The Association for Diplomatic Studies and Training
Foreign Affairs Oral History Program

DR. KENNETH DEKLEVA, M.D.

Interviewed by: Allan Mustard
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INTERVIEW

Q: Today is January 5, 2024 and I am Allan Mustard, interviewing Dr. Ken Dekleva, who was a regional medical officer/psychiatry for the Department of State for several years. He has 35 years of experience in medicine and psychiatry, diplomacy, and leadership analysis. Ken, how did you get where you are, where were you born, where did you go to school, and how did you get into this line of work?

DEKLEVA: First of all, thank you for having me. It's a great honor to be on the oral history project. To my understanding from talking to you and Susan Johnson I think I'm the first medical professional to be so honored, so it's, I'm in really great company and it's a pleasure to be here.

How did I get started? It's a long story. I grew up in California. I wasn't born in California. I was born in Wisconsin, but only lived there for about five months. My parents were immigrants from the former Yugoslavia, escaping during communist times. My mom actually got out in an amnesty in the late 40s and went to Germany as a teen. My dad escaped twice, which was a capital offense back then, similar to people trying to leave East Germany after the wall. He crossed the mountains from his native Slovenia for many weeks into Austria, turned himself in to the Austrian authorities, and they sent him back to the Yugoslav authorities, who threw him in prison for several years. He was released in an amnesty and then did the same number again, but wisely kept going, crossing three borders on foot all the way to Germany, where he turned himself in to a U.S. military base, and said, "I want to serve."

And they said, "Sure, no problem," so they signed him up and he served for four years. He met my mother in Germany, where she was a student, and then they shortly thereafter immigrated to the United States under what I believe was called the Lodge Act in the mid-50s, which allowed refugees from communism in Eastern Europe to fast-track their way to a green card and eventual citizenship.

So then my father got a job. He spoke many languages as a youngster, of course, in the former Yugoslavia. He spoke Slovenian and Serbo-Croatian as it was then called, and he also spoke some German, and some Italian. So he was hired at the Defense Language Institute in the late 50s as an instructor, and I had the pleasure of being a child in

Monterey for about seven or eight years. Monterey and Carmel, California, which was a pretty idyllic place to be a child.

And then in the mid-60s the Slovenian language program, which had about a dozen instructors, was cut to make room for the priority, which was Vietnamese, and they hired about 150 Vietnamese instructors. So my dad needed a job or needed to do something, so that thus began his odyssey of about 10 years or more in various graduate schools around the country, in the Bay Area, Stanford, Berkeley, and Indiana University in Bloomington. So that's where I lived until I got out of high school and went to college.

Q: And you then went to college and you started out as a history major at Berkeley but then shifted to medicine. Can you talk about your academic career and what caused you to make that shift?

DEKLEVA: Sure, when I was in college I was a bit...I was, uhh, I was a bit lost. I didn't know what I wanted to do with my education but I knew I loved history. I'd grown up around history, given my parents' and other relatives' experiences during World War II and thereafter, so history was a dinner table topic that was very dear to my heart. And I had studied languages as a child. I grew up speaking Slovenian as my first language, and then studied French for several years in high school, and then when I went to college I took a year of intensive Serbo-Croatian because my parents moved back to Yugoslavia for my dad's work in business around that time. So my father...I was going to take Russian --- my father said, "No, take Serbian, because we're going to be there and you can come visit and interact with the locals." So that's what I did.

I came to medicine rather certain circuitously. I thought about going to law school, I took law courses, I thought about becoming a diplomat, and I actually applied to several of the schools in the Washington area like Georgetown and GW and I can't remember if I applied to Fletcher, they all summarily rejected me. So I had a college degree, I spoke a bunch of esoteric languages like Slovenian and Serbo-Croatian, and I couldn't figure out what to do. So I lived in Europe. By then my parents were in Vienna, Austria, where my extended family has lived since the late 70s, and I worked there for a few months, just doing odd jobs. And met some people in medical school and decided that was the route that I would take.

So then I had to move back to the United States and take science courses and premedical courses for about a year and a half. I did this at an evening school program at Columbia University while working full time, and then eventually moved to Texas, worked some more, and got into medical school in Texas. I've been here since the early 80s so Texas is now my home, and went to UT Southwestern medical school and then did my psychiatric training there as well, graduating in 1993.

Q: So starting out as a history major and adding that to your repertoire of languages and then going on to psychiatry, somewhere along the line you must've started with martial arts.

DEKLEVA: Martial arts? Actually, in California I was a rock climber, a very serious and at that time a pretty good rock climber. The highest grade in the country was, there were two climbs in Yosemite rated 5.12, today they're 5.15. If you've watched the movie "Free Solo" with Alex Honnold where he climbs El Capitan without a rope, the level of climbing is really unbelievable to watch today, but back then those were very hard climbs. I was climbing a handful of climbs at that level. I was really serious about it and spent most of my summers in the mountains hiking and climbing in Yosemite and the Sierra Nevada as a teenager and as a college kid.

But then later, I got into martial arts toward the end of my medical school career. I was too busy to climb, and I went to the gym every day. They had a gym at the medical school, and I would go to the gym just to de-stress and stay healthy, and one day there was a martial arts class in the gym, so I joined that. Then one of my neighbors in the lab where we worked (they would pair you up as medical students) was a martial artist, so he took me to his class and thus began about a 35-year odyssey through martial arts, mostly Aikido, and later, Russian Martial Art over the last, 15 years. It's called Systema.

Q: So you then got your MD, you got your psychiatry residency, and then you started your profession as a psychiatrist. You started out in Texas, didn't you?

DEKLEVA: Yes, that's where I worked after residency until I joined the State Department, in the Dallas-Fort Worth area. I started out wanting to go into emergency psychiatry. Where I trained, there's a hospital in Dallas called Parkland Hospital, which your readers may have heard of. It's the place where I think Kennedy was taken after he was killed by Lee Harvey Oswald. It's the largest level I trauma center, it's a large county hospital, similar maybe to Bellevue in New York or Cook County in Chicago or LA County, and they had a large psychiatric emergency service that saw about, they still see about 1500 patients a month who are very acutely ill, brought in by the police or who sign in on their own, who are psychotic or suicidal, and I liked the fast pace of that and I was very attracted to that. I had good teachers and so that's what I had hoped to do.

The way I came to the type of work I did later for the Foreign Service, where I became a regional medical officer psychiatrist, was also kind of circuitous. It's an interesting story. I had sort of heard about it. You know, I'd heard about psychiatrists being overseas but I didn't know who they worked for or what they did, so one day in the early 90s I called the State Department. Back then it was called 411, so I called 411 and asked for the Department of State, and I got a switchboard and then I said, "Please give me the medical department," so they transferred me again. I didn't know such a thing existed, I was guessing. And I said, "I'd like to speak to the department of psychiatry," so they transferred me again to what is known as Mental Health Services and I ended up getting the director on the line, a remarkable woman who became later a colleague, a mentor, and who remains a dear friend to this day, named Dr. Esther Roberts.

She was very kind. I think I was a second-year resident at the time so I'd finished my internship and was starting my three years of psychiatric training. She told me about the program and what they did, what she was able to tell me. Back then there was no Internet,

there was nothing written down about it, so I was kind of clueless that such a thing existed, but she said, "Well you have to get five years of experience after you're board certified, after you've finished residency, so if you're still interested, call us back then."

So I kinda forgot about it. Then when I was a resident, once a month they would bring in outside speakers at lunch and bring us free food, and most of us had been on-call and were exhausted, and we just went for the free food. They would have speakers come from hospitals, clinics, private practices, county and state organizations, to try and tell you about jobs and recruit, sort of get you interested in different career paths. So after I'd talked to Dr. Roberts, the next year I remember a psychiatrist came from the CIA who had been cleared to recruit. She had worked in the agency for many years and she knew our Dept. Chair at the time, and that was very interesting because she didn't tell us much. We would ask questions like, “how many psychiatrists are there?” "That's classified." Where are they stationed? "That's classified." How big are the regions? "Big." We said, “many countries?” She said, "Many countries."

So for a resident it is a big deal to be on-call for one unit or one ward in the hospital. Most of us could not even conceptualize the idea of being on call for a dozen countries or more. Of course, later I had to learn to conceptualize that. But those were my eye-opening experiences that there was something out there that might be interesting for someone with my background.

So we fast-forward a couple of years, in the late 90s I was working in a prison clinic with a dear colleague of mine, a former military psychiatrist who had served in Japan, and one day we had some ‘no-show’ patients (patients who don't show up), and we had an hour and a half of free time. I was chatting in his office and looking at a trade newsletter from the American Psychiatric Association. There was an ad for regional psychiatrists. I said, "This looks interesting," and he said, "Oh, I knew some of those guys in Asia, they have incredible jobs, you'd be just the guy for that."

I had a phone number, so I called that number, and I got Dr. Wayne Julian, then mental health director (the late Dr. Wayne Julian), who also became a colleague, a friend, and a mentor, on the line. He was kind of a very smart, very talented guy, a bit on the gruff side sometimes, blunt, in a polite way. I told him about my background, my languages, and he said, "We're not interested in that. You go where we tell you. Right now we have two positions open. One of them is in Liberia and the other is in India and you have to go through all this long process of getting medical clearance, security clearance, interviews, and that takes about a year, and then you come on board." So I said, "Thank you very much, I'll keep in touch." He said, "We have two positions open so feel free to apply."

