

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

ELMORE F. RIGAMER

*Interviewed by: Charles Stuart Kennedy
Initial Interview date: September 15, 2015
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Q: Today is September 15, 2015. The interview is with Dr. Elmore Rigamer; I am Charles Stuart Kennedy and this is being done on behalf of The Association for Diplomatic Studies.

Dr. Rigamer let's start at the beginning, when and where were you born?

RIGAMER: I was born in New Orleans in 1940.

Q: Forty. What does your name mean? It's unusual.

RIGAMER: I don't know but, as you know, New Orleans is a mix of all sorts of people. We are told that it's a French Creole name. It's a name among African-Americans as well as Caucasians.

Q: Probably a family connection.

RIGAMER: Yes a family connection and I'm asked that all the time. I don't meet many people with the first name of the writer Elmore Leonard.

Q: In the first place let's talk about the family. What do you know about your father's side?

RIGAMER: You know that's an interesting question, Charles. I was told my father's mother died young and his father left to be an itinerate carpenter. My father was raised by his aunt, so he didn't know much about his history. We were always told that they came from the south of France to New Orleans a few generations back.

Q: What was your father involved in?

RIGAMER: Both my parents were uneducated. They didn't have high school degrees. We lived right outside of the French Quarter and they had a neighborhood grocery store and a little bar. I spent my childhood working behind the counter in the grocery store and tending bar when I got a bit older. Then when I was 14 they sold the grocery, but it was a very colorful childhood; I didn't think it colorful at the time. You have the childhood you are living but when I look back it certainly was. We moved out into the country in 1954 and I came back into New Orleans to go to Jesuit high school. That was how it was.

Q: Okay I'll come back to that in a minute but on your mother's side what do you know about her?

RIGAMER: Her mother was born in Sicily, my maternal grandmother Marullo, and her father was French, Dazet. He died when she was quite young and my grandmother remarried a German who left Hamburg on a ship as a mate when he was about 14.

Q: What about the neighborhood. I assume there were other kids there.

RIGAMER: My sister is a few years younger than I, my brother nine years younger but by the time he was toddling we had moved out to the rural area.

Q: In some neighborhoods there were Polish Catholics, German Catholics, and French Catholics. I mean was your Catholic Parish a mix?

RIGAMER: Yes, it was a mix. There are some churches in New Orleans still standing, beautiful examples of Gothic or Romanesque architecture, that were built by a German community and across the street another community. On Constance Street in New Orleans there is a huge German Church and right across the street is a huge Irish Church, St. Alphonse and St. Mary. So their ethnic groups devoted a lot of money, a lot of their earnings, these were working class people, to build their church as they had done back home.

Q: Well was your church mixed basically?

RIGAMER: Ours was mixed. When I was growing up it was still really a melting pot. New Orleans was always really a melting pot. If you read about it when it started, it was people from everywhere living among each other.

Q: What about in this grocery store bar and all what kind of work did you do?

RIGAMER: Well, depended on my age. When I was little like first grade, second grade, the wholesalers were bringing the cases of cans, boxes and whatnot and I'd stock the shelves. Then when I got a little older you had glass bottles for soft drinks so you would return the bottle. So I'd have to wash the bottles and put them in the case and cart them to the back of the building where the soft drink man would come and replace them with filled bottles. Then when I was about I guess 10 I got a bike and I would deliver groceries after school. Then a little bit later I ran the cash register.

Q: As a kid were you much of a reader early on?

RIGAMER: I was.

Q: What did you read?

RIGAMER: The earliest I remember was the Count of Monte Crisco; I don't know why I remember that or how I got to it but that was about seventh grade that I read that. Then I read whatever there was in kid's books or fiction at the time; Robinson Crusoe, classic comic books.

Q: Treasure Island.

RIGAMER: Treasure Island, a little bit later so I read those things as a kid about sixth or seventh grade is about the earliest I remember but we had a library about two blocks away; that was great. I can remember going to the library and sitting in the back, it's still there the building, but public buildings in New Orleans at that time were built in the '20s many from the WPA. There was still Greek architecture, these tall columns outside, the tall ceilings. So to sit in the back of the stacks in this cool room and read a book was idyllic. I guess I went as much for the book as to be in the cool room. But then I went to Jesuit and I think that's when the rigorous academic training started.

Q: Well in elementary school the nuns were running it?

RIGAMER: The School Sisters of Notre Dame.

Q: What about when you were a kid I assume there were equivalent to gangs. I'm not using the majority term. I'm talking about a bunch of kids getting together and playing.

RIGAMER: All white.

Q: All white.

RIGAMER: I did not know any black children my age. We had a lady that helped my mother and she would cook for us one day a week. She was black but I didn't know her family. No, it was a segregated childhood.

Q: Well then New Orleans history, did you get much of that?

RIGAMER: You know you were growing up in it so it's like you're not aware of it until later when you are older. I remember when I was in seventh grade there was an anniversary of the Louisiana Purchase, which I think was 1803 so that would have been about right 150 years of the Louisiana Purchase. I studied it a lot and that's when things began to come together; we had to write essays for it for the newspaper of what happened and whatnot but really not before that. I was living within the culture and, as I said, my parents were hardworking people, not great readers; they didn't tell me stories about history like I do with my grandchildren.

Q: Well also, too, they probably were, as these things go, relatively recent arrivals so the Civil War probably didn't loom as large as it did in some communities.

RIGAMER: It didn't in New Orleans but remember New Orleans was taken over early by the Union so they didn't experience much of the Civil War except occupation. My wife, who is from Georgia, grew up hearing stories about the Civil War in the 1940s.

Q: But you are right the Union came in and took over New Orleans so it really didn't have the Southern experience.

RIGAMER: Nothing like Virginia where the battles were fought. I don't think I became aware of any of that until high school.

Q: Did you find that working at the family business kept you away from a lot of the kid's life?

RIGAMER: No, they didn't work me that hard; I had time to play a lot. I attribute having to work early to my ability to do well in college all the way through and I see that still. I think kids who work when they are young develop good habits that translate over into school and there was no choice about my working; it wasn't busy work you know. I had to do chores around the house but I had to work in the store. I think it helped us be industrious.

Q: How old was your sister? What's the date?

RIGAMER: She is two years younger than I, was born in 1942 and I have a brother who was born in 1949, both living fortunately.

Q: That's a pretty significant difference.

RIGAMER: Yes it is, it is but actually we are quite close he and I. He lives in New Orleans.

Q: Well then high school again was it a Jesuit high school?

RIGAMER: A Jesuit high school and the Jesuits. The Jesuits were the ones who opened our eyes to the world. I got to Georgetown from the Jesuits.

Q: How did you feel about religion? Did you kind of challenge it?

RIGAMER: My grandmother was Sicilian and that was the farthest thing from my wife's grandmother who was Irish. You don't take all this stuff about sin seriously. I don't think I ever felt guilty, which drives my wife crazy but it was like confess and continue; that is what the Catholic Church is for. So religion never oppressed me, maybe it should have a little more than it did. It was a way to understand life. I think everybody in the neighborhood I grew up in was generous so I can't attribute my altruism to just religion but I grew up among people who did a lot for other people who didn't have things, certainly religion sponsors that. The Jesuits inculcate into young men a strong sense of social responsibility so I refined what my parents already were doing. If somebody came

by the grocery store and wanted a sandwich my parents would give it to them. There was a railroad track about five blocks away and in those days itinerates were called hobos.

Q: Did you find the Church particularly in high school controlling? Read this book, don't read that book?

RIGAMER: They had the Index, yes, the Index, which I didn't pay attention to.

Q: In fact, I'm not Catholic but I'm told the Index was a great way to pick up which books you wanted to read.

RIGAMER: To figure out what books you wanted to read, yeah. I remember there was a movie called Baby Doll, which at the time was risqué and it was on the Index list for movies. I remember the Jesuit principal getting up and saying, "If any Jesuit boy is seen around that movie you are going to be expelled." Well that was enough to keep me from going even though it was tantalizing. I didn't say, "Let me stay away because it's a temptation of sin." I said, "Let me stay away because I'd get kicked out of Jesuit," and I was on scholarship too. Now I'm a practicing Catholic and I have been half of my life but the last 30 years I've been more consistent. The Catholic Church I like because of its own emphasis on social justice. I love this Pope. I mean finally we have a Pope who talks about what Jesus wants us to do.

