, according to Roberts. Clinical duties may include helping State Department employees deal with stress related to their personal and professional lives. The work also includes treating the officers’ family members, who may have psychiatric disorders or may be struggling with the stress asso-
ESTHER P. ROBERTS, MD. MPH

1980-1983 JOINED OFFICE OF MEDICAL SERVICES PROGRAM AS PSYCHIATRIST
       APPOINTED AS THE FIRST FOREIGN SERVICE DIRECTOR OF MENTAL HEALTH
       SERVICES (DEPUTY ASSISTANT SECRETARY FOR MEDICAL SERVICES
       PROGRAM)

       --- LEAD THE INTRAGENCY MENTAL HEALTH TEAM FOR THE PROGRAM OF
       PSYCHOLOGICAL DEBRIEFING AND COORDINATED SUPPORT IN THE RELEASE OF US
       DIPLOMATS HELD 444 DAYS AS HOSTAGES IN IRAN

       --- DEVELOPED THE EXPANSION OF OVERSEAS PROGRAM AND POSITIONS FOR REGIONAL
       PSYCHIATRISTS

       --- DEVELOPED THE EMPLOYEE ASSISTANCE PROGRAM FOR US BASED FOREIGN SERVICE
       EMPLOYEES AND CIVIL SERVICE EMPLOYEES

       --- DEVELOPED CHILD ABUSE PROCEDURES AND TRAINING FOR MEDICAL OFFICERS AND
       NURSE PRACTITIONERS IN MEDICAL PROGRAMS OVERSEAS

1983-1987 REGIONAL MEDICAL OFFICER/PSYCHIATRIST EAST ASIA (AMERICAN EMBASSY
       BANGKOK THAILAND)

1987-1989 REGIONAL MEDICAL OFFICER/PSYCHIATRIST WEST AFRICA (AMERICAN
       EMBASSY ABIDJAN, COTE D'IVOIRE)

1989-1993 REGIONAL MEDICAL OFFICER/PSYCHIATRIST WESTERN EUROPE (AMERICAN
       EMBASSY PARIS, FRANCE)

1993-1997 DIRECTOR FOR MENTAL HEALTH SERVICES PROGRAM (WASHINGTON, DC)

1997-2000 REGIONAL MEDICAL OFFICER/PSYCHIATRIST WESTERN EUROPE AND
       MEDICAL EVACUATION CENTER (AMERICAN EMBASSY LONDON, ENGLAND)

2000-2002 REGIONAL MEDICAL OFFICER/PSYCHIATRIST CENTRAL AMERICA AND
       CARIBBEAN REGION (AMERICAN EMBASSY MEXICO CITY)

2002-2003 WORLD BANK (OFFICE HEALTH SERVICES AND HEALTH, NUTRITION AND
       POPULATION SECTOR) ------ (SENIOR DETAIL ASSIGNMENT FROM US DEPARTMENT OF
       STATE)

2003-2008 REGIONAL MEDICAL OFFICER/PSYCHIATRIST MIDDLE EAST AND NEAR EAST
       (AMERICAN EMBASSY CAIRO, EGYPT)
State Department Psychiatrists in Action

International News
DOI: 10.1176/pn.40.5.00400024

Psychiatric Crisis Team Aids Americans Overseas

Christine Lehmann

International News
DOI: 10.1176/pn.46.13.psychnews_46_13_17_1

Mission Goes Global for State Dept. Psychiatrists

Eve Bender

Government News
DOI: 10.1176/pn.41.22.0012

Some Psychiatrists Find Practice Far From Routine

Aaron Levin

International News
DOI: 10.1176/pn.39.7.0026

Psychiatrist Prepares Americans For Stress of Iraq Assignment

Christine Lehmann

U.S. Doctors Are Making Country Calls
“Part of our unique role comes from the fact that psychiatrists—indeed, all FS medical personnel overseas—live and work among their U.S. diplomatic colleagues, and daily experience the same joys and challenges of overseas diplomatic life and work.”
Kenneth Dekleva, director, MED’s Mental Health Services

“Many of our psychiatrists have had additional training, or are double-boarded in subspecialty fields such as child/adolescent psychiatry, geriatric psychiatry, addiction psychiatry, consult-liaison psychiatry and forensic psychiatry,” says Kenneth Dekleva, director of the Office of Medical Services’ Mental Health Department. “Several have MBA, Ph.D. and MPH degrees, as well. Languages spoken by our psychiatrists include Spanish, French, German, Russian, Bosnian/Serbian/Croatian, Japanese, Chinese, Turkish, Dutch, Greek and Hindi.”

Terrorism, warfare and other high-threat events have also caused MED to increase the number of Regional Medical Officers/Psychiatrists. Says Director of MED’s Mental Health Services Kenneth Dekleva: “While the RMO/P program began in 1979 following terrorist events such as the tragic assassination of Ambassador Adolph Dubs in Kabul, and the 1979 hostage-taking in Tehran, it has subsequently grown to encompass a larger clinical role, in addition to its traditional roots in crisis/disaster response and consultation to senior leadership.” Dekleva notes that the number of RMO/Ps has nearly doubled in the past decade.
NAME:  **KENNETH DEKLEVA, MD**

**MED EDUCATION** - UT Southwestern Medical School, Dallas, TX

**RESIDENCY** - UT Southwestern Medical School Dallas, TX

**CERTIFICATION** - Adult psychiatry, forensic psychiatry

**JOBS BEFORE DOS** - I practiced in a variety of [academic, Asst. Prof., UTSW Medical Ctr., Dallas, TX] emergency psychiatric and clinical forensic settings in Dallas/Fort Worth TX before joining the State Dept. in 2002. Forensic private practice as an expert in criminal forensic psychiatry (competency, insanity, sentencing evaluations)

**AREAS OF INTEREST** - Languages: fluent in Russian, Serbian/Bosnian; conversational in Spanish and German. Publications in forensic psychiatry and (with Dr. Jerrold Post of GWU) in the field of political psychology, including profiles of Milosevic, Karadzic, and Kim Jong Il.

**FS career** - current (2013-2015): Director, MED/Mental Health Services, US Dept. of State, Wash DC; prior overseas experience (2002-2013): Moscow; New Delhi; Mexico City; and Vienna. Fellow, APA. Numerous presentations at national and international conferences.