He was very nice and very friendly, but you never know when people are calling what their motivations are, so he didn't really know me. I went home and told my wife (Teresa) about the job and I told her a friend of mine had thought about applying for the job, a friend, not me, and I told her what Dr. Julian had told me. Teresa said (we've been married for 34 years, she accompanied me overseas on my tours as did my daughter who is now grown), "That is the craziest, stupidest job in the world. You have to move every

two years you live in all these dangerous places. Liberia? Don't you watch CNN? People are running around in Liberia and Sierra Leone, there's the civil war, you know Charles Taylor's militias are hacking off people's arms and you want to move there? That's it --- your friend is insane who's applying for that job!"

So I bided my time. Then fast-forward another two years to about 2000 and I couldn't help myself and filled out another application and after about a year and a half of all the interviews and clearances was told by the then-mental health director, Dr. Fred Summers, my first boss, "You're going to Moscow, you're paneled for, slotted for a new position in Moscow." And frankly I thought that I had died and gone to Heaven, I thought that was the greatest thing in the world.

So we moved to DC where I served as the deputy 'cause they had an empty slot for about six months, and then moved to Moscow in the summer of 2002. I was, from my point of view --- I was on cloud nine.

Q: So that's where we met because I arrived in Moscow in 2003, so we overlapped for a year there. In addition to your mental health work in Russia there were two other things that you and I used to talk about then. One was martial arts and the Russian martial arts scene, which I found quite interesting, even though I'm not a martial artist at all, and the other was your leadership analysis that you were doing at that point. Could you talk about those two things?

DEKLEVA: Sure. The martial arts I got interested in toward the end of medical school when I was studying a Chinese martial art, which my med school friend was a black belt in. But I got seriously injured and banged up, and they had another class right after the Chinese martial arts class called Aikido. This was right around the time Steven Seagal's famous, incredible first movie, "Above the Law", came out. Anyone who watches that movie with the opening randori scene where he's fending off multiple attackers--that is pretty spellbinding. I had watched that and watched Aikido, and I said, "I can never do that," all that rolling around, people throwing you, and my sensei the late Bill Sosa, a wonderful man (my other sensei was his son, Ricardo Sosa) said, "Just watch," and at the end of the class they had one of the top students do a randori, and again I was kinda spellbound.

So I signed up and that began my Aikido journey and I trained for many, many years. By the time I went to Russia I was a Sandan, a 3rd° black belt, and then I trained in martial arts in every one of my overseas postings as well as when I was in DC, mostly Aikido, but during the second, later tour in Russia I trained in Systema with the founder of Systema, the late *Spetsnaz,* Col. Mikhail Ryabko. That was during 2010 to 2013. So martial arts were a wonderful part of my life and a way for me to connect with people around the world, to train, to learn about other cultures, and then to be somebody else's punching bag.

The leadership stuff, I'm glad you brought that up because that was one of my other big influencers in psychiatry besides Dr. Roberts was the late Dr. Jerrold Post, who had

founded the discipline of leadership psychology. He was a psychiatrist, and founded it at CIA in 1965 and he worked there for 21 years, where he developed a unit that profiles world leaders for the intelligence and national security communities all the way up to the President.

The most famous example of his work are the now declassified Camp David profiles, which were profiles prepared for President Carter of Anwar Sadat and Menachem Begin, that Carter used to structure the negotiations at Camp David. He cited this work in his memoir, *Keeping Faith*, and noted the importance of that kind of psychological understanding of these two rather challenging and prickly and difficult leaders with interesting personalities like Begin and Sadat.

So I reached out to Post in the mid-90s. I was interested in writing up a profile of Radovan Karadzic, the then-Bosnian Serb leader and now convicted war criminal, who was also a psychiatrist and a poet. Because I speak Serbian/Bosnian, whatever they call it now, fluently I got hold of his poetry and translated it. I found it really haunting and eerie, like a window into his psyche, into his soul, and I wanted to write about it. I was fascinated how someone who is a psychiatrist and therapist trying to take care of people could become a genocidal murderer. Even as a forensic psychiatrist at the time, who had interviewed many, many criminals in criminal cases, while also treating them at the jail - violent criminals - Karadzic was an enigma in that sense.

So I called Post and he asked me, "What are you working on?" and I said, "Well, I'm preparing a profile of Karadzic, which I want to write up," and he said, "That's funny, my graduate students and I are doing the same thing. We should meet." So he came to Dallas a couple weeks later and we had a four-hour brunch, talking shop. And thus began a collaboration and friendship. So he was a very important mentor for me.

Q: So it all started with your initial leadership analysis of Karadzic.

DEKLEVA: Yeah, and then Post and I did a profile of Milosevic in 1999 where we presented this for the U.S. government (what was then called USIA, but there were other people from other government agencies there as well), and we published it in the Christian Science Monitor (on the front page) the week the war began in Kosovo in March 1999. Milosevic was also very different from Karadzic, but also a very interesting politician to profile. He had a lot of dark matter in his DNA. There were a lot of suicides in his extended family and then there was something interesting, in a way enigmatic about him as well, a different personality though from Karadzic, who was creative, and actually a fairly talented poet. Later people tried to downplay it and say his poetry was worthless, but when he published it, at the time he won all sorts of awards and he was a creative type of person, albeit later in his life a very destructive person.

But I had wanted, and Post and I had wanted to do a profile of other leaders in the Balkans such as Tudjman, but I didn't find Tudjman as interesting. I found Alija Izetbegovic (the first president of Bosnia and the founder of the SDA) a very interesting leader in terms of his connections with Iran and other radical Islamist groups, and things

like that, so I had gathered his speeches and was studying Izetbegovic and wanted to prepare a profile, but I had four jobs at the time as a clinician and I just kind of ran out of time. I was working at a lot of different places and drowning in clinical work so that profile fell by the wayside.

Q: I remember when you were in Moscow we both attended a presentation as I recall by Murray Feshbach, who talked about demographics and about mortality and morbidity rates in Russia, and you had a blinding moment of insight when you said that the morbidity and mortality statistics for Russia paralleled those of one of the prisons in which you had been the psychiatrist. Do you remember that?

DEKLEVA: Yes, I do. I remember that lecture. The lifespan for men in Russia at the time was about 58, which, when I heard that statistic, I about fell out of my chair because that was at the time when I had worked in the prison clinic and read about epidemiology and mental illness of prisoners, the people I was treating in the prison clinic, was very similar to that for a number of reasons. You know, bad health habits and untreated medical illnesses, serious illnesses, cardiac disease, stroke, cancer, hepatitis B&C, HIV, all these bad things that can kill you quickly or slowly. So I was struck that in Russian society Dr. Feshbach had outlined those same statistics during that time which spoke to me, of the despair and hopelessness that a lot of people in Russia felt toward the end of the 90s, which is where the data were based on then.

That's similar to some of the epidemiology that we hear about now in a lot of areas of rural America, in the rural South, where the opiate epidemic has ravaged huge parts of the rural South and lifespans are a decade or more lower than they would be in other parts of the country especially for men, and especially for white men.

Q: Anything in particular you'd like to mention about your time in Moscow before we move on?

DEKLEVA: Well, I want to talk about the work and what we do and what was really unique about the program. When I joined there were only, I think, 11 regional psychiatrists overseas, so the regions were very big and my post in Moscow was new, so I had all of the countries that were created by the breakup of the former Soviet Union plus I think Finland, so I had 18 or so different embassies and consulates. The consulates in Russia were at the time St. Petersburg and Yekaterinburg. Vladivostok wasn't covered by me because of the long flight, though later on another tour I went there several times. It was just easier because I already had a visa to go there.

I found the work fascinating. It's a combination of clinical work, providing clinical care for all of the diplomats under chief of mission authority. So even though I worked for the State Department and the State Department manages the medical program, everyone uses the health unit. And that's important, that was important to me, I felt like I'm not just a doctor to one part of the embassy, I'm the doctor for everyone, so the military, the regular diplomats, the intel people, for law enforcement, all the alphabet soup of federal agencies

in a large embassy such as Moscow. I think that the places I've served sometimes had 40 or 50 different agencies in the country team. It's a huge group of people.

So the clinical work was very important. The other part is responding to crises. That really started in the late 70s with Dr. Roberts when she was one of three U.S. government psychiatrists that flew to Algiers on January 20, 1981, to meet the Iranian hostages that had been released after 454 days of captivity and flew with them to Wiesbaden Air Force Base in Germany where they were then medically and psychiatrically and psychologically debriefed before flying home to reunite with their families and eventually go public with their stories.

Another fellow who had started the program in the 70s was Elmore Rigamer, who was the first regional psychiatrist overseas in Kabul, following the tragic assassination in 1978 of Ambassador Adolph Dubs. The idea that psychiatrists can provide medical and psychiatric support to communities, to embassies, to diplomatic communities in crisis was also an important part of the job.

The other part of the job is consultation with senior management, where I and my colleagues would meet with when we would go on the trips --- I would meet with people and give them an out-brief on the overall mental health of the community. So starting with the ambassador, the deputy chief of mission, management counselor, the health unit, and other heads of different sections and agencies, we would walk around and have what we call courtesy visits. We wanted to understand the stressors that their people work under, both internal, meaning inside the building, which had to do with personalities and relationships, but also external ones, the environment that they lived in.