So I ignored the other things about the Catholic Church. I don't believe abortion is right, but I don't foist my ideas on other people. As a physician, I'm a psychiatrist, if a patient might bring this up I don't say don't and I don't say do. As a good therapist you let the patient find his own way or her own way. I guess the Jesuits have influenced how I have looked at the Church; the Jesuits have always emphasized social justice in the Church always.

Q: Maybe it came slowly.

RIGAMER: The Jesuits educated me for eight years during those important years between age fourteen to twenty-one. The biggest legacy I can see is social justice. I'm an adherent of universal health care, I'm bothered that we don't have health care for everyone in the United States. I can trace that back to my empathy for patients; I can trace that back to the Jesuits.

Q: What about politics? Where did your family fall in politics?

RIGAMER: In those days it was always Democratic. My father was a big fan of Huey Long because my father was poor. Huey Long was a Populist.

Q: The Kingfish.

RIGAMER: The Kingfish, a chicken in every pot, he built LSU and the medical school. I might say if not for a free medical school I wouldn't have become a doctor.

Q: Yeah.

RIGAMER: So my father loved him, but the South was Democratic.

Q: What about in high school girls?

RIGAMER: Jesuit schools were all boys and then there were sister schools; the Ursuline Nuns, the Dominican Nuns, Carmelite Nuns were sister schools. So you would meet on those occasions, date and each would sponsor dances.

Q: What about sports events?

RIGAMER: I was not terribly athletic. I'm very poorly coordinated till today. Jesuit is known both for academics as well as athletics so you were encouraged and I did go to football games and basketball games, things like that.

Q: When did the desire to become a doctor hit you?

RIGAMER: No, what hit me was to become a Foreign Service officer that hit me.

Q: Okay, let's go back to Georgetown now.

RIGAMER: Okay.

Q: You were there for how long?

RIGAMER: Just one year.

Q: What was it like?

RIGAMER: It was lovely coming from New Orleans. I loved Washington, and I always have loved it. Georgetown was the big opening of the world there and had incredible teachers.

Q: Well then it must have been a certain wrench wasn't it to go to Springfield?

RIGAMER: Spring Hill, yeah it was. I missed Georgetown a lot. I missed Washington a lot but it was nice to be able to go to school full time. I mean I went to school at Georgetown full time but it was hard. So that was sort of a release I couldn't have even gone to Georgetown without working and I could go to Spring Hill without working but I missed it. I missed it always but life has a funny way of dancing around you. Well we'll get to it later about how I got into the Foreign Service but when I was finishing my residency I did not want to go to Vietnam and I got an honorable discharge as a conscientious objector volunteered to go to Africa. So the Foreign Service was back there and I went to Africa as a Peace Corps doctor working in an African hospital. I guess we

can talk about this later but that was how I got involved once again in the Foreign Service.

Q: Well it's a good way to Spring...

RIGAMER: Spring Hill.

Q: Spring Hill. Where is it located?

RIGAMER: Mobile, Alabama, and it's a very small Jesuit school with about 1,500 students and at that time really known for science. It's both now science and arts but it was a factory that turned out undergrads well equipped to get into medical school; they had a good track record of acceptance. It wasn't terrible, I liked it, and I met my wife there and it was good. I had my eye on medical school and I knew I wanted to do it and the more I got involved in and thought about being a doctor, the more I learned about medicine. The more I love it to this day. It was truly divine providence the way it happened. You know how most things happen in life; you know that joke you want to make God laugh tell him you have a plan for your life. It just happened.

You did a lot of talk therapy and community psychiatry. When I trained at Cornell in the '70s and then at Albert Einstein for child psychiatry there were almost no medications. There were some for schizophrenia, a few for depression, one for manic depression or bipolar illness and that was it. So you were forced to learn psychotherapy, and a good deal of community psychiatry came into ascendancy because at this time they were starting to close mental hospitals with the hope people would be cared for within the community. You learned a lot about communities and some psychology, some anthropology, and how to deliver care beyond the one -to -one model; there were not many choices. Psychiatrists really know a lot more about neurobiology now and we are the medication prescribers. It's hard to have a practice where you just want to do talk therapy or psychoanalysis. The way I trained in psychiatry is obsolete today. Now you can choose and there are many subspecialties in psychiatry, for example, geriatric psychiatry. I did choose pediatric psychiatry after I finished adult psychiatry and there wasn't a big difference then like there is now because there were no medications. Most psychiatrists today need to know medications.

Q: When you were starting out with it there wasn't much in the way of medication was there?

RIGAMER: No, almost nothing. One drug was called Chlorpromazine or Thorazine, which was developed by a psychiatrist Nathan Kline in New York. It was, I guess, one of the first drugs for schizophrenia and then a couple of others like it came out but nothing like today. I neglected to mention we had a few drugs and we had electro-convulsive therapy, shock therapy, which we did.

Q: I'm speaking now as a layman but if a person is suffering from a psychiatric condition, how do they teach you to talk to them outside of being sympathetic?

RIGAMER: Well we spent a lot of time learning how to talk to patients. In training at Cornell you would transcribe your notes as you were talking to the patient. You'd go over that with your supervisor, most of whom were analysts; they taught us you how to listen to the patient, to understand what the patient is feeling, not to impose your own view on the patient. So, it takes quite a bit of training and, for people who go on into psychoanalysis, it goes on for years. I was trained pretty well in psychotherapy at Cornell and at Einstein as well, but again there was not much time spent on medications because there weren't many.

Q: Were dreams important?

RIGAMER: Yes, we read Freud's Interpretations of Dreams, published in the 1900. Residents read Freud and other thought leaders of the time. There were residency programs like the ones at Mass General and Hopkins that emphasized other aspects of psychiatry.

Q: What is your wife's background?

RIGAMER: Her parents are third generation Irish. She grew up in Atlanta and Albany, Georgia; her father was a cardiologist and her mother had been a nurse, but stopped working when she had the children. My wife studied education and taught school when we were in the Foreign Service. When we lived here in Washington for ten years she was an editor for the National Transportation Board. She's been very supportive of my career. As I mentioned, after I finished my residency and was given the opportunity to join Peace Corps as a volunteer physician, she very graciously came along with the two children to Liberia, where we lived for two years.

Q: Let's talk about in what capacity did you get into the Peace Corps?

RIGAMER: After I finished my psychiatry residency I was due to go into the Air Force, This was during at the Vietnam War. I became more aware of social issues while I was training in New York.

Q: So this is your first real overseas.

RIGAMER: It was the first time I ever went overseas.

Q: Did that whet your appetite?

RIGAMER: Yes, it did. I wanted to be a psychiatrist more than I wanted to be a Foreign Service officer so I left the Georgetown School of Foreign Service to do pre-med at Spring Hill College in Mobile, Alabama, but the lure of living in different countries never went away.

Q: All right then Monrovia. First of all what as the training like before you went out there or did you have any real training?

RIGAMER: Well you had that Peace Corps orientation but Monrovia wasn't very different from New Orleans in terms of the climate and the customs and the dishonesty of the government; we felt right at home. A lot of Peace Corps volunteers had cross-cultural shock but coming from New Orleans, we didn't find Monrovia very different.

Q: Was New Orleans pretty corrupt while you were there?

RIGAMER: Probably. At the moment the former mayor is in jail. The joke is that there is always some politician from Louisiana in jail at any one time, maybe an exaggeration but not much of one.

Q: Back to Monrovia, did you have any choice in the assignment?

RIGAMER: No, that was the only place. I was the only psychiatrist ever to be sent as a Peace Corps volunteer anywhere. USAID had built this hospital and actually the psychiatry part was out of town in Robertsville about 15 miles way; it was a free - standing psychiatric building, the Catherine Mills Rehabilitation Center/

It was a fascinating two years. I went willingly and Peace Corps allowed me to take my wife and two young daughters. It was through my work in Liberia with Liberians that I came into contact with the American Embassy and how the Foreign Service came back into my life. When the embassy doctor, Eben Dustin, had a patient with a psychiatric problem, he would ask me would I help out. So I saw some American patients he referred, some diplomats, some tourists coming through who had mental illness. During our time together, he said, "You know, you ought to think about doing this in the Foreign Service," but there had never been a psychiatrist in the Foreign Service abroad.

Q: Well let's talk about the Liberians. Were there psychiatric problems that you would ascribe to either Africans or being Liberians?

