

# Reducing Operational Stress in Medical Personnel Caring for Detainees

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# Background

- Caring for detainees is a recent phenomenon faced by our medical personnel.
- While POWs have been afforded care since the Revolutionary War, detainees were rarely encountered before 2001.
- Medical personnel are faced with unique challenges and stress when placed in the position of caring for detainees.

# Usual Deployment Stress

- Medical personnel caring for detainees are usually doing so while they are deployed. Thus they face all the usual stress of being deployed, including:
  - Being away from family and friends
  - Difficult living conditions
  - Possible risk to personal safety
  - Separation from colleagues and usual sources of professional support

# Detainee Specific Stress



# Detainee Specific Stress

- Detainee Behavior
- Language/Cultural Barriers
  - Detainees often come from multiple cultures and speak different languages, even if detained in the same location
  - Cultural-specific illness, or reaction to illness can be key to providing effective treatment, but many receive little or no training in this

# Detainee Specific Stress

- Interactions with Guard Staff
  - Guards have a different role (by design) than medical personnel
  - Support/monitoring by guard staff can be key to ensuring detainees receive appropriate care, but they often are not trained/prepared to take on this role

# Detainee Specific Stress

## ■ Personal Safety

- Detainees may seek to harm medical personnel, either physically or emotionally
- Medical care often involves close contact with the detainee in a situation where the detainee has the opportunity to harm the medical staff
- Putting oneself at risk every time one provides care can be very stressful

# Detainee Specific Stress

## ■ Emotional Support

- Medical personnel may have mixed feelings about providing care for someone they think may have killed Americans, and/or performed terrorist acts
- Personnel are limited in what they can say to people back home
- People back home may have negative opinions of the work medical staff perform
- Medical personnel may be reluctant to seek help for a variety of reasons

# Detainee Specific Issues

## ■ Ethical Issues

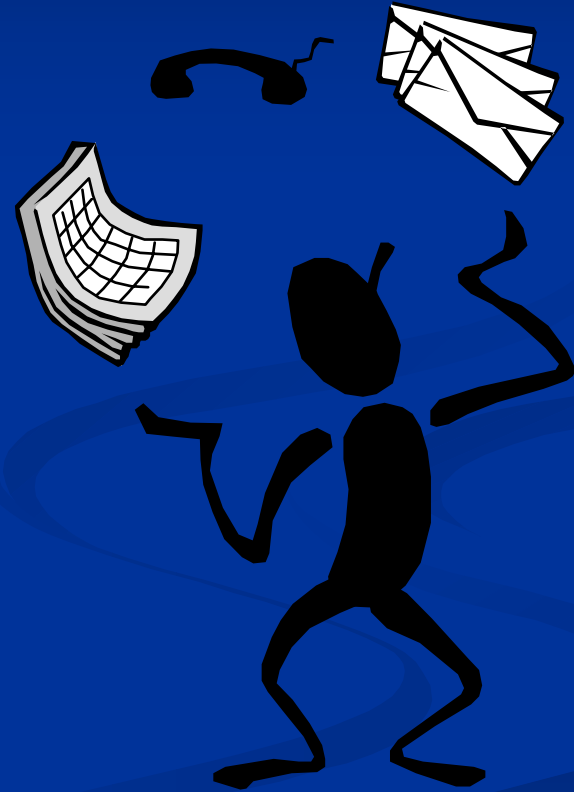
- Ethical issues can be very difficult, and very stressful for medical personnel
- Most medical personnel do not have extensive ethical training to help them with these issues
- Ethical consultations/guidance may be difficult to obtain in an operational setting

# Effective Interventions

- While no program can eliminate the stress faced by personnel caring for detainees, much can be done to mitigate the effects of the stress
- Effective interventions need to begin before the deployment involving detainee care, and should continue after the individual returns

# Effective Interventions

- Interventions need to focus on both environmental change (addressing problems faced by medical personnel at a systems/command level) and support and education for the providers



# Effective Interventions

- Before the deployment begins, medical personnel should receive specific training on providing effective, safe care to detainees.
- This should include the following:
  - Training on medical issues (physical and mental) likely to be encountered in the population to be treated
  - Potential behaviors that detainees may exhibit which could interfere with the provision of high quality care

# Effective Interventions

- Predeployment Training (continued)
  - Appropriate behavioral management techniques to be used with detainees who exhibit behaviors that could harm themselves or others (avoid rewarding negative behavior)
  - Ethical/legal issues involving detainee care, including informed consent, hunger striking, etcetera
  - Detainee facility rules for detainees

# Effective Interventions

- Predeployment Training (continued)
  - Techniques to improve personal safety
  - Ways to effectively work with the media
  - Setting good boundaries
  - How to manage people at home

# Effective Interventions

- Predeployment Training (continued)
  - Stress management
  - Sources of help (ideally these people should be available and become familiar during the predeployment training)



# Effective Interventions

- Predeployment Training (continued)
  - Ideally most of this training should be conducted as small-group discussions, supplemented by written materials that can be taken with the person on the deployment
  - Whenever possible, medical staff should share some training with the guard staff they will be working with in the facility
  - Role-playing working with detainees is particularly helpful
  - This also needs to include opportunities to discuss concerns, fears, etcetera with personnel who have previously worked with detainees

# Effective Interventions

- During the Deployment
  - Support needs to be available confidentially and quickly with mental health and chaplain staff – possibly also with specially trained peers
  - Medical consultation should be readily available, even if only by telephone
  - Ethical consultations should likewise be readily available

# Effective Interventions

- During the Deployment (continued)
  - As much as possible, the same team (including guard staff) should be assigned to a particular detainee
  - Guards, not medical staff, should administer discipline when needed
  - Translators should be readily available, and have some training in medical phrases
  - Staff should have the option to keep their identities (but not professional role) anonymous

# Effective Interventions

- During the Deployment (continued)
  - Periodic staff meetings should be held to avoid staff splitting and to air any concerns/grievances
  - Recreational activities for the staff should be available on a regular basis
  - All detainee care decisions, rounds, etc. should be made with the treatment team present, and communicated to the entire team

# Effective Interventions

- During the Deployment (continued)
  - Policies related to detainee care (what if they refuse treatment, for example) need to be in writing and signed by a senior member of the chain-of-command, to help provide guidance and “cover” to junior medical personnel
  - PAO support also needs to be readily available, and personnel should never be required to talk with the media

# Effective Interventions

- During the Deployment (continued)
  - Refresher training should be conducted on a regular basis, and should involve both a discussion of issues that have come up and role-playing, much like during the predeployment training
  - Staff should be given regular positive feedback, and should be awarded appropriately at the end of their tour

# Effective Interventions

- After the Deployment
  - Staff should have the opportunity to discuss their experiences, concerns, etc. in a small group or individual setting before returning home, and again after redeployment
  - Mental health/chaplain support should continue to be available after staff redeploy

# Effective Interventions

- After the Deployment (continued)
  - Redeployment should also involve training on how to respond to questions from/opinions expressed by people when they return home
  - If possible, staff should be encouraged to develop “lessons learned” or other constructive ways to put what they experienced to use

# Conclusion

- A key point: mental health/chaplain personnel who are working with those caring for detainees need to be different than the mental health/chaplain personnel who actually work with the detainees

# Conclusion

- Caring for detainees is inherently stressful, but a program that includes predeployment training, ready access to support during the deployment, camp policies and procedures that reduce stress, and post-deployment support can be very helpful in reducing the stress faced by those tasked with the challenging, but very important, duty of providing high quality care to detainees.

# Questions?