In Russia, having served there, you know how challenging Russia is on many fronts. A lot of people back then didn't speak English, it was hard to get things, crime could be dangerous in subways and metros, and you had a persistent counterintelligence threat that was extremely hostile and in-your-face. You had the psychological aspect of feeling like you're never alone and that can wear on both one’s soul and psyche, and so I had to learn quickly.

And the other thing you do is medical diplomacy. Whenever I would travel to a different country I would ask the health unit to take me to any hospitals or mental health hospitals or clinics where we might be able to refer people. I'll share a story with you that was really interesting. When I was in Russia during my first tour I went, I think I was the first American physician to visit the 14th Russian military hospital in Dushanbe, which was the medical evacuation point during the Afghan war for all of the Russian military in Afghanistan. So I met with the CEO, the surgeon in chief, we had tea, and we talked in Russian. I went by myself, and he said, "You're a psychiatrist, would you like to meet my Chief of psychiatry?" I said, "Of course, *konechno*!" So he introduced me to her, and we talked shop, like doctors like to do.

So I enjoyed that part of the work. I visited other hospitals and clinics in Moscow, which were facilitated by a remarkable doctor who worked in the embassy health unit for about

30 years till a few years back, named Vladimir Sibirskiy. A very interesting guy who during the first part of his career was a cardiologist to the Politburo, sort of the equivalent of what we would call in this country a White House physician, treating the President, the Vice President and top leaders. He worked at the embassy for many, many years and he facilitated our visits to many top hospitals in Moscow, including ones where even to this very day the Kremlin elites will go, like the Kremlin clinic, and the Michurinsky Hospital. So I've been to many of the hospitals in Russia and many of the hospitals in all the countries that I have visited. I like doing that type of diplomacy, and it's a useful and important tool.

In terms of crisis, Moscow was also unusual for several reasons. It really changed my life. I love Russia, I loved the people I worked with, I got to work with...you know this because you worked there, being Moscow is like playing for the Yankees, everyone has to hit .300, and I had remarkable people whom I worked with. Most of them would become dear friends, like then-DCM and later Ambassador John Beyrle, and Eric Rubin, DCM on my second tour and later ambassador to Bulgaria. Ned Alford was my management counselor, and later he became an ambassador, and Michael Hoza was my management counselor later and he also became an ambassador. Moscow attracted the best of the best, and to work with them you had to perform and be the best. So I liked that challenge and it meant a lot to me. People became both mentors and friends.

But we had a crisis --- I was baptized by fire early. I had been in Moscow about two months, when we had the Nord-Ost Theater siege, which was very dramatic and traumatic for the citizens of Moscow, including the embassy community, and there were several Americans who were in the theater. So the medical team, led by a very senior, experienced regional medical officer, named Ernie Davis, asked me to join his group to go to the theater in case they released people, to assess them and debrief them, and help them medically in any way we could. And we actually ended up doing that.

It was a remarkable kind of way to get baptized early in my career and then that, you know, to work with the patients but also report, you know, important things that were of use and understanding, to our senior leaders in the embassy as well.

Q: What did you learn?

DEKLEVA: Well, what I learned was that there were different responses to trauma which I already knew from my experiences as a psychiatrist, but one of the things that we did that was important was we brought one of the American citizens onto the compound. I suggested this based upon my earlier work in trauma where you want to create a safe place, a cocoon. The compound is U.S. territory legally, so I said, "We have some empty apartments. Let's bring..." I was in a crisis meeting with the country team and I said to DCM Beyrle, who ran the meeting, I said, "Let's bring this person in and provide safety, assessment medically, and then let them reconnect with their loved ones back in the US." And to his great credit, Ambassador Beyrle, then-DCM Beyrle, did the right thing and said, "That's a great idea, we'll do it." It caused some conniption, because of, you know how the bureaucracy is, 'Oh, who is going to pay for the apartment.'

Q: It is a violation of federal regulation to do that but it's the sort of thing that's the right thing to do and perhaps this will not surprise you that when I was a duty officer once in Istanbul I provided sanctuary on the consulate grounds to an American citizen who desperately needed sanctuary. It's the right thing to do that American officers in the Foreign Service do, but they just don't brag about it while they're still on active duty because it can get you in trouble with the bureaucracy.

DEKLEVA: Yes, and I was also touched that I was probably - I was a rookie - the most junior person on the country team that was full of very senior people and DCM Beyrle went around the room and said, "Is there anything else, anyone?" and I raised my hand, came up with this idea, and to his credit he listened to a very junior person who proposed doing the right thing and Beyrle did the right thing, and we were able to help this patient, this victim of the hostage theater reconnect with their family and safely be repatriated to the United States.

Q: After Moscow you went on to New Delhi, which is another mega mission, and has about four consulates, I think.

DEKLEVA: Yeah, back then when I was there they had Mumbai, they had Chennai and Calcutta, but now they have Hyderabad as well, which opened after I left. And that was a very challenging place for me at the time because it was during the height of the global war on terror, so I was traveling constantly, just as I did in Moscow. I traveled probably 60-70% of the time. I'd go on a trip for a few days, be home for a few days, go on a trip to another country for a few days -- that was my life overseas. In the region in Delhi the travel's even more difficult than Moscow, for some of the flights to Pakistan, at the time India and Pakistan didn't have direct flights, so you had to go via Dubai, stay in Dubai for half a day, and then catch a night flight or a UN flight to Kabul, or catch another flight to Pakistan. It was circuitous and complicated.

India is a huge mission with lots of challenges, and a very difficult place for our diplomats to be for a number of reasons. It's big, it's strategically important just like Russia is, so the workload on the diplomats is very high, it's on the front page of the newspapers every day, what they're doing. Then you have the health challenges of India, with the enteric illness, the pollution, which is actually today to the best of my knowledge from what I've read, even worse than that of Beijing. So you have those kinds of health and illness-related things as well as the cultural changes of dealing with a different culture, its hundreds of languages, and huge volume of people.

So India was a very challenging place for many of our people. A lot of the patients that I saw in India, being in India would precipitate their first lifetime visit to a psychiatrist because of all the unique stressors.

Q: What were the major stressors?

DEKLEVA: In addition to the health ones, the crowds, were cultural isolation for many people, trying to, if they lived off the compound (similar to Moscow), you had to sort of be on your own and navigate a very different foreign environment from that of the U.S. or Western Europe. Some people adapted to this with aplomb but others really struggled. We had people in Moscow, my first tour, and in India, who in two years never left the embassy compound. There was a famous story of one guy - motor pool told me this in Moscow - on his last day at post they were taking him to the airport, and he said, "Please take me to Red Square," and the motor pool driver said, "That's the wrong way, it's not the right way to get to the airport, you'll miss your flight." He said, "No, no, I have time, I want, I've never seen Red Square." That's a 20-minute subway ride from the embassy compound where the employee had lived.

So that was I think a shock in my out-briefings to the ambassadors at that time when I left Russia in 2004 and India in 2006, I think there was a bit of consternation by the ambassadors that there was a certain percentage, a large enough cohort of the community, that never really engaged with the host nation. That actually jives with the work of a very famous social psychologist at American University named Dr. Mitch Hammer, who had published this ethnocultural sensitivity scale, which he tried to sell to the Foreign Service to use in selection and screening. It's very interesting. But what he showed is kind of what you would see in a bell curve, where you have some people that are very ethnocentric, think of these as, 'I live in my igloo and there are enemies all around,' to people on the other extreme who are ethno-relative, who kind of, what they say in the Foreign Service, go native. Then you have a wide range in between.

So I think I saw people from all aspects of that bell curve in my years overseas, interestingly even in Western Europe, which is safe. What it showed me is that engagement with the host nation often has less to do with the host nation and more to do with the personality and temperament of the diplomat and their family members. I always found that fascinating.

One of my jobs was to try to help people navigate that, and adapt. We would give lectures in the community on how to deal with stress, how to deal with culture shock. The CLO, or community liaison, would facilitate this, and bring cookies and coffee, and it was also a way to see us as real human beings, not as some kind of remote, terrifying, forbidding psychiatrist, but part of the community. Talking about raising children overseas, navigating stress, so people appreciated that. It was a chance to come and check you out.

Q: I was chairman of the housing board in New Delhi for two years. I'm not sure what I did to deserve that, but Ambassador Powell saddled me with that, and I found that the majority of the people darkening my doorway on housing issues were people who had absolutely no conception of what life was like outside the United States, because New Delhi is one of those posts where the Foreign Service is in the minority. The majority of Americans at post are from other agencies who don't have a Foreign Service and it was Health and Human Services, it was FDA, it was Homeland Security...

DEKLEVA: CDC.

Q: Yeah, CDC, you had all these people there and you would have people in my office saying, "India is not like America, and I want housing that is more like what I had in the United States," and I would have to explain to them, "Well, India is not like the United States and it's going to be difficult to impossible to find housing for you in this city that is similar to what you had in the United States," because they wanted something that was a short drive from the embassy, that also meant it was a short drive from the school, a quiet neighborhood with no air pollution, not noisy, not crowded, less traffic than they were facing in New Delhi and close to shopping, oh, and they wanted off street parking, too. And I said, "Well, you know, I actually know of such a residence, but the ambassador is not likely to move out and let you move in." So I think some of it was unrealistic expectations of people who had never been overseas. Did you encounter that?