RIGAMER: It's a fascinating subject. There is a field of psychiatry called trans-cultural psychiatry that studies how psychiatric problems are represented in other cultures. Some psychiatric illnesses have equal representation in a population whatever the culture. Schizophrenia and depression are two examples. I could recognize schizophrenic patients, for example, and we had medication to help them. Their delusions were culture specific. They would not think the CIA was following them but that they were cursed and an evil spirit was in their brain. They had a particularly strange delusion and illusion called open mole. They believed the fontanel in the skull were reopening and their brain was exposed. There was a native medicine doctor who lived on the grounds, so and he would do offer the culturally appropriate treatments - giving herbs, chanting, having dance rituals and so on. I would offer Western medicine.

Q: Did you ever find yourself in conflict?

RIGAMER: No, no never, never because he knew more about their culture bound symptoms than I did. They needed him, but they saw that my medications helped them to calm down so that they would not have to be chained to a wall or left out in the bush. Our medicines would calm them down pretty quickly so they wouldn't be yelling or running around hurting themselves or getting dehydrated in the climate. So what we did was complementary, I enjoyed the Liberians, they liked me, they were very helpful to me. They taught me a lot about psychiatry.

Q: Did you find was it difficult to understand the attitudes of men and women?

RIGAMER: I had problems with some of their child rearing practices. One was what they called "peppering." They would place hot peppers into their bodily orifices, under their eyelids, in their nose, into their anus, it was terrible.

If I made some contribution it was to help the patient quiet down and be more manageable. In that climate if you don't quiet a patient down, one that is manic and running in the streets, they could easily become dehydrated.

Q: Could you sit down and have a meaningful, professional conversation with the witch doctor?

RIGAMER: No, I mean he would tell me what he is doing through an interpreter a lot of times because he didn't speak English, so he would tell me what he was doing. I certainly wouldn't want to change what he was doing but some things were his specialty. There was another delusion called mammy water. Mammy Water was if a white woman, bare breasted, beautiful golden hair appeared to you and offered you a ring and you took the ring you were doomed to follow her for the rest of your life. So you did not ever want to see her, not even in your dreams and, indeed, if you found people wandering and agitated far away from home they were following Mammy Water; that was a culturally specific delusion. If, for example, word would get out that Mammy Water was in the hospital somewhere patients would go frantic. They'd close their eyes, they'd get under their beds and hide because they didn't want to see her; of course they had no control whether they dreamed about her or not. The witch doctor could do better with that than I could. I could treat the agitation that resulted from it but the witch doctor could do better dispelling the belief or exorcising her from your psyche. That was a good example of a collaborative approach with a delusion of something like that. We would talk; they lived on the grounds, as I once said. Some would come with a family sometimes. I had a great social worker who actually had just returned from the Bronx in training; he was a Fulbright Fellow I believe. He would take me up country to different villages to meet the witch doctors and learn about their treatments and what herbs they used and what kind of cultural specific delusions they were good at handling so it was good working in tandem.

Then we had the big American hospital that was built called the John F. Kennedy Medical Center so that I could help my patients with other medical diseases like infectious diseases. For example, TB was rampant; things that come from being poor and

malnourished. I think the first embassy I had ever been in, it was the first embassy I had ever in was Monrovia, the first ambassador I ever shook hands with was the ambassador to Liberia so it was like going back to where I started when I was a freshman in college.

Q: Well when you first arrived did you see any particular manifestations within the Peace Corps?

RIGAMER: Manifestations?

Q: Or psychiatric problems.

RIGAMER: No and I worry about that to this day because I'm not up with what Peace Corps is doing these past ten years.

I saw many more Liberians. I would see America diplomats or Peace Corps volunteers on an urgent basis.

Q: Oh I see.

RIGAMER: Yeah, once I took one home, medevaced one or two maybe but no, no they didn't occupy a big part of my time.

Q: What was the social life like in Monrovia?

RIGAMER: Oh it was great. Peace Corps volunteers are young expatriates, there was a famous bar called The Saloon, which was a great bar to drink and dance till all hours; we had a babysitter for our children. You make lifelong friends when you are that age. There was a British couple who lived next door to us who had a little baby a little younger than our girls and so we would go out with them. An Italian family lived behind us. It was always what I wanted in terms of living abroad and learning other cultures and whatnot. I got some young man from the Taiwan Embassy to teach me Chinese a little bit; that was the types of things you'd do; there was no radio or television.

Q: Well then let's talk about your transition over to the Foreign Service.

RIGAMER: Well what happened was I would have these conversations with the embassy regional medical officer. Anyway, the Department wasn't ready for it. I went back to New Orleans and I worked for a hospital system called Ochsner Medical Foundation. I was the first child psychiatrist that they hired.

Later I spoke to Dr. Dustin who told me that there was a psychologist in Kabul hired by Ambassador Elliot who was doing something like what we had talked about. He asked if I would be interested. It was a dream come true because I started out wanting to go into the Foreign Service and no psychiatrist had ever been abroad so it was done.

Q: So how did you operate in Kabul? I mean it was basically get people away from drugs was that it?

RIGAMER: That was a goal, the methods were varied but Kabul. I set up a psychiatric practice in the health unit for the Americans in Kabul. But they also asked me to cover the surrounding countries, so I went to Pakistan, India, Nepal, Bangladesh, and Sri Lanka.

Then at this time Marilyn Holmes started the Family Liaison Organization here in the State Department and she saw what need I was responding to. She was instrumental in getting different people, usually women at posts, who could help others adjust to the community if adjustment was part of their problem.

Q: Did you find that this South Central Asia...

RIGAMER: South Central Asia.

Q: ...had particular problems?

RIGAMER: Well the availability of drugs, adolescents could go to places that you would not want them to be hanging out in. The adolescent has to go out and experiment and be away from the family and do things with friends. You had to be quite cautious where the adolescent went, whom they would associate with, hours were different. Nightclubs wouldn't start until late and you didn't want them in the nightclubs anyway but here is where the overseas schools come into. The overseas schools were great when they were great so they would help build a community for the children. So a lot of small posts particularly Asia, South Central Asia, I think to some degree in Africa the community would revolve around the child part and family part of the community. So the school provided a lot of activities for the child. Well, if you have a substitute, if the school is having dances, having extracurricular activities, soccer games, baseball games, track meets, that's a healthy part of the community in a healthier environment, healthier ways of doing that.

Q: Did you find the ambassadors were sympathetic to what you were doing and helpful?

RIGAMER: Well certainly Ted Elliott was and you have to remember this was new to everybody. I mean I don't know if the ambassador was told talking to a psychiatrist is in his job description.

Q: Yeah, okay well let's take the early days in Kabul. What was the situation in Kabul particularly for the adolescents and all this? What would you do?

RIGAMER: It really changed after Ambassador Dubs was assassinated. The school had an active athletic program, camera club, bird watching club, exploring Afghanistan going to different cities, having parties at each other's homes. So really this oasis of an expatriate community, which happens very often in the Third World, really cultivating

that and make it more child centered. Parents cooperated quite a bit and parents knew where their kids were so one kid couldn't play off on his parents and another kid saying so and so lets him do this. We would have parent meetings to talk about what are sensible rules for adolescents in this community. It will be a lot easier if all of us have the same rules for our kids so my kids won't say, "Hey Patrick can stay out until twelve why can't I stay out until twelve, no, everybody goes home at eleven. Now after the coup and whatnot we had a curfew so it was the Afghans and the Russians saying be home by eleven.

So now here again you asked me earlier how is community psychiatry different from psychoanalytic psychiatry. But in community psychiatry you do what I was saying. Where is the kid getting drugs, why is the kid bored, what activities could we have in the community, could we get the parents together to create programs, could we get the parents together as I said to have common limits or rules; all of that. Little exercises or a two-hour course on communicating with your adolescents, getting groups of adolescent's together to talk about what life is like in Kabul. All that is community psychiatry, all of that promotes I think mental health. I don't know if I ever had any kids on medication in any of these programs I ran during these years. There is a diagnosis called attention deficit disorder but I didn't treat kids for it overseas I was able to work within the community to do that. I may have had a few kids on medication that came on medication but medication certainly wasn't a big part of the program.

Q: What about talking about Kabul. Did you find the school administrations you were dealing with were with you, did they understand what you were after and work with you or was there resistance?

RIGAMER: No, on the contrary they recognized the need for help and I'd like to say just overseas schools but I do a lot of work for schools now and it's the same here. Schools are hungry for resources like this because they want to educate all the children but they have children that are just not responding so I was always welcome. The ambassador and the State Department did a lot of good publicity, Marilyn Holmes and the Family Liaison Organization did a lot of promotion and publicity that certainly introduced me; they heard about me before I came. In the beginning I would initiate a visit to a school and always you go through the principal's office, you introduce yourself and once they saw that I was not there to inspect them or look at them but how could I, from my perspective of the child, how could I make the school more helpful to the child.

Then the Office of Overseas Schools started inviting me to speak at their regional educational conferences and that was a great way to promote the program. So each of the regions that correspond to our department regions, ARA, Africa, EUR have school associations that meet for continuing education so I would go and speak at those; whole workshops, ask teachers to bring case consultations to the conference, they got a chance to see how I work and how I thought; that was a big booster. There was the Near East Asia Organization of Schools which was pretty big and they were schools in the hot spots and run by a gentleman from Stanford called Stanley Haas. He and his wife Maryanne

Haas really took to the program and every time they had a conference or a workshop they would invite me and pay my way to talk to teachers about kids.

Q: You are up in Kabul and you have responsibility for people down in Sri Lanka.

RIGAMER: Yes.

Q: Oh yeah. You mentioned suicidal tendencies and all. Tell me how in adolescents it's a real problem.

RIGAMER: It's a big problem.

Q: What would you see were there any Foreign Service type manifestations and how could you do something about it?

RIGAMER: What do you mean Foreign Service type manifestations?

Q: In other words, would there be a different kid in Kabul or New Delhi or someone be more likely to commit suicide than a kid in New York City?

RIGAMER: No, I don't think so. I don't know what the stats are but I always felt that the incidents of mental health problems among Foreign Service people and especially children were the same as what they were Statewise. Where it differs a little bit is that you have something in medicine called morbidity so you may have the same numbers of people let's stay with your example of depression, you may have the same numbers of people depressed but if the problem goes untreated the morbidity or the complications may be greater with a child that has not had access to treatment than a child that can more readily access treatment in New York City.

Q: I would think that one of your major difficulties would be the family either the mother or father doesn't talk to each other or they come from a different background than most of the Foreign Service types or something and they feel estranged or we don't do it that way.

RIGAMER: That's a big one absolutely; absolutely I mean there are bicultural marriages. I had one family in one post where the wife was Asian and spoke one language and the husband didn't speak it and she didn't speak English. That was the most extreme example I've ever had of no communication.

I never ever went to a post and didn't have patients. I mean a really good friend, Arlene Hereline, one of the first nurse practitioners in the Foreign Service. She really got it with mental health. She worked in Moscow when I was covering Moscow.

Q: I would think for Americans it depends on the parent's cultural thing but some of these places like going to Bangkok or something.

RIGAMER: Right.

Q: Sure, yeah. How about bullying?

RIGAMER: Bullying was big then. We are more sensitive to it now, as you know, but here again the good schools when they are good are great at that because there are always new kids in school so there are always newcomers. There are schools in New York that there are fifteen different languages in those schools but usually kids who are bullied are different by race, age, temperament, behavior; they are not with the in group and overseas schools were great in overseeing that. They were ahead of American schools in interrupting that but again in terms of adolescence entering into a community ease of access into a group a peer group, was much better than it was at home at the that time.

Q: Well you have to keep absorbing.

RIGAMER: Yeah, you have to keep absorbing and I like to think of overseas schools as making a place for everybody and so that helps with bullying.

Q: Yeah, well how would a school treat a bully, how would they deal with a bully usually?

RIGAMER: The protocol was to bring in the parents of both bullied and the one who is doing the bullying, all of them together and you come up with a set of rules and you really look at it and you enforce it. It's hard though because there can be a lot of silent bullying. There won't be anything overt but the bully can influence the other kids to reject the unfortunate child without doing anything that you can put your fingers on. Adolescent cliques come and go especially with girls, girls you never really know if you are in or out and you don't know why.

Q: I'm told this is really...

RIGAMER: It can be a problem and it can be devastating for girls.

Q: Would there be much cooperation between psychiatrists from the country and where you were stationed?

RIGAMER: Yes, yes very. Again when I was medical director we never had trouble with that; now I'm talking about my time but I don't think this would be different. We never had trouble with relationships with host country physicians. They are only too glad to help out, step in, and collaborate. Host country national physicians have always cooperated very well with med.

Q: What about you go to a country and you have a British school and you have an American school would there be...the French would have their school would you get involved with these?

RIGAMER: Not usually I mean in an emergency maybe but I would routinely visit the American school that was part of the visit that was understood but not the other schools. Maybe a few times I was asked to see a family from another embassy whose child was in a school; it had to be pretty severe but no. Now in Africa as a Peace Corps volunteer doctor I did see a lot of expatriates because I was it. People who are affiliated with embassies especially in embassies from the developed world have access to medical services. They use host country medical services more than Americans do. I think we are the only Foreign Service that has such an elaborate medical program overseas. We now have, they tell me, 26 psychiatrists. There was one when I started. After about four years we had two and then it started growing.

Q: How did you find in the early years being involved with the United States there is a lot of dispute about our involvement in Vietnam and everything else? How did this affect you all you and your wife?

RIGAMER: Well we would get into political discussions with other diplomats who were friends and we had a lot of Indians who were friends when we lived in Delhi; they are very easy to make friends with, they are very lively, they are very interested. We would say our opinions. I never experienced anti-Americanism on a personal basis. People differed with our policies but I never found that an issue and we never felt unsafe abroad. When we were in Liberia it was okay, when we were in Kabul up to the coup and the assassination of the ambassador we felt safe. So we talked the way we wanted to talk and we went where we went without any concern, but that's all changed over the past decades.

Q: I was thinking in terms of India that here are two cultures the American and the Indian one both of who generally preach to each other...

RIGAMER: We never lived in any country where there was blatant anti-Americanism; we hadn't experienced that. Well we'll talk about terrorism later because the whole program took a different turn after terrorism came on the picture big scale.

Q: For early days of psychiatry did you feel that you were sort of the stepchild for a while?

RIGAMER: From whom?

Q: The medical division.

RIGAMER: I did. Some regional medical officers welcomed me and others never did refer as easily. The nurses adopted psychiatry right away.

Q: They were closer to the way of the patient.

RIGAMER: This is true. In a practice today nurse practitioners are gaining in popularity in because they spend a lot of time with their patients and doctors don't have that much

time because of the way American medicine is established. That was certainly true in the Foreign Service.

Q: Did you have a program with tip-toeing around relations with the station, the CIA's representative. I would think there are sensitive political...

RIGAMER: When I started they did not have psychiatrists abroad, when I started the program. A few years after I started the program they started having psychiatrists abroad as they do medical offices. The medical officer would be co-located in the embassy and be called a regional medical officer; everyone knew he was probably with the agency and then the psychiatrists came. When the medical director of the CIA would be on his tour he would always make a point to meet with me. If I were seeing someone, usually a spouse not the principal employee, he would know because I guess they were instructed to tell they were seeing me; I did not see many. Now I did see the children but in the context of school.

Q: Today is the 16th of September 2015 with Elmore Rigamer and we are talking about Kabul and Asia. I thought what we would move on to the assassination of Spike Dubs.

RIGAMER: I see that as a turning point in the way the mental health services were developing. I was hired, as we talked about yesterday, by Ambassador Ted Elliott for the Kabul community and the region to a degree but it was precipitated by the rash of adolescents using drugs and it was becoming a problem. Then after the psychologist who was the first person ever abroad, Rich Westmass, got there he saw that he could do family therapy and community work as well. I joined thinking that I would continue as an adult child psychiatrist with a community focus. Never did it occur to me that I'd ever be involved in anything related to terrorism or trauma. Then first there was the invasion of Afghanistan by the Russian's occurring during the end of my first year there and then Ambassador Dubs was assassinated on Valentine's Day in 1979. From then on the whole direction of my program in South Central Asia and the areas I covered changed.

I was moved out of Kabul to Delhi but really increased my coverage and the understanding was whenever there was any event in any of the countries in the region I would go.

Q: I would like to take you back to Kabul when the coup came.

RIGAMER: Do you want to talk about the assassination?

I never understood why but it was totally a surprise. It was on a weekend, in the Muslim day the weekend was Thursday and Friday. We were playing on the embassy baseball field having Little League baseball games with our kids and we saw these tanks rolling down.

Q: Did you find the Soviet presence and all changed the mental health outlook of the embassy?