DEKLEVA: I encountered that, but actually I even encountered that with people in the Foreign Service...

Q: Really...

DEKLEVA: I had one family once, where a spouse came to me - we would help them with their bid list and advise them when they were bidding for their next assignment because sometimes there were medical clearance issues. They would bring their list to me and say, "Where can I get ongoing mental health support?" I knew where they could or could find out if I didn't know. I could email a colleague and say, "Hey, what are the resources at post or region?" I said, "This is an interesting bid list," and the patient smiled and said, "Yes, every one of them has extensive housing on a compound," so think about places like Moscow, India, Frankfurt, you know, Tokyo, things like that. Their bid list was driven by other needs that were very important to that patient and their children and their family.

So part of our job is to take...one of the mantras that I always had was one that I actually learned from reading an interview way back in the day from a legendary Special Forces physician named Dr. Robert Marsh, who was the first physician for Delta Force. One of his mantras was, "If you take care of the family than the Special Forces operator can do their job," so I saw my job as taking care of the Foreign Service or diplomatic family, or if it was another agency or law enforcement, it didn't matter who, so the diplomat could do their job. But it's very difficult with these demanding places and jobs if you're worried about a spouse that is unhappy or depressed, or anxious or not engaging, or isolated or lonesome, or a child who is struggling in school with special needs or not adapting to the culture. That can be a real drain on the diplomat and cripple their ability to be effective. So I saw this as kind of like, we were the oxygen in the room. You don't notice it when it's there, but you notice it when someone's choking you and you can't get air.

So it was very important to provide medical support to our people and I liked that part of the job. The clinical part of the job was a lot of fun. I have nothing but admiration for all of the diplomats of the different federal agencies that I worked with in my career and the tough service they do, mostly in very tough places. India and Pakistan were difficult.

Pakistan and Afghanistan - I went to many times because of the war. I'd go there after terror bombings, and responses to crises, such as the bombing of the consulate in Karachi in early 2006 or bombings in Sri Lanka, in Colombo, where the LTTE was constantly perpetrating terrorism and actually almost killed my boss in India. The DCM was a guy named Bob Blake, who later became ambassador in Sri Lanka, and he was flying in the eastern part of the country with an Italian diplomat, and the LTTE shot a rocket at his helicopter. I think it hit one of the rotor blades, but they were able to land and get to safety. So that was an assassination attempt. The thing is, they had very good intelligence, they knew Ambassador Blake and his counterpart were on that. So it was very difficult.

Nepal had the Maoist insurgency so everywhere I went it was very challenging. Bangladesh - one time I arrived on a four-day trip and there were 100 bombings in Dhaka that day, including two at the airport. Amazingly they didn't close the airport and I was able to get to the hotel and then the next day go to the embassy and go to the health unit and do my job. But that was a challenging environment to work in.

I had really great support there from the deputy chief of mission, Bob Blake, who was a very experienced diplomat, who later became ambassador, and he did a good job in kind of pulling the community together. I worked with other ambassadors and DCMs, in Pakistan -- Ryan Crocker was ambassador in Pakistan, Nancy Powell was also there, and Ambassador Khalilzad was in Afghanistan. I'm drawing a blank on who followed Khalilzad, but those were challenging times.

I also covered the Gulf, everything from Kuwait to Oman, I went to Dubai a lot, to Abu Dhabi, and Doha. To places that are in the news now, that are challenging. That was also an interesting line of work.

Q: So, Ken, when you say you intervened, what exactly does that mean? So a traumatic event occurs in Kabul or occurs somewhere in Pakistan, you saddle up your pony, you ride out there and what does the intervention consist of?

DEKLEVA: Let me use Sri Lanka as an example, because I had to go there shortly after the tsunami. The embassy was small there, about 50 full-time employees plus the locals, Foreign Service local employees. The embassy was under a lot of stress because there were thousands of American citizens in the country and the consular services were dealing with --- they were getting tens of thousands of phone calls trying to locate people, trying to locate their loved ones. So they were overwhelmed with workloads, working around the clock, and you had FSNs, Foreign Service Nationals, who'd been traumatized in that they had lost family members in eastern and southern Sri Lanka due to the tsunami. Then the embassy was more stressed because you had a lot of high-level visitors -- I think President Clinton went there, as did the Secretary of State, Secretary of Defense, and you had high-level visits one after another that, as you know as a former ambassador, stretched the resources of a small embassy. Everybody is on deck to support those missions.

So there was a lot of stress, so I would go in and meet with individual patients in the health unit who were acutely stressed and who had already signed up with the nurse practitioner or medical officer to meet with me. But sometimes people wouldn't do that right away, so you would go and walk around and go to each office, and just kind of do a gut check, ask people how they're doing, let them know who you are, and say you're here to support them, try to help them normalize normal stressful reactions to a trauma or to a crisis because most people don't become mentally ill after those kind of traumas unless they've had prior trauma. That raises their risk, or other, prior mental illness, but most will have acute traumatic reactions that dissipate and normalize over time. So part of our job was to separate people and reassure people with normal responses from those patients that actually needed to be in my office and needed to start some kind of treatment either psychotherapeutic or medication or both for what they were going through.

Q: You're basically talking about triage. So you initially did triage and then started dealing with people who showed abnormal or worse than normal symptoms.

DEKLEVA: Yeah, one of the things I learned in Moscow and then every tour I've done is, in those kinds of situations people are under a lot of stress. You can't have a passive approach, where you wait for them to come to you, that often doesn't happen, there are stigma barriers, or other personal barriers, or sheer workload barriers. You have to, you know, if the mountain won't come to Mohammed, Mohammed has to go to the mountain. This is the kind of approach that has to be taken, where you go and meet people where they're at, and sometimes people just want to initially ask other questions.

I had a meeting once in Afghanistan with a bunch of communication guys. These people are kind of introverted, they're a bit secretive, and I said, "Can I come talk to you in your office?" to the head of their office. He goes, "No, why don't you just come have a beer with us?" I said, "Okay," so in the evening I went to their trailer, their hooch, and there are about 15 of them, and I smoked cigars and had drinks with them for a few hours. And then they opened up. You know, one guy came up to me and said, "Doc, can I talk to you?" I said, "Let's step aside," and he starts telling me, "You know, I'm doing an unaccompanied tour, I've been away for my family, my little kid is wetting the bed, and having temper tantrums in elementary school, and my teenager's acting out. What do I do?" So I helped them, kind of walked them through that.

The other thing I was very proud of in India, I met with Ned Alford, who later became the executive director for the Department of State.

Q: He was executive director for one of the bureaus.

DEKLEVA: I met with him and Henrietta Fore, who was the under secretary for management. I got permission, they wanted to meet with me, so I had a long meeting with them. Ned had recommended it because he knew me from Moscow and trusted me. So Mrs. Fore met and I can summarize the meeting. She asked one question, this was early during the time of the war. She asked, "What do you recommend we do for our people?" I said, "You've got to give them respite, you've got to give them an R&R respite

every 90 days, that's what the military does, that's what so many other agencies do. We have to do that to take care of our people. Otherwise you're gonna burn them out really quickly."

And to their great credit they went back and they told me as they left the meeting, "We'll make it happen," and I think once they went through the bureaucracy when they got back, a few months later those policies, rather than being ad hoc, became institutionalized throughout the Department of State for all people serving in those kind of war zones.

Q: Good for you!

DEKLEVA: I'm happy in my role as an influencer in helping senior leaders do what, they knew --- they were already heading in that direction. But I kind of helped nudge them even further.

Q: Well, you gave them the professional cover that they needed to be able to go to the bean counters and say it's worth the expenditure because our psychiatrist said so, and he's a professional in the field. I want to get you to talk a little bit about the stigma barrier. That was an issue when I was in Ashgabat. The first time the regional psychiatrist visited from Moscow, nobody would go visit her. So the next time she came down, before she arrived I announced in country team, "The regional psychiatrist is coming this week..." or next week, whatever, and I'm asking all of the section chiefs, "Please make an appointment with her, go call on her for the purpose of getting insights from her, advice from her, on stress management, because this a high-stress post. We have a lot of stressors in the environment here, it's a police state, so please talk to her and get her advice on how you deal with stress. I'm going to spend time with her. I ask that all of you do it and I ask that all of you encourage your employees to also make appointments with her and talk to her about stress management, because I want this embassy to be as happy and productive as possible." It seemed to work when I asked. I didn't order anybody, I was told you can't order anybody to do that, but "I'm going to do it I ask that you do it." Is that sort of thing useful in your experience?

DEKLEVA: Hundred percent useful. Thank you for sharing that and for doing that. Whenever an ambassador or DCM did that, it normalized for the section chiefs and different other agency heads the relevance and importance of meeting with us to get kind of a general gut check without violating people's privacy and medical confidentiality.

Q: And a baseline, I was also told.

DEKLEVA: Yeah, and also they would then tell their people and we would send out an email and a cable and it made them more comfortable, but in the end, the stigma barriers are still there. It has less to do with medical clearances because increasingly over the years, a very large percentage of people, most people get a clearance. It's a self-selected group. It's a pretty healthy group, by and large, of diplomats, a stressed but healthy group, and the illnesses that you see in the overseas environment are similar to what you'd see in a private practice in the US. You know, adjustment reaction, stress reactions, depression,

anxiety, ADHD, learning disabilities, childhood depression and anxiety, and in rare cases, people with alcohol and drug problems. The latter usually only come to you whenever they're in boiling water and in trouble and they end up having to be medevaced for rehab in the US.