RIGAMER: Appropriate, sort of expectable, normal reactions to unexpected events but a little more fearful. Kabul was a sleepy dreamy post, a family post. Afghans were friendly, not overly friendly but certainly welcoming and hospitable, you observed their customs and they observed yours and there was mutual respect; they weren't as engaging and outgoing as Indians are but it was a happy, easy post. Families thrived there and loved it. We were considered an ally, we had a big AID project, that had been there for a while. By the time the Russians fully occupied the country families were gone but yes, it changed. You were more unsecure, more anxious wondering what would happen to the children on the way to school. The school was a bit out of the main city on a long highway much as it was in Islamabad and that became a real concern.

So all of that ended in Kabul. School didn't reopen after this happened because, of course, families went and the nice times were over. Ambassador Dubs was an exceptional man; he was quite an outgoing person.

Q: What were you getting from...were you in Kabul at the time?

RIGAMER: I was there no I take it back I was visiting Islamabad at the time and we found out that this happened so I left Islamabad and drove to Peshawar and flew from Peshawar into Pakistan.

Q: When you got there what were they saying about this? Why?

RIGAMER: No one knew why because he was stopped at a traffic light and he was a nice guy. An ambassador could just drive through red lights if he wanted and ignore policemen but he didn't. He was stopped by a policeman and he behaved as an average citizen would. The car was commandeered and he was taken to the Kabul Hotel. No one understood, people other than me may have understood it but at the time the whole community was perplexed. There was this tense period where he was kept by these terrorists in the hotel so he was alive for several hours after he was taken.

Q: I think they found a bullet in his body that was Russian.

RIGAMER: Is that right? We thought the Russians had something to do with it and maybe the KGB staged it to look like this because it looked like the Afghan troops stormed the room and he was killed in the crossfire.

Q: Was the feeling then well we've got to draw down?

RIGAMER: Yes, we stayed for a while. We stayed until the end of the school year in May. Some government agencies wanted to continue on like Peace Corps. They felt that our leaving would be a sign of loss of confidence in government, which is always a dynamic when you are deciding whether to evacuate a country.

Q: When you moved to Delhi was there a different dynamic than in Kabul, the community and all?

RIGAMER: We were in a country where there was no fear anything was going to happen. The Indians have a history of stable transitions of government since partition. Life was easy in Delhi, it was a lovely four years for us. The anxiety, the apprehension that was in Afghanistan I never saw in Delhi. I covered Afghanistan and I covered Pakistan frequently during the four years I was in Delhi.

Q: We will come back to that but what about the school in Delhi?

RIGAMER: The school in Delhi is a beautiful school.

Q: Was it dynamic would you say?

RIGAMER: Yes, much bigger. Many more courses, a more enriched curriculum because it was a big mission. A lot of activities for the kids, both in school and India. We had a polo pony in India the whole time we were there. India was a child's paradise of game parks, hiking, Kashmir, the beaches of Goa. We had that and the school. The embassy community in Delhi at that time had a big compound where staff lived, if they wanted, and officers lived out in the community, very nice living conditions and no worry about harm.

I covered Afghanistan, Pakistan, India, Bangladesh, Nepal, and Sri Lanka but I was still, at this point, the only psychiatrist overseas; one was coming that would go to Vienna. So first of all if there was any dent anywhere and the community or the ambassador requested my presence it was understood that I would go. Arthur Hummel was the ambassador in Pakistan, he was another big promoter of this program, the Overseas Mental Health Program and he would call on me often to come to Islamabad and go to Karachi because the communities were pretty anxious or nervous; we will get to the burning of the embassy a little later. I went about, once again, setting up community mental health programs where I would treat families and children, adults individually as well as in groups. I practiced as I would have in the United States and my interest has always been in consulting with schools so I worked closely with Robert Beck. He was the school counselor in New Delhi for years. We set up, in house, mental health programs so we could accommodate many children with special needs because we could offer them the services that they need. I would go to the other countries Nepal, Bangladesh, and Sri Lanka probably about once every two months. There I had the model that I had in Kabul of trying to find someone, usually the nurse in the health unit or counselor in town, an American, who would continue with what I did after I did evaluations and write detailed accounts. I am very interested in building the parents resilience, the child's resilience, helping the deal with issues. You know, Foreign Service families by and large are a resilient group. They are adventurous, they are educated, they have personal problems like everyone else but they are an easy population to work with. I felt because they are motivated, they are happy about being where they are, most of the time, and they are eager to learn.

The way I would approach a troubled child, for example, on these trips I would, before leaving the post, have the parent, myself, maybe the nurse if the nurse would be doing a little counseling, and always a representative of the school. If the school had a counselor good, if not at least a teacher or somebody the principal would designate someone who could help this family. That's the way you could insure some continuity of intervention after you depart. I was very involved in community activities so a trip would be going to the health unit, seeing the patients that were referred to me by the doctor or the nurse, meeting with the school, evaluating kids at the school, the school asking me to evaluate, meet with the teachers to talk about these children. I'd always try to give two talks, one to teachers about child development and one to the community. Then at the end of the meeting, the ambassador would ask to meet with me and just give him a read on the community. That became more important and more frequent when the communities were really under a lot of stress. So that was the routine and then do you want to talk about Islamabad now, the burning of the embassy?

Q: Why don't we talk about it?

RIGAMER: Around Thanksgiving '79, we had moved out of Kabul into Delhi and the students from Quaid-i-Azam University attacked and burned the embassy in Islamabad. Some Americans escaped and about 50 Americans and a couple Marines went down to the vault in the embassy and you've probably heard this story and they were trapped in this hot vault as the embassy was burning around them. No one had any idea why this occurred. Why didn't Zia, who was then the president, send in the troops. His hold on the country was tenuous; he was later assassinated or died in a plane crash so maybe that was one speculation. Was he sacrificing the Americans because he didn't want to topple his government by arresting the students? Zia did not intervene until the embassy had been burned to the ground.

The families, this is an interesting story, were evacuated within 24 hours. The Pan Am 747 heading east landed in Delhi and was off loaded. Some Marines and I boarded and we flew Islamabad. The American community was at the airport when we landed. They boarded and headed home.

It was a very eerie feeling traveling in an empty 747 with a group of Marines and not knowing what we were going to land into. I knew that the health unit in Islamabad had burned with the embassy, so before I left Delhi that night my two young daughters came with me to the health unit in the embassy to pack medical supplies for me to carry with me to Islamabad. I was eager to help out. At times like this one does not think about danger or feel cautious. The regional medical officer in Islamabad had resigned a few weeks before this event, so I practiced some general medicine as well as psychiatry.

During these days in Islamabad, I sat in on management team meetings, met with individuals many of whom had stress reactions. People were concerned about their families, you did not know what was going to happen, and you get used to this in the Foreign Service.

Q: What were the particular problems you had to deal with those who stayed behind?

RIGAMER: Stress, the idea of work, work, not following a routine, not recognizing that the longer you work, however noble your motives, the less astute and the more compromised are your judgment and cognitive functions. We've come to appreciate this only recently in training medical residents.

Ambassador Hummel was particularly skilled in crisis management. He kept the team organized and functioning according to responsibilities and competencies or job descriptions. He maintained the chain of command, had excellent communication, and encouraged collaboration.

I learned a lot about management during these months. This quickened my interest in how organizations function. Later when the Foreign Service sent me to the Kennedy School, I credited my initial curiosity back to the days when I was talking to ambassadors about managing these communities. It was a very different kind of psychiatry from what I would have been practicing if I had stayed home

Q: Was there any literature or field of study that was addressing these problems at the time?

RIGAMER: Maybe not at the time, but certainly since then. The Business School and the Kennedy School at Harvard now publishes and educates this. I think then, we are talking about 1979, there was not much. There had to be enough common sense to step up to what people needed. There are the three C's of crisis management, a clear sense of command, continuous communication, and collaboration. In a pithy way this says it all. The adrenaline rush is so great that there is the risk of becoming grandiose and believe you can do anything and go for hours and hours even a couple of days.

It's hard to recognize that your cognition is impaired because it is you, you need to listen to other people and it's important to have observers who respect each other and talk about team dynamics and how each one sees the other.

Q: I can't remember how the people who were in the classified area got out.

RIGAMER: They didn't know what was going on above them in the building. When one marine opened the hatch to look out he was shot. He fell back into the vault and died. The vault was becoming hotter. I was told the asphalt tile was softening on the floor. Then the students backed off, I guess Zia called them off, and then people could climb out.

Q: I would imagine some would have said just get me the hell out of here weren't they...

RIGAMER: Out of the vault sure.