But people still have that stigma. It's – mental health - not part of the corporate culture. Maybe it's changing now, slowly, over the last 10-15 years. You have people who are celebrities in the U.S. that will say, "I'm in treatment for this," or "I'm in therapy for this," so it's normalized it, but in the diplomatic corporate culture there's still a little bit of a barrier in my opinion so the way people get past that is by --- we were part of the community. We lived in the community with our fellow diplomatic colleagues and families. My kid went to school with other diplomatic children so they had to see you as a real person. They see you at the store, at the gym, eating lunch in the cafeteria. You had to be visible and personable and accessible.

I had a patient I saw in Moscow once, and I knew from a courtesy visit that her husband had recommended she see me, but I didn't tell her that. Eventually she came to me and I said, "Just out of curiosity, what made you decide to see me? You've been suffering with a lot of depression and anxiety symptoms for some time." She goes, "Yeah, I know, I know who you are." She said, "My best friend saw you and spoke the world of you." And that was that. So you have to find out in any system, even the one I work in now, who influences people's decision to get care.

In medical care in the Foreign Service, just like everywhere else, the role of women is really important. Moms have a lot of say in who gets medical care in a family, whether it's a husband or children, so if you want to be on the winning side, you've got to convince the mom that you're on their side.

Q: Absolutely!

DEKLEVA: We saw a lot of kids during my career. I'd say a third, in some regions like in London (my last post for a year), maybe up to a half, but a third or more of the patients I saw were children and adolescents. Now, I'm not a child psychiatrist by training and most Foreign Service psychiatrists are not child psychiatrists, but in the United States most child psychiatric care is done by general psychiatrists and pediatricians. So I took a lot of seminars, courses, talked to fellow child psychiatrists and got to be pretty comfortable and pretty good at it. So I enjoyed that.

We would go visit schools, consult with schools for children with special needs, or give talks at schools on substance use and drug use. I gave a talk once at a school in Ukraine, in Kyiv, and there were two large schools. The ambassador's wife asked me to give a talk at the school and there were 500 students there. Now, you don't get high school students to raise their hand and ask questions, so what I did is say, "Write your question down and pass the hat around," and suddenly I had a hundred Post-Its.

And the parents were funny, the Foreign Service parents. I forbade the parents to be there, or the teachers, except for one or two organizers. 'Cause then the students will clam up. And the parents all said, "My student, they don't care about that, they don't care about sexuality, or drug use." I said to the parents, "You'd be surprised." They're just like high school kids anywhere else, and their questions were very sophisticated. Surprisingly sophisticated. This was 15 years ago. So I enjoyed the interaction with children, adolescents, and with schools, meeting with the counselors, the principals, to help our students, many of whom grow up overseas, young third culture kids, if you will, so that you have to understand that unique population.

Q: What are the big stressors for Foreign Service kids? You're taking kids from wherever they were in the United States and you're plunking them down overseas. What were the big stressors for the Foreign Service brats?

DEKLEVA: There are really two cohorts. For the kids that have special needs, that's an extra set of stressors because they often need a lot of extra tutoring. Nowadays it's easier. A lot of these things are available, thankfully, online. Speech therapy and occupational therapies can be done via telemedicine. You know, psychotherapies and tutoring can be done online. But during the first part of my career when we didn't have those technological capabilities, a lot of places had nothing, and figuring out how to do that was a big stress for the family and for the children. Finding the optimal school, the right school experience, was very important for them, where they felt safe and could learn, and their needs could be met.

For all the kids with special needs, which is a small but significant cohort of Foreign Service and diplomatic families --- the total number of special-needs allowances when I was in Washington annually was about 1500, I think. That's 1500 kids worldwide out of a population of 70,000 diplomats and their family members. But you have to take care of them, because for that family, that's really important.

Moving every 2 to 3 years is difficult. You know, young children form bonds with their friends and not only they're moving, but every year a third of the embassy is moving, so they make friends and then those friends are leaving, and for many children that was a real challenge if they're struggling to make friends and they have one or two best friends and the friend moves. That's a big deal for that kid.

Also a lot of countries have a lot of anti-Americanism that, even, I've picked up on even in Europe - I've traveled throughout Europe for the last 40 years - so that's hard, because they pick up on it in comments that they hear in hallway chatter and that affects them. You know, all the stressors and instabilities of a given country, kids pick up on that. The stressors of their parents' jobs, children will intuitively feel that, so those are the challenges they have to deal with. And just as they get settled in a place, in two, three, sometimes four years, then they have to move again. So that's very difficult.

Similar to military children, who are moving every three or four years. It's very similar, except that there are differences in that in the military the kids typically live on a base,

whereas in our housing pools even in large cities you may have a mix of people who live on a compound and others who live scattered throughout the community. So that's the other challenge.

In large cities you may have a community with subcommunities scattered over a city of 10 to 15 million people, and driving and getting around, navigating the environment, is very difficult for kids that have sports, arts, need doctor's appointments, stuff like that that is easier here. Not easy in the U.S. either, but easier than in many overseas countries.

Q: After New Delhi you moved on to Mexico City. You were there just before the violence really got underway-I arrived there the year that you left, in 2008, and when I arrived the entire country was open to travel. We could travel anywhere, even to Michoacan and Sinaloa, but within six months certain areas of the country started to be closed to us due to the violence, and by the time I left in 2011 half of Mexico was off-limits without special permission and we couldn't even drive up to the border anymore because of the violence. Was that an issue starting to show up when you were there, you were there two years before I arrived, 2006 to 2008, were you seeing knock on effects in mental health?

DEKLEVA: Yes, yes to all, it was an issue even when I went there, as it was considered a critical threat post for crime and kidnapping. The border consulates, which I covered, I had a large region in Mexico, that was I think 10 or 11 consulates including a DEA office in Mazatlán, and then all of Central America and the entire Caribbean, so Haiti, Cuba, Dominican Republic, Jamaica, all the way up to Nassau, all of those were mine, it is a huge region. I had about two dozen embassies and consulates.

It was an issue. You had to be very careful and cautious and I treated some patients during my tour in Mexico who were victims of carjackings or a home invasion, who were targeted, and I had to meet with the family or with the kids in that household to offer reassurance, and make sure they didn't have any undue mental health effects from that. In the region that was the case, too. I had to treat a kidnap victim in Central America and was able to help that victim who had been held at gunpoint for a whole day before being freed. I also worked on two kidnap cases in Haiti. I was able to help that victim (in Central America), when they went back to the US, to figure out using the offices of the LegAtt and DoJ to testify (without having to fly back to the country) in camera, by video camera.

So that was very real and to the folks from a large part of that mission was law enforcement, I'd say probably 75-80%, so I met with them regularly and supported them. DEA, FBI, and Homeland Security, because they dealt with these stressors. It was kind of surreal. I went to a school, I visited all the schools, and I went to Guadalajara, I think it was, that I met with the director and the principals and the counselors, and I said, "What's the school community like? I'm here from the embassy." And I knew there were DEA officers whose kids went to the school, and they said, "It's really weird at school events 'cause we have the children of narcos..." if you've seen the movie *Narcos: Mexico* or *Queen of the South*, "...the parents were in the same room with parents from the embassy." So almost surreal. You'd go to what would be a PTA meeting or a school

function or end of the year Christmas party or a performance at the school and all these parents would come together.

So that was very challenging for those particular U.S. government agencies, who were always under threat, always under the gun. Every DEA office I visited, and I visited every single one, in every post in the region, always had a picture of Enrique Camarena on the wall, an official photo of Kiki Camarena. If you've seen the Netflix series *Narcos: Mexico*, you understand. They never forget what happened to their colleague, so it's seared into their memory.

And they appreciated the support. Many of them said they had never met the regional psychiatrist. But they're part of the mission. That's one of the things I learned in my training. An ambassador came and told us, "You're here to serve everyone. Everyone's part of the mission. Every specialist, everyone, we're all part of, we all fly one flag." It's like the Catholic Church, you've got the Jesuits, the Dominicans, the Franciscans, but they all report to the Pope in the end.

So I took that to heart and I had a DEA regional branch chief in Mexico. These are big positions. He had been in Bogota. He then was in Mexico. These are positions with multibillion-dollar budgets, 150, 200 direct-hire employees in the embassy. They're huge. And I offered to give a talk on stress management for law enforcement 'cause they face unique stressors. He goes, "Great idea!" and I thought it would be like 15 or 20 people from the embassy would show up. And I got there and they said, "It's not in the conference room, it's in the auditorium," and I'm like, huh? I go to the auditorium and he had flown every DEA agent in the country to hear my talk and then to have meetings with him because he valued that and felt it was important.

So whichever agency we work with, you have to understand their ecosystem, their corporate culture, and that each post and region has a different ecosystem. As a psychiatrist I had to learn that so I could best help their people. I was really lucky in Mexico.