Q: I mean...

RIGAMER: No, not everyone. In all the places I have worked – this region during this time - I rarely met people who were complaining about having to stay. People were worried about their families and wanted to see them, but they carried on with their work.

Q: About your whole beat how did the Teheran hostages, during this time, I mean...

RIGAMER: I think it reverberated throughout the region.

Q: What sort of manifestations did you see?

RIGAMER: It was unthinkable that an American embassy could be occupied.

We were all waiting to see what our response would be including the Soviets. So there was an element of fear, if it could happen there, would it happen here. We adapt to living with fear. You accommodate, sometimes through denial, and do what you have to do. Often, you “adapt” so well, you lose caution, you become less vigilant.

In Islamabad, there was a lot more attention paid to what could happen to the children because the Pakistani students could have easily stormed the school in Islamabad as they did the embassy. The school was outside the city, unguarded, not protected, no one out there. All this changed suddenly.

Q: Did you find a change in attitude towards Muslims?

RIGAMER: Host country? Yes, more suspicious, less trusting to a degree, but of people in the street, in the bazaars. You did not lose trust in your friends, coworkers, and your servants.

Q: How would that manifest itself?

RIGAMER: Sometimes a lot of generalizations and negative comments or stereotypes, but it’s hard to say what a stereotype is because it might be based in reality.

This is a dynamic today in America. How do we deal with immigrants coming to our country, how do we keep mindful of the person in front of us and not generalize to every member of the population. This dynamic is always playing in Foreign Service communities. It plays out in kids a lot, but it is not racist. They just are trying to figure out who they are and they reject things different, threatening, until they have their own sense of identity.

Q: Yeah, and also they are much more aware that the people they are Americans, Germans or what have you than those who work inside the embassy...

RIGAMER: Correct, I guess there was some but you are abroad because you want to live in different cultures and want to understand how the people think and the different words for table and water and so on. You want to see things through other people’s eyes and, by

and large, most people abroad are like that. This is another aspect of the mental health program, discussing adapting, cross-cultural stresses, growing as a person by understanding people different from you. I liked holding group discussions in the communities I visited. Sometimes the starter would be how we are doing with our children, but inevitably people would talk about anxieties they had about being in the country or how to deal with the news or what we tell the children.

The other dynamic in Islamabad was how do embassies do without families? How do men or women do without their partners or the family unit? I don't think they do well, families really enrich and add to the life and vibrancy of a expatriate community.

Q: Absolutely.

RIGAMER: Men alone get disorganized and scruffy and work all day and lose their manners and so on. We aren't like the military. So I always welcomed families back once their safety was insured. With this turn in history in South Central Asia I spent more time talking to ambassadors and management teams than I had before.

Q: How did you start talking to American communities about terrorism?

RIGAMER: It started in India after I returned from seeing the people who were released from the embassy in Tehran. Harry Barnes was the ambassador in Delhi and Archer Blood was the DCM. I went to meet the Tehran hostages in Frankfurt. I was a member of a team that participated in their psychological debriefing. When I came back to Delhi after a few weeks in Frankfurt I met with Archer Blood, who was interested in what had happened. He said, "What about giving the community a talk because everyone wants to know and you have firsthand experience of this." That was great, we had standing room only. I gave an account step-by-step of what happened, how they were released, when they were released, what some of their issues were, how they coped. After this, I would give community briefings usually after an event, presenting some information and facilitating group discussions about coping, other people's experiences, what to tell the children, and so on.

The meetings were popular, so I offered them at all the post I visited in my region.

Q: Can you give somewhat of a summary of how our hostages coped?

RIGAMER: One of the former hostages I consulted with, John, after the release was the source of my information. The student terrorists were not professionals, they certainly weren't like ISIS. They had some level of a relationship with their hostages, something a professional terrorist would not do because it can influence your judgment, your sympathies – some of the students befriended their captives. Some asked to be taught English. They played chess with each other. Their captors permitted them to get books out of the library.

In a hostage situation, it helps to maintain a sense of control. John told me that once when the Red Cross visited, instead of the students managing the Red Cross teams, John greeted the Red Cross team and managed the visit. He welcomed them, invited them to sit down, asked the student to make tea for them - basically changing the dynamic from being a passive prisoner to being active and having a say in what's happening. This is an important dynamic. Maybe you cannot control the bigger things that have happened to you in a hostage situation, but you can control how you respond, and the more successful you are in exercising an active dynamic in what is happening to you, the better. Isaac Bashevis Singer and Viktor Frankl wrote about this,

There were also very scary times. John probably told you one incident when some were taken out, blindfolded and they thought they were going to be shot.

Another determinant of their adjustment post captivity was how they were received when they came home. They were welcomed, their experience was appreciated and valued; they were heroes. They were given meaningful work, and that is important for recovery. This was not the case with our soldiers returning from Vietnam.

Q: Did you learn from debriefing the hostages survival tips to incorporate in the meetings you held for people who might find themselves in the same situation?

RIGAMER: I did tell stories about what I learned from people who told me they how they got through bad times. I would also talk about hope. Hope keeps you alive. You don't say to yourself "I'm going to be out of here by Christmas," because if Christmas comes and you are not out you are going to be sad. You do say "I'm going to get out of here, I don't know when but I am going to get out." Then, as best you can, follow a routine. I met one person who had pencil and paper, so he redesigned his house. I read about a British diplomat who was kept in a cage -sized structure in Lebanon for over a year, and he recalled as best as he could Shakespearian plays that he loved and would write them out and also wrote one.

Q: Was there a body of literature I mean were studies going on in the United States as we moved into the terrorist?

RIGAMER: Yes, PTSD certainly became a prominent field of study after Vietnam. There is the National Traumatic Stress Network for Children and Adults, and universities who teach and research the subject.

Q: Yeah. Let's talk about at this point if you can come up without naming names or identifying people but did you have any interesting cases or things please.

RIGAMER: Interesting cases about?

Q: Well I mean somebody declared themselves to be Napoleon.

RIGAMER: Well when someone declares himself to be Napoleon I think of hypomania and grandiosity that comes with bipolar disease or schizophrenia sometimes. No, I did not have anything like that. If I had anything, it was severe anxieties about what if this happened again or responses to what happened and maybe depression and more depression in the spouse than the principal officer. There is an interesting in families when, usually the father, returns from a long absence. While he was gone, the spouse was in charge, responsible for running the family and taking care of the children. Then the husband comes back and the family needs to readjust. There are tension points. The kids are happy to see him back, maybe angry that he was gone, and they show this in different ways. The couple needs to readjust. Knowing that this happens, anticipating it, helps. Now the great thing about the health and the resilience of the Foreign Service family is that they respond to anticipatory guidance. Once again the reason I like to give these seminars and encourage group exchanges is that people can learn from each other what can happen, what to expect, that most reactions are more normal than otherwise.

Q: One of the things I didn't experience but I've heard others experience and that was in early days back in the '60s and '70s when we evacuated families from danger spots and plunked them down somewhere and then no attention was really paid to them.

RIGAMER: Right and I hope we have discovered that. The Family Liaison Office sensitized the Foreign Service to many issues of family life. Let's take the families from Islamabad, for example. On Wednesday they are in school in Islamabad and Friday night they are home back in the United States. Then dad or mom is back in a danger place, mostly dads.

Nobody wants to see your slides. For many people it helped to stay in the Washington area because of the services the Department offered and the support and sense of belonging that comes from the Foreign Service community here.

Q: Yes.

RIGAMER: The more support we can give families back here the better. A lot of families I have talked to feel that it's better to stay around Washington. I love the idea of having a so-called case manager. You'll have a social worker and like a team. A social worker, a psychologist, or a psychiatrist assigned to twenty families coming back and they deal with these families, they stick to them, they dog them, they help them, they don't just give them a phone number to get a resource they really help them get connected; that's really important.

Q: I would suspect and I'm not even quite sure what it is but depression is a major problem and looking back, my wife is now dead but I think she went through a period of depression and I don't think I recognized it and she is not one that I can say go see a doctor or something like that.

RIGAMER: Well this is why I love talking to Foreign Service families about the dynamics of life in the Foreign Service, and one chapter is how are you likely to feel on

these evacuations. To repeat anticipating it, helping you understand what you are going through really increases your ability to get through it.

Q: Absolutely.

RIGAMER: Help you understand what your child or you wife is going through.

Q: You are talking about a whole branch using the broadest terms diplomacy and it really wasn't there when you started.