The other thing about the schools I want to mention is that the school (in Mexico) was a disaster, and I raised a stink about it and got in trouble initially. I had some strong conversations, let's put it that way, with the DCM, who later became a dear friend and big supporter of me, Ambassador Leslie Bassett, who remains in touch with me to this day. I actually gave a lecture in San Diego recently for a course that she's teaching there, Ambassador Bassett. But she and Isiah Parnell, who was the management counselor - I said you guys need to back me. I'm right on this, because I was getting a lot of complaints from the schools about bullying and they weren't managing kids with special needs. There were a lot of...a confluence of problems. So to their credit, they listened and brought in outside consultants from the Office of Overseas Schools, who I worked with a lot and those consultants made a recommendation, based on the issues of psychological safety that I'd been reporting on. They did something very unusual, which was to allow people the option to send their kids - if needed - to boarding school in the U.S. without penalty.

That was a big deal. Not that many people took advantage of it, but knowing that they had that option could make parents more comfortable, and was seen as a victory for children. So I'm very proud of that.

Q: I followed you in Mexico City. I arrived in 2008 and during the three years we were there all we heard from parents was that the school was a disaster so the school never really has improved so far as I know. It still is not a very well-managed school, unfortunately.

DEKLEVA: It was a challenging environment because most of the children are children of the Mexican elites.

Q: Yes.

DEKLEVA: So called *fresas*, who even...if the children in our embassy cohort spoke Spanish, which many did, especially in the law enforcement community, and even in the State Department and military and intel folks that were there, a lot of them spent their whole careers in Latin America, Mexico, Central America, so they spoke Spanish, their kids were speaking Spanish, but that wasn't good enough, because you weren't part of that *fresa* inner circle. So issues of exclusion and isolation really bedeviled the students there and that, plus the high crime risk, made it very, very challenging for many families to be there.

And yet what a wonderful country. I love Mexico. I like the people, I speak the language, I had a good tour, I like it a lot, but for many families with children it was daunting. So my job there was to provide that support, to help them successfully get through that time.

Q: I'd like to pick up on that. I had an officer working for me in Mexico City who is half Mexican, his mother is Mexican, married an American and moved to the United States, and then when he got married, he married a Mexican woman from Veracruz, and so they came to Mexico as part of my office in the embassy, and reported to me that the local Mexicans referred to her as a gringa because she was married to a gringo even though she was native born Mexican, spoke Veracruz-dialect Spanish, but they said you're no longer Mexican and she had difficulties getting along with people in Mexico City because they viewed her as a foreigner and her husband all the more so because he was half gringo on his father's side. My wife and I found that we had very few Mexican friends who would socialize with us because we were outsiders, and we heard that from other people from Latin America, from other countries, that Mexico is almost like a closed society, and that had to have had mental health implications for the entire embassy community.

DEKLEVA: Not mental health, but certainly psychologically and what it would do is people would then...it created conditions similar to what we talked about earlier in the interview where it sort of puts a damper on people's willingness to engage more with the host nation rather than turn inward and just kind of socialize within their embassy

community or their section, or whoever lived in their neighborhood, frankly, because getting from one part of the housing in Mexico City to another could take an hour in traffic, or more.

So aside from doing the normal tourist things it could be limiting for a lot of families...

I, in my own odd way, I found a way around it like I did in Russia and India. I got in the martial arts and trained in Aikido with the top Mexican teachers. My teacher was a Mexican-American, my Sensei, they had heard of him as he was very famous and had taught in Mexico, so that kind of gave me an entree. Martial arts was a way for me to kind of find people with like-minded interests. If I hadn't had that it would've been a bit more of a challenge for me. My wife and my daughter kind of found their interest groups through the school. My daughter was in high school then, through activities, sports, things like that, and in the way parents also came together. But even then I remember when my daughter would go visit friends or something --- one of her friends was a child of a high-ranking American businessman. They had armed bodyguards and a fully armored vehicle everywhere they went. So the same kidnap safety issues were always top of mind for those families.

It is a very challenging place to serve, and that was certainly true of the rest of the region which was full of challenges. Haiti was already a failed state then, a very difficult place to serve. I made multiple trips to Haiti, and the other place that was very challenging that I've been to twice--fascinating, I loved it--but really a tough place, was Havana, Cuba, which wasn't the status of an embassy then, but a very tough place to live because of shortages of materials and the counterintelligence hostility from the Cubans made it very, very difficult for our diplomats and families to live there.

I think there was a cap of about 50 for a long time, and they would have to get respite and every three months they would fly to Miami for a week just to decompress and buy medications, take care of visits to specialists whom they needed to see, dentists, orthodontists for their kids, stuff like that. Cuba was a very challenging place to be.

My counterintelligence experience there is probably familiar to many people and officials who traveled there. I got off at the airport, I got a visa after waiting for many months. I'm sure the Cubans checked my name with the Russians and then it came back that it was okay, so I had a trip for about a week. I get to the airport flying from Mexico, a direct flight, about a three-hour flight, and I'm standing in the diplomatic line and there's a Chinese guy in front of me, so it's a very short diplomatic line at the airport and I present my passport, get the stamp. I walked outside to get a taxi and I said I'd like to go to the Hotel Nacional, which is a very famous Art Deco hotel built in the 30s in Havana, a beautiful hotel overlooking the ocean, and then another guy wearing a suit and a black leather jacket slid into the back seat next to me, and the driver, who was a young kid, said this my cousin. I knew who he was, he was a Cuban DGI intelligence officer and the young guy said to him, "I thought you were going to go with the Chinese guy?" I burst out laughing as I understand and speak Spanish, and they both turned and looked at me. It

made for an awkward moment. I said in Spanish, "No problem, guys, just give me to my hotel safely and we'll all be happy, and point out the cigar factory while you're at it."

So I got to the hotel and they said, "Your room needs to be prepared, we're sorry, it's not ready yet." I said, "No problem, is there someplace I can have a mojito and a cigar?" They said, "Of course we already have a mojito here, now, and the cigar store is downstairs," so I sat on the balcony looking at all the tourists, mostly from Europe, smoked a cigar, drank a mojito, and an hour later they said, Señor Dekleva, your room is now prepared, and thus began my trip. It was a fascinating place. While I was there I didn't deal with the later issues that came up with the Havana Syndrome. I had retired by then, and even before that it was a very difficult place to serve in.

And other countries --- Haiti, Cuba, Jamaica were very dangerous, so it was a tough, challenging region. But I enjoyed it.

Q: Well, from there, from Mexico City, you went to Vienna and again covered a whole bunch of posts. You were there in Vienna 2008 to 2010 and presumably you had some opportunities to go back down to the Balkans.

DEKLEVA: Yeah, that was the best part of the tour for me, because I had been traveling in the Balkans since I was a teenager, so it was like going home and I would never speak English when I talked to the locals or the Foreign Service Nationals, so I got to hone my Bosnian and Serbian skills. I really, I love the Balkans, it's part of my heritage and I always enjoyed my trips there.

A lot of really talented diplomats, mostly career diplomats, work in those areas. My region was all the way from Warsaw down to Athens, so all of Eastern Europe, the Balkans. This was the first region that I had served in where I'd say the majority of appointees were political appointees. I mean, I'd had some political appointees. Ambassador Tony Garza, whom I adore and remains a friend to this day, was a wonderful leader and ambassador. He was a political appointee in Mexico for I think seven or eight years, and Ambassador David Mulford in India was a political appointee. But in Vienna it was different because many of the ambassadors in the region were political appointees, so that was one of the challenges when I would meet with section heads, different State Department agencies and other agencies. When it worked, it worked really well, but when it didn't work it became really difficult for people.

If the political appointee was someone who could quickly learn from their experiences ...usually they would come from politics or business with vast experience, some of them were very quick studies, quickly figured out how an embassy ran and were very effective. As a matter of fact I went to a going away party for one in Vienna after eight months when they had a changeover of administration (in 2009), David Girard DiCarlo, and people wept openly. The DCM at the time said, "I've been in the Foreign Service 30 years and this is the finest ambassador I've ever met." So the right person, even a political appointee, can be incredibly effective. The wrong person can be challenging.

So those were some of the challenges there. Most of the places in the Balkans and Eastern Europe are much easier to live in than my first three tours in Russia, India, and Mexico, so the quality of life was usually not an issue, or the safety issues. It was usually things like school issues with the children, internal issues in the workplace, getting along with colleagues in the workplace, getting along with spouses and routine mental health things, pretty straightforward. If emergencies happened, mental health emergencies requiring a medevac, those were, well, they're always challenging. I've done a large number of those in my career but they're easier to deal with in Europe than they are in Mexico or Latin America or Russia or India.

Q: The other thing is that, at least based on my experience in Vienna, medical services were much more accessible and in Vienna you had really good medical facilities, good physicians, we had people in the embassy who would go all the way to Germany to go to a military base for dental care but we had a US-trained dentist in our neighborhood in Vienna and we went to him for our routine dental work.

DEKLEVA: Actually, that's funny. We went across the border to Sopron, which at the time had 300 dentists.

Q: Yeah.

DEKLEVA: This was the center for dental tourism. People came from all over Europe to get implants and root canals so we would go there 'cause it was cheaper than the American-trained or European-trained dentists in Vienna. Vienna has excellent medical care and actually in Europe as in the rest of the world, especially since I've left, medical care during the course of my career and since keeps getting better and better and better. As a regional medical officer friend of mine used to say, "The floor is coming up to meet the roof," and I saw it all over Eastern Europe and some of the places, many of the places in Eastern Europe, even the Balkans and Serbia, Slovenia, Croatia, Vienna, Warsaw, Prague, Budapest, and they really have excellent medical care.

The issue wasn't the quality of care. It's navigating their bureaucracy and getting into the health system, but that's difficult even here in the United States. We would try to help people navigate it and figure out which providers in the local medical economy could accommodate our patients bureaucratically and provide good quality care. But Vienna was certainly top-of-the-line in that regard so I enjoyed doing medical diplomacy in the region and kind of updating those lists of experts that every health unit has for the posts in the region. It was fun to meet with them and they all spoke perfect English, but because I spoke enough German, or fluent Serbian or Slovene, it was an icebreaker and they were more willing to engage with us.

Diplomacy is always personal, and medical care is personal. If you refer to a doctor and even in my work now, they have to like you, otherwise they won't take your patient. Not only know you're a good physician, but they have to like you. So likability is important for diplomats, including medical diplomats.

Q: After Vienna you went back to Moscow.

DEKLEVA: That changed my life. I'm so glad I did that. They had a sudden opening in Moscow and I said I need to go back and I talked to my wife. My daughter was starting college then, she was starting her freshman year, she'd graduated from Vienna, so I talked to my wife, said, "We need to do this." My wife's a nurse, and she worked in health units in every embassy we were posted at, and Moscow had a desperate need for a full-time nurse, so it was a perfect fit for her as well as for me.

But in many ways, that second tour kind of changed my life and changed the trajectory of my career and in both personal, intimate ways as a human being but also professionally. The first thing is that the ambassador was John Beyrle, who had been my DCM, and he was very supportive of my coming back, and his DCM at the time was Eric Rubin, and then during the latter part the DCM was Sheila Gwaltney (who also became an ambassador in Central Asia), and they were wonderful people to work with. And the management counselor was a superb diplomat named Michael Hoza, who also became an ambassador.

So they were all very supportive and welcoming and I really improved in the language and then began training in Systema regularly, when I wasn't traveling, with Col. Mikhail Ryabko and his other Spetsnaz teachers, and that forced me to learn Russian even more, and more quickly. So I learned a lot of phrases like, "Don't be afraid of the knife, the knife is your friend," "don't have fear, breathe, don't be afraid of the whip, the *nagaika*," all those kinds of things. I actually became an interpreter for Mikhail Ryabko at international Systema seminars, so I enjoyed that. I loved the work, the people I worked with, the incredible quality of people on the country team, taking care of patients and I had also interesting experiences in medical diplomacy where I got to visit the largest psychiatric hospital in Moscow with the consular service, as they had an American there, a citizen.

Then I got to visit the Burdenko Neurosurgical Institute, which is a 100-year-old neurosurgical institute that's the most famous neurosurgical hospital in the former Soviet Union and now in Russia, and operates at a very high level. They had 45 operating rooms at the time, they'd just got a gamma knife (this was in 2011) and we met with the deputy director and with the Chief Academician. That's a big title, that's like the CEO. They met with us, had tea, were very gracious, and we were looking for places where we could treat patients initially with brain tumors, or head injuries. So they offered their help to us. So it was a wonderful time to be there.

It was very challenging, though, because of the persistent counterintelligence threat from the Russian security services. The FSB was relentless, persistent and it exacted a toll on many people. I was very proud that I was able to work with embassy leadership to increase the hardship differential slightly based on those less tangible factors. You don't have quantitative metrics for it, but I said it's real, if you look at what it does to people. And fortunately they and the bureaucrats in Washington who assigned such numbers agreed with me. That was also the time in 2012 when they had the protests in Bolotnaya,

and the wave of protests against President Putin, so that was a very challenging time for the embassy. The closure of USAID and all of their employees, about 60 of them had worked there since the early 90s. That mirrored the closure of the Peace Corps during my first tour when I met with the Peace Corps Director and all of the Peace Corps volunteers as a group to help them in their transition back to the United States (and for some possibly to another assignment).

But really, getting deeper into the culture and the language, the people I worked with, it really changed my life in many ways and it also indirectly prepared me for my next assignment, which was a leadership role in Washington, because I was already informally and indirectly doing a lot of things we generally do and which in those kind of roles would help prepare me for a later role. And then the trust --- I'm grateful for the trust that people, not only my patients, but those senior leaders who are the best of the best like John Beyrle and Eric Rubin, others placed their trust in me, in dealing with very complicated situations.

Q: Well you then moved back to Washington and you were the head of mental health services in MED for a couple of years, 2013 to 2015, and what did that involve? Was that more administrative work or were you still advising people on how to be good clinicians? What were you doing?

DEKLEVA: Both, leadership role and administrative roles. I delegated the administrative stuff, but the leadership, the larger strategic stuff, I liked that and I was very fortunate in having a medical director who was a unique and interesting guy. I had worked with Dr. Cedric Dumont when I was first hired. He hired me. He was an interesting and very gifted medical director, who kind of put the medical department on the map in the late 90s when he became Director. He was a young guy who had grown up in Africa and spoke perfect French. His father was an ambassador at the end of his career, and so Dumont knew the Foreign Service, he knew the ecosystem, he knew the culture, and one of his favorite sayings -- when I would get frustrated, I would engage him and he was very kind, he always listened to me. I was a junior. He came and visited Moscow. I talked about issues in the region, in the different health units, he would go [*imitating Dr. Dumont's voice*], "Ken, you don't understand the Foreign Service. When you understand it this will all make sense." He was always kind of cryptic, and now I gotta give Dr. Dumont credit, he definitely understood it, he'd grown up in it, and he was very influential and a very good leader and mentor.

Then I worked closely with Dr. Tom Yun, who was the medical director during my last tour before coming back to DC, in Moscow. When I was in DC I worked with Dr. Gary Penner, who was a very, very talented medical leader, different in personality from someone like Dr. Dumont, who was more extroverted and charismatic and flamboyant. Dr Penner was more introverted and quieter, and he had served in very tough places. He had served as a regional medical officer in Iraq the first year of the war and then in Kabul later in his career, so he understood the unique stressors and challenges placed on our diplomats there, and the medical challenges of those places. I think it changed him

professionally, it changed his vision of what the medical department, called MED, could and should do.

So there were a lot of novel programs that had been set up right around that time like operational medicine (in 2012) under the directorship of a brilliant doctor named Will Walters --- one of my heroes --- that did incredible things during the Ebola pandemic and later during COVID, as well as getting hostages out of places where we have no embassies, like North Korea, flying them home. In one tragic case it involved flying the body home, that of Otto Warmbier. And under Dr. Penner, I wanted to expand the medical mental health program to do other specialized things, so one day he walked in and asked me to develop a medical component for a response to any situation with a U.S. diplomat hostage, because I'd had experience with this in several regions overseas. I knew exactly how to do it. I did it, but he gave me the support and the bandwidth to do it right, and to represent MED in a meeting with what was called hostage recovery or hostage affairs. This is before becoming the SPIE, the special presidential envoy. They're the ones that since '15, have a fusion cell with different agencies that deal with American hostages. This was right before that, during the nascent beginnings of that program, so I was part of the medical support. And Dr. Penner supported me.

We hired and had a psychologist whom I sent to be the first SERE [Survival, Evasion, Resistance, and Escape] trained psychologist in a civilian setting like this for the State Department. Unfortunately, he later left but I got support to send him to SERE school at the U.S. Air Force Survival School at Fairchild Air Force Base, similar to the military SERE psychologists that bring back hostages when they're repatriated. They bring them back to Fort Sam Houston.

Q: What is SERE? What does SERE refer to?

DEKLEVA: It refers to survival, evasion, resistance, and escape. It's a specialized program that people in the intelligence community, the law enforcement community, and military special forces, pilots, people like that go through in case they are captured and taken hostage, and I both attended those conferences and have given lectures at those conferences. I also attended and taught in courses with diplomatic security on this topic.

It's a complicated area, you can well imagine now with the current war, the Israel-Hamas war, where we have American hostages. This is the most complex hostage situation imaginable because it involves people from so many different countries held by different groups in Gaza in a very dangerous war zone setting. So the role of these diplomatic entities and dealing with this is incredibly complex. You have the consular role, legal authorities, intelligence roles, military rescue roles and medical support roles. So my job was to help standardize - at that time - the medical support role.

We also did a lot of good with a program called the Child and Family Program, which was expanded before me, but during my tenure I extended it to seven full-time equivalents, so we're talking a $3 million per year program to provide mental health

support to children with special needs all over the world. So I was very happy with that program, and the really good work they did to help our diplomats get placed overseas.

Let me explain for your listeners why that's important. The job of the diplomat is to use their unique skill set overseas. If you take someone such as yourself who speaks fluent Russian or somebody who is fluent in Chinese, you want to use that skill set, which is very difficult to attain. You want to use those skills in language and those cultural skills where they're needed, so it's important if you have a child with special needs that we figure out a way to make that work for the diplomat. Because a lot of diplomat jobs are, as you know in your role as an ambassador, are very niche, very highly specialized. I'm not saying this to downgrade consular officers, but a junior level, entry level consular officer --- there are lots of those. But certain senior jobs, or technical jobs, you may only have 10 or 15 people in our country that can do that job in that particular country. So it's important for us to send them the very best people, and if they have a child with special needs our job is to support them.