RIGAMER: No.

Q: It started I mean in a way inspectors have always been a traveling psychiatrist they listen to complaints and that sort of thing but there really hadn't been anybody and our treatment of early people like Burke Elbrick and Diego Asencio were both ambassadors who were held by groups. I mean once they were released wasn't that great and then there was a certain shadow well somebody got himself kidnapped and had to be kind of his fault.

RIGAMER: Blaming the victim.

Q: Yeah but there really was no post -release treatment particularly.

RIGAMER: Really. I think it is good to check in with these people, have an open door so they can come back and acknowledge what they are going through won't affect clearance; that's always a concern.

Q: Absolutely.

RIGAMER: If you talk to somebody like me, well we worked that out in the Foreign Service about where the psychiatric consultation fits in or doesn't fit into the clearance but that always sometimes works for the employee as a stopper.

When we feel a parent is not treating the child well, the extent to our intervention I think it should be extreme. By extreme I mean it should be forceful that we do what we can. The law now in the United States is if you see abuse you are obligated to report it. It's complicated abroad because it means bringing everybody back, it's a big disruption but in the best interest of the child you do that. So abuse has been an issue; these are some of the issues in the Foreign Service. Again, it's the isolation of the family. Foreign Service families are close families, they don't have relatives around to talk with confidence, talk to someone who knows you.

A current concern is children who have some special needs. They have educational problems; they may have particular behavior problem and that's hard to manage; a child who is defiant for example or a child on the Autism Asperger's spectrum, which may have difficulties processing sensory stimuli and really reacts in extreme ways to the

environment on occasion. Yet these children go to post and it has always been a concern that they have what they need at post, that they don't arrive at post and there is no place for them to go.

I get patients in my private practice now who come to me because they've been talking to friends or ex-patients so they are coming with the idea the chances are this encounter with me will work; we both hope it will. It doesn't happen in the Foreign Service. You come home and you don't have all these ties, all of these informal referral networks. I feel the Department has to provide that. The Department is the surrogate friend, the surrogate neighborhood, the surrogate network until you get settled back here.

Q: Well did you find in your travels you arrived at X post and there area few people who want to talk to you because they've got a personal family problem or a personal problem?

RIGAMER: I was always busy at posts really. There was not much concern about confidentiality if I saw military people.

As I said, after we got our program started in State the agency developed its own program so its people saw their psychiatrist.

Q: Let's talk about you were in Vienna from when to when?

RIGAMER: 1983 to 1987.

Q: Moving from Central Asia and all okay Europe sounds delightful.

RIGAMER: I know where you are going.

Q: What were the differences?

RIGAMER: Big differences, for everyone living in a Third World the end of the rainbow is to go to London, Paris, Vienna but it turns out for many of them to be the end of the road.

Q: Sure, I know.

RIGAMER: My wife used to say, "I made two mistakes one was to go to India and one was to leave." It was the best time of our lives, our children loved it, school was great, the children did great in school, and they had good friends. As I said, I bought a polo pony, we explored India, we loved the country. You go to Vienna and by this time there were these community liaison office and the school was good but it was not the same for many reasons.

Q: Could you talk about it what were your feelings?

RIGAMER: You are more alone, you don't have that closeness of the embassy community, a lot of people thrive in the Foreign Service because of that sense of community that we don't always have back here. Sometimes you don't get the support that you get in the Third World.

Q: How about your work? Did you find you were concentrating on a different type of problem than you had?

RIGAMER: Yeah, in Vienna I covered the Eastern Bloc countries so I rode circuit, it was Prague, Budapest, Sofia, Warsaw, Belgrade, and Moscow. It was continuously riding that circuit, more often in Moscow than other places. We had great nurse practitioner there, Arlene Hereline. She was wonderful because life in Moscow was very stressful for people. This was the Cold War and you never knew when the KGB would enter our apartment. You had some Russian friends but you were watched and you didn't want to compromise them. The main outlets were cultural activities, which were great and affordable, music and ballet, but life was hard on the hour every hour and sometimes from nine to six or something like that. It was a different kind of depression.

Q: Okay, you see somebody with depression say what would you do?

RIGAMER: That's a good question. You know I probably prescribed more medication than I did in other places when I think of it. We did not have cognitive behavior therapy as well developed then as we do now. Had I had that I would have relied a lot more on that; I did some but not in the very organized effective way that we do now; now we have APPS where we can show the patient how to do some of this themselves. I had a lot of family meetings because I think stressful environments like that it's not uncommon for family relationships to break down. The stress is environment but it is showing itself in the relationship with the couple or with the children. I probably had more couples therapy and a few times with kid's family therapy but more couples therapy there. There was a big focus on getting out of Moscow TDY or trip to Helsinki to change the scene or take the train to Leningrad or something like that but life there for people I think was more dismal.

The school was a good school from what I remember and it was small and small schools help these children. What they fall short on in terms of activities and opportunities for extracurricular activities teachers can have a lot of one-on-one time with the children; so the school part was okay. Winters were long and dark and we feel that light has some effect on mood; what we call seasonable affective disorders.

After I left the Soviet Union and came back to Washington from Vienna I went with a delegation from the State Department and the American Psychiatric Association to visit psychiatric patients in the Soviet Union to look at the political prisoners who were diagnosed as psychiatric patients. That was an interesting experience because I did get to see more of Russian community life than I did when I was posted as a psychiatrist there and I thought it was pretty brutal myself, especially the treatment of political dissidents diagnosing them as psychiatric patients.

Q: Did you get involved in any point in adjusting to life in the States?

RIGAMER: When Foreign Service families move anywhere the biggest adjustment, the biggest demands are on the non-employee because the officer arrives at post and is taken care of. He or she walks in and it's another embassy. He or she arrives on Friday night and there is a job Monday morning. His wife or partner has to settle the house, if they have children settle the children, navigate the city, and once again figure out where to shop.

The embassy may have a list of service people like electricians, plumbers. But it is a long adjustment. It takes many people to help a child. I was really fortunate we had at the time wonderful women working in the Employee Consultation Service Ann Weiss, Jo Jabani, and Rita Siebanalder; they were legendary. As a child psychiatrist, I couldn't have found better people to work with so I was very excited to be head of mental health in the State Department. With these people we could come up with programs and eventually some policies that were really based on my experience of working in the field.

Q: I'll never forget coming back after five years abroad with my three kids and I didn't feel it as much as my wife did but they would come back from school and each one would go to their room, slam the door, how about some cookies, and they hated it. In time they got in but even this is a pretty sophisticated town but most of the kids have been in the schools for the entire period and our kid's came in at the top and they had no friends; it was a very difficult period.

RIGAMER: The overseas schools are always accepting new people of different nationalities. I think one way to help with that is I asked families to consider coming home often when they are abroad, have a home back here, keep your children familiar with the United States, keep up with extended family, grandparents, uncles, aunts, cousins, know the old neighborhood; that helps. Children like to come home to the United States when they live. My recommendation is to have a place that you call home and then when you come back to high school or certainly college you feel more comfortable.

When I was here both as head of the mental health and then as medical director I had the opportunity to speak to the ambassador class; new ambassadors going out and I would bring this up. Consider the families adjustment to posts and the need for the family to get settled so the officer can really work without concerns, make allowances in the first few months at post if the officer needs to be with the family to help them get settled. That's great for morale.

Q: We'll move back and forth but let's talk about when you were director of mental health first. What were some of the issues you found you had to work with here in Washington?

RIGAMER: Well you are always dealing with clearances and you have a team of people helping with that and making wise decisions on clearance. The other is I had come from ten years overseas and I had some ideas of what the program should look like, the conversation is how do you help people when you are riding circuit, what should psychiatry, what should mental or behavioral health intervention look like and that is constantly evolving you know. I think you have to borrow from different models and I was intrigued by that and tried to work with the people I knew overseas and the people in the Department. What are effective interventions for an overseas mental health program so that was another one. There also was well the department of psychiatry is growing; I understand now there are twenty-four psychiatrists and other mental health type people in the Department social workers and psychologists.

Q: M is management.

RIGAMER: Yeah, management. Dick Moose and a super Director General Genta Holmes and Peter Burleigh was also her assistant, if not director general sometimes. These people really supported me.