I made it very clear that we are a medical support agency. Case closed. We never, I think -- I don't think we ever denied clearance for a child because of a school issue. I didn't want schools to be the rate-limiting step in terms of a family being able to go overseas. Also, if a family, if you put the trust in the family, which you should, because parents know what's best for their child - that's common sense but it's legally indoctrinated in all sorts of rulings having to do with what's called the best interest of the child - if the parent goes and tries something, if you tell them they can't do it, then they feel resentment and bitterness. When you say, "Look, you can try it, we'll support you, and if it doesn't work, we will still support you," then they don't feel bitterness and anger. Then they can say, "You're right, it didn't work, at least we tried, now we'll go somewhere else where we can serve." So I think that's important. It goes back to service.

Q: Anything else on your time in Washington?

DEKLEVA: I enjoyed working with the different what they call the interagency, with different agencies that have people overseas, and working with their medical leadership and coordinating efforts. That's an issue. I was also director of a committee called the family advocacy committee, which is a committee that deals with any case of suspected domestic violence, child abuse, or child neglect by any person under chief of mission authority overseas. All the agencies, all the extended family members, kids --- everyone falls under that umbrella. Those are very complex cases and I had, because of my prior work as a forensic psychiatrist, the expertise, and a way to standardize the reporting for that and to streamline and make that system work very well.

The committee includes people from mental health. We adopted a case management model that I built, that I was very proud of, working with social workers (from ECS) and with diplomatic security, who have special agents who were trained in child abuse investigation to deal with those cases, and also like any committee it had a lawyer. And you had to deal with other agencies and sort of navigate (like the military) if they had a

case. We had a memorandum of understanding at the time with Bethesda to provide forensic evaluations for children, which was very, very productive and very good.

There aren't a lot of these cases each year but when they happen they are very complex and you have to find a resolution for the family and you have to find a resolution for the leadership in the mission. The mission wants to know, is my employee coming back to do their job? That's what they want to know. So we have to give them that answer --- you know, we're not sure yet, maybe, yes, or no. And usually it's yes, but we have to be able to have a timeline, because people may come back and get family evaluations that are complicated and they may be here for a month or two in the United States and the leadership wants to know, is my employee, whom I need in this position, coming back? Otherwise they have to backfill the position with other people.

So it's very complex. I saw the mental health program as really evolving beyond its traditional kind of domains of clinical care and response to crises which is still very, very important, into other specialized areas that were kind of falling into a bailiwick, and I had the expertise and the experience to think that way. It was a very successful tour in that regard.

Q: And by that time you understood the Foreign Service.

DEKLEVA: I would hope so! I would hope so.

Q: Well, you wrapped up your Foreign Service career with a tour in London, then.

DEKLEVA: I just did a year in London. I decided I'd kind of done everything, I'd been promoted, I'd been the director of mental health, I was fortunate to be promoted to minister-counselor.

The biggest challenge in London was there were a lot of children in the region. They have a large number in Western Europe of children with special needs, but I had a system to manage that and it worked pretty smoothly. And they have a lot of good schools and good local mental health resources. Again, in Europe the issue is most of those countries have socialist medical systems, where you have to figure it out, you're not in the system, so how do you get into it. If you're an outsider in a private practice model, which some of those countries don't have, that was the challenge, access to care. The quality of care was generally pretty good.

The biggest challenge that year was response to crises, the terror attacks, such as the tragic attack in Bataclan in November 2015, in Paris where 130 people died, including an American citizen. It was the largest such attack in France since World War II. So it was very traumatic for the French nation, for the citizens of Paris, for the embassy, and then there were the attacks in Brussels in the spring in March 2016, in which five American citizens were killed including one from the embassy. So I had to go there at that point.

Both of these places have three embassies there so I would meet with all the leadership, and the section heads and other agency heads, but then they all had one single health unit. And I remember in Brussels we had a town hall meeting. The day after the bombing was when I got there, and then-Ambassador to Belgium Denise Bauer, (who is now Ambassador to France), and Ambassador Tony Gardner, who was ambassador to the EU, asked me to speak. They introduced me. There were probably 500 people in the room and it was overflowing, and again I had two minutes to kind of share my thoughts about how to deal with trauma, how to cope, what normal responses were and that I was available and I'd be walking around and talking to people. So it was a way to break the ice and open the door and meet people who are dealing with a very challenging time, willing to come and chat with me either informally in a courtesy chat, or if needed in a health unit doctor-patient visit.

So that was the biggest challenge there but I had done it before, so I was fortunate, I was able to hopefully do a good job and help people.

Q: So then you retired from the State Department and went into academics, became a professor of psychiatry, you are a senior fellow with the George H.W. Bush Foundation for US-China Relations and you're also writing for the Cipher Brief, so you're still doing leadership analysis, and you're still doing psychiatry.

DEKLEVA: Like many diplomats, as a friend of mine once said, they're like puppies. When they get lost, they find their way home. So I found my way home to Texas and I had trained at UT Southwestern and had worked there as a junior faculty member for about eight or nine years in the 90s. So fortunately an opportunity came up and I came back and I now work full-time as a clinician. I see patients 40 hours a week in a very busy large academic outpatient clinic --- very complex, very sick patients, medically complex, neurologically complex patients in a clinic that probably has 15,000 to 20,000 patients. So I had to dive in the deep end of the pool and see a lot of patients with late-stage cancers, transplants. I've seen probably 250 patients with symptoms similar to what Havana Syndrome patients report, what's called PPPD, a chronic dizziness syndrome, migraines, brain fog. I work with a multidisciplinary team in seeing those patients with ENT, neuropsychology, rehab medicine, and neurology, and I actually organized the first and only academic conference on Havana Syndrome in February 2022, in early February, at UT Southwestern.

So I do a lot of clinical work. I worked in the emergency room the first few years I was back, moonlighting. And I do some teaching. All academic people have to give lectures or supervise residents, so I do that as well. On the side in my free time (on the weekends and evenings) I've continued writing leadership profiles, studying leaders such as Putin, Xi Jinping, Kim Jong Un, and other adversary leaders for the national security community. I've written for the *Cipher Brief*, *38 North*, *The Diplomat*, and *The Hill*, and then on top of that I'm a novelist. I've written two novels, spy thrillers, *The Negotiator's Cross*, about a priest turned hostage negotiator in Mexico and Russia, and *The Last Violinist*, about a gifted North Korean violinist who gets close to the regime and thus attracts the interest of American intelligence agencies and eventually ends up defecting.

So it's a novel about his psychological and spiritual journey and it's fiction but it's based on a real North Korean violinist, whom I shook hands with in Belgrade in 1976, who had won an international youth competition playing the Tchaikovsky violin concerto.

Q: Ken, you're indefatigable. That's good to see. Any words of wisdom for medical professionals contemplating a career in the Foreign Service?

DEKLEVA: Yeah. What I would say, it is the greatest job in the world. It is the coolest, most fascinating job to be a regional psychiatrist or regional medical officer, but I'll speak to the psychiatrists. I was really blessed and fortunate to serve in the places I did, to work with the people I did, and deeply honored to have taken care of diplomats and their families. I've nothing but admiration for our diplomatic, intelligence, military, law enforcement, development, and other agency colleagues who live and serve overseas, often for many, many years in really tough places. So I was glad to be able to provide support to them and to leadership. It's the coolest job in the world. I was always driven in my career by the desire to do cool things and, God bless, I got to do it. Moscow was -- I loved all my tours --- my two tours in Moscow were really kind of a high point or what the famous psychologist Mihaly Csikszentmihalyi called a peak or flow experience. I was very blessed and fortunate with those experiences. When I left Moscow the second time, I cried. It touched me that deeply. The country, the people, the work, the people I worked with, it was an amazing experience.

When we would have recruiting booths at the American Psychiatric Association a handful of people would come up to the booth and we'd give them a flier and answer their questions. I never understood why there weren't 5000 people lined up at that booth. It's the single coolest job in the world. It takes a unique personality to do it. I try to get my residents interested in national security careers in medicine and most of them, you know, they just want a job, a house, a pool, and they want to pay off their quarter of a million dollars in medical school loans. I understand that, though I find they're a little more vanilla. They're smart but they're a little more vanilla than I am. I tell them, "You guys are like airline pilots, I'm more like a bush pilot." I had that explorer, wanderer gene in me. I tell them, "How many of you have done a medevac on an air ambulance Learjet, where you're the primary medical officer?" I did that. I medevaced a very complicated patient out of Central Asia to Singapore once as the medical officer. That was very rewarding. It was a life-threatening illness, so how many doctors in America have had that experience? Unless you work for the military, or certain branches of the military, the State Department, the intel world, or NASA, you probably haven't had that experience.

So if I could do it all over again I'd do something similar to what I did. I was very, very grateful. I still am.

Q: Bravo. Ken, thank you very much. Any final words, any final thoughts?

DEKLEVA: Any listeners can reach out to me if people are interested in this type of a career. I encourage them to go to the career website on state.gov, and they have a website which describes, and now they have videos and things like that on social media

describing this type of career and they can reach out to me on LinkedIn and I'll be happy to connect and give them any advice about doing this kind of work.

Q: Thank you very much, Ken.

End of interview

ADDENDUM

Leadership Psychology of China's Xi Jinping – The Diplomat

Xi and Putin: Diplomacy and Lessons Learned – The Decipher Brief