One of the things you've really got to watch is how much time a physician spends in administrative work and how much a physician spends in direct care. That goes on in our health systems now and when I left as medical director for another health system not for profit and that's the same dynamic. The excitement of innovative interventions, the difficult tiresome ones was deciding on patterns of staffing and getting some consensus, how we should staff these posts, and meet their needs

We were learning about AIDS when I was back in the Department. Periodically in the history of the medial division of the Foreign Service you would have a particular disease with global implications and certainly clinical and policy implications in the Foreign Service. AIDS was tragic and especially the first wave. Then when you learned about the prevention of AIDS you felt a little bit more in control. There may be accidents in the health unit but you could prevent it. Now Ebola is a different story I mean there is nothing you can do except to stay away from what you think is the source; there are always those issues in the Foreign Service.

I think the issue of terrorism will always be there and how to help individuals adapt.

Q: Did you find yourself as a medical director getting into knock down drag out fights with management with you saying let them go home more often and they are saying we've got to keep people on the job and all? I don't know.

RIGAMER: I really had great support from management. I had more support from management than I did from some of the physicians in the ranks.

Q: How about medical evacuations?

RIGAMER: The Department's policy was always we were never called on the expenses of a medical evacuation. You do what is necessary. I don't ever remember that.

RIGAMER: India was probably the best example of working with doctors of other countries, because the British embassy had their medical attaché and we were friendly. I don't remember meeting medical doctors, my counterparts in other embassies, certainly not psychiatrists but other physicians. In Kabul too we had a good relationship with the British High Commission. We had a legendary Indian physician in New Delhi Dr. Duke Chawla and he was a big part of the embassy community life. He had his own clinic, he was an excellently trained physician, Americans loved him, and if our RMO was overloaded or traveling we could always count on Dr. Chawla to step in. So when you go to the country you really do want to establish a referral network. It was easy in Europe obviously but India has many well-trained physicians; it's harder in Africa. I don't know what it is like in the Mid East really but yes that was the fun part of the Foreign Service life meeting and working with other doctors from other countries.

Q: Did political events have much impact on your work?

RIGAMER: If it was in my region I would go if asked. So it may have derailed a schedule of visits that I had but I try to be available when something like that would happen. So the incident in Zurich, a suicide at post, anything that would affect the morale of the community I certainly would go and do that. One post had a family where the mother was unexpectedly diagnosed with a disease and that was fatal and galloping, a young woman. They wanted to stay at post, the State Department let them but it affected the post, it was upsetting to the post, sad, it affected the children. I traveled to that post often through the course of the end of her life.

Q: Some people, for example, the King of Jordan was going to Sloan-Kettering or something fairly frequently and some of the Saudi rulers but these I'm sure are taken care of...

RIGAMER: The only contact I had with a so-called high government official was in Afghanistan and it's an amusing story. It was after the coup and we had this new government and a Soviet, I assume, puppet. One of our Marines hoisted an American flag somewhere in town where he shouldn't have. He was arrested by the Afghan police. I had to go with the consul officer to talk to the minister of Justice to get him out of jail. I went because as a psychiatrist I could explain he was probably mentally ill. The Afghan official was drunk with power; the consul officer spoke fluent Farsi; I could understand some but he really spoke it well. So he was explaining it to this official and he had a loaded pistol on his desk and had his finger through the trigger hole and he's just spinning the pistol around while the three of us are talking; it was hard to concentrate. That was one of my more memorable dealings with a high official in the Foreign Service but no I never dealt with any ministers or cabinet people to give a medical opinion, no. I was not at that level for anything like that.

Q: Where were you during 911?

RIGAMER: On 9/11 I was by this time medical director of Christus Health Center for Louisiana in New Orleans. The big time was when Katrina came.

Q: I was going to ask.

RIGAMER: Katrina wiped out 80 percent of the city, it flooded 80 percent of New Orleans. There all of the dynamics of disruption, locating families elsewhere, fracturing families, families not being together. In my practice today I work in a clinic for children and adults. Ten years after Katrina there are still reverberations of the upheaval and the moves and the losses

Q: I'm of an age, I'm 87, and well going back to my time it seems they have at high schools some kids getting in a bad car accident and getting killed or something and then you read accounts of them bringing in grief counselors in and all that. I think we didn't have that sort of thing I just wonder sometimes I think I mean here I'm probably treading on very bad ground but on rape these things are rather than saying get on with it. I keep thinking I was in Europe sometime after World War II and these people had gone through the most horrible things bombings, mass rape, killings particularly in Germany and all and yet life seemed to go on and not a bunch of people slinking around the corner.

RIGAMER: I guess one could see it in some cases I, for example, rape, that is such a horrific event I think that a rape victim should have services available if she wants it and we know a lot more about the long term effects of things like that now. I mean it happened on such a large scale in Europe yes but it doesn't minimize what it was to the person. I think trauma for children we know more about it so I don't think it is overkill to offer the services. In the past you would have trauma but then we would see a change in behavior, unusual behavior, a fall off in school performance and we wouldn't necessarily make the connection so we know more about it. You're right there was a time when psychiatrists had an opinion about everything; psychiatry in international affairs, psychiatry in racism, etc. We have contributions to make but I think we should be modest of our scope and stay in our field with that.

Q: Yeah.

RIGAMER: ...and in not doing enough in society and community in the medical establishment, not enough soon enough to help them so I think it is warranted. We know more but I do take your point we should apply what we know judiciously and thoughtfully.

Q: I'm not sure maybe upbringing does something. My wife died about five months ago she had pancreatic cancer, she was 80 years old I always assumed I would be the first to go because I'm seven years older than she is. We live in an Episcopal retirement home called Goodwin House and they took very good care of her and all. I was with her everyday and all this but I still get things about grief management and all. She died

before I did but it wasn't really to me unexpected one of us was going to die and I assumed it was going to be me so everything would be a lot easier; she would have the problems I wouldn't. I don't feel this thing going through anger, bargaining and okay you are diagnosed with an incurable disease and that's it; you just face it.

RIGAMER: I agree grief is a normal response to a loss. It doesn't become abnormal until it lasts for a long time and it's totally paralyzing you. People had normal reactions to an abnormal event. I take your point and don't rush in with a psychiatric intervention when someone is managing in your case his grief quite well.

Q: Well I keep coming back to I came to Germany the first time in '54 and this is nine years after the war and you saw the destruction there, you knew what particularly the Soviet Army had done in places.

RIGAMER: Yes. Oh it is amazing.

Q: ...fighting and all of this and you'd think they would be a nation of people who were...

RIGAMER: Cripples.

Q: ...cripples, absolutely crippled but not at all. I've got German blood in me you know sort of get on with it okay, let's get on with it.

RIGAMER: Absolutely and we see this in Katrina. I mean people were wiped out and most people move on, thank God. What would happen to the human race if we all just melted after a crisis? That brings up this whole idea of resilience. I've always felt people are more healthy than otherwise.

Q: Yeah.

RIGAMER: Some people grow from this. In many cases in Katrina people have gotten better.

Q: I've been concerned and this may be old fogyism but by throwing all these counselors and all this if something happens they make it worse.

RIGAMER: They may.

Q: Or special.

RIGAMER: First of all I mean nobody should be made to see a counselor. For example, psychiatry evolves and we've done quite well over the past decade. It used to be after someone has trauma or been in a traumatic event get somebody to talk; you've got to get it out. Well we now think differently about that you take the person in his space at his time things like that.

Q: If you go back to the World War II veterans not talking about what they had seen.

RIGAMER: And that didn't make them depressed or have dysfunctional lives or what. If one thing comes out of it is respect where the person is and how that person sees himself.

Q: Did you see any significant changes in psychiatric approaches to types of problems that we would have in Foreign Service?

RIGAMER: Over the years?

Q: Yeah.

RIGAMER: Many advances. One is encouraging people to know and manage their illnesses, use of technology- apps – to do this. Cognitive Behavior Therapy (CBT) has proved to be a very effective way to deal with anxiety and depression in children and adults. A regional psychiatrist can offer courses in CBT as tools people can use to manage depression and anxiety. I think technology – clinical uses of it – has really increased the therapeutic armamentarium of the itinerant psychiatrists in the Foreign Service. Telemedicine is another example.

We want medical care to be patient centered and that's been a big revolution in medicine. Do everything you need to do for the patient and help the patient become active in managing his health problems. This is a change in the way American physicians think over the past twenty or thirty years.

The Institute of Medicines says, "The ideal health care system is efficient, effective, equitable, safe and timely in patient centers." Six characteristics that all health systems including the Foreign Service medical program can aspire to.

Q: I think on that we might stop here.

RIGAMER: Yes, and thank you so much for this.

End of interview