# Social Work Service to Army Repatriated Prisoners of War at Walter Reed Army Medical Center

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*The purpose of this article is to describe the preparation process and services provided to the five repatriated Army POWs and their family members during their stay at Walter Reed Army Medical Center.*

The Persian Gulf War (Southwest Asia) produced a phenomena that the United States has not experienced in over 20 years—prisoners of war (POW). It was miraculous that there were only 21 POWs during the course of Operation Desert Shield/Storm, which started in early August 1990 and ended on Apr 10, 1991 when the cease fire was signed.

The American POWs were returned to the United States in one group. The group included service members of the Army, Navy, Marines and Air Force.

Extensive planning occurred at the Department of Army level for the five Army POWs and the Department of Defense level for all of the POWs. This coordination took place within the 48 hours prior to repatriation.

The Chief, Social Work Service at Walter Reed Army Medical Center provided consultation to both the Department of Army and Department of Defense operations groups on psychosocial services for the POWs and their family members. As the sole clinical professional at these planning sessions, he was able to ensure that the need for psychosocial intervention and services received the highest priority. For example, the logistics of the planned reunion celebration were modified to ensure congruency with identified psychosocial needs of the POWs and with planned family reunion activities. The extensive public reunion ceremony at Andrews Air Force Base was shortened, and following the ceremony, the Army POWs and their family members were transported as a family unit to a private environment at Walter Reed Army Medical Center for a 24-hour reunion period rather than being immediately exposed to public inquiry.

The Social Work Service at Walter Reed was designated to coordinate all resources and provide psychosocial support to the Army POWs. The five Army POWs were: MAJ Rhonda L. Cornun, SGT Troy A. Dunlap of the 2nd Attack Helicopter Battalion, 229th Aviation Regiment at Fort Rucker, Ala, and Spec David Lockett and Spec Melissa Rathbun-Nealy, both of the 223rd Transportation Company, 70th Ordinance Battalion at Fort Bliss, Tex. The most seriously injured soldier was SGT Daniel J. Stamaris of the 229th Aviation Regiment.

## Prisoners of War

The taking of prisoners or hostages is as old as recorded history and dates back at least to Greek mythology where Persephone, a Greek maiden, was abducted by Hades, the king of the underworld.[1] A prisoner of war is a "person who while serving in the active military service, [is] forcibly detained or interned in the line of duty by an enemy government or its agents or a hostile force during a period of war, and in certain circumstances during peacetime periods."[2]

In World War I there were 3,973 military personnel captured and returned to military control. During World War II there were 116,129 military personnel captured and returned to military control with 78,750 missing. The Korean conflict resulted in 4,439 military personnel captured and returned with 8,160 missing. In the Southeast Asia Conflict (Vietnam) 658 military personnel were captured and returned to military control with 2,273 missing.[3]

In the Persian Gulf War 21 military personnel were captured and returned to military control. Nineteen of the POWs were males and two were females.

Table I shows the number of repatriated Persian Gulf POWs by military service, rank and sex. There were five Army POWs, two females (one officer and one enlisted soldier) and three males. There were eight Air Force POW male officers, three Navy POW male officers and five Marine POW male officers. The total number captured and released was 21.

## Four Stage Process for Service Coordination and Psychosocial Support

"Process" refers to the way a profession organizes or orchestrates its behavior to provide services and to cope with or resolve problems. To coordinate services and provide psychosocial support to the POWs and their family members, a four stage process was employed.

The first stage consisted of clearly defining the presenting problem, which

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included identifying required resources and services. The second stage consisted of a comprehensive literature review with emphasis on the POW experience, including family issues, identifying proven psychosocial service delivery models and effective short term psychosocial intervention procedures. The third stage consisted of selecting an appropriate service delivery model which would address all the identified major components of the defined problem and the fourth stage was the actual implementation of the service delivery model.

**Problem identification:** A detailed, comprehensive and behavioral description of the phenomena or problem was conducted. A system theory approach was utilized in which all components of the problem were identified and their interaction upon each other was established or predicted based upon existing information and knowledge of the POWs, their family members, the military and the medical infrastructure.[4,5]

While the length of the problem identification statement precludes its inclusion in this article, the main components of the statement identified the need for:

(1) Individual, couple and family assessment.

(2) Advocacy.

(3) Emphasis on psychosocial and reunion issues.

(4) Resource identification and coordination.

(5) Medical coordination.

(6) Housing, food, funds and transportation.

(7) Hospital staff coordination.

(8) Child care.

(9) Media management.

(10) Coordination of official and social gatherings.

(11) Continuous evaluation of the service delivery process.

**Literature review:** A comprehensive review of the literature on POWs was conducted with emphasis on the POW experience, family issues, short-term psychosocial intervention procedures and identifying an effective service delivery model. The literature review identified eight categories of information:

(1) Characteristics of POWs.[6,7]

(2) Imprisonment/captivity.[8,9]

(3) Repatriation.[10,11]

(4) Reintegration into family and work/homecoming.[12]

(5) Family issues.[13]

(6) Coping strategies.[14]

(7) Short term treatment interventions used with POWs.[15]

(8) Related topics.[16-19]

The literature revealed that POWs and their families have been studied following all major conflicts. Abundant research material was identified which was characterized by descriptive studies of the POW experience. Unfortunately, the POW literature was relatively silent on short term psychosocial intervention or treatment procedures and service delivery models. The literature on related topics, including crisis intervention, hostages, survivors of torture, stress, post-traumatic stress disorder, emergencies and disasters suggested a number of psychosocial intervention procedures and service delivery approaches or models.

**Service delivery approach:** The case management model was selected as the service delivery approach because it was found to be the procedure which encompassed the majority of the components identified in the problem identification statement. It was also shown in the literature to be one of the most effective models in dealing with multiple interacting problems, resource coordination and assessing and delivering psychosocial services while emphasizing continuous evaluation of the on-going process. After the selection of the case management model, it was necessary to clearly identify all the components of the model and select social work staff members with the skills to implement each component.

Figure 1 identifies the eight interrelated components of the case management model, which are:[20]

(1) Patient identification and outreach.

(2) Individual and family assessment and diagnosis.

(3) Service planning and resource identification.

(4) Linking patients to needed resources.

(5) Service implementation, coordination and delivery.

(6) Monitoring of service delivery.

(7) Patient or client advocacy.

(8) Evaluation.

**Implementation:** The Social Work Service was informed on March 6, 1991 by the Commanding General that within two days, family members of recently released POWs, accompanied by survival assistance officers (NCOs), would start arriving at Andrews Air Force Base by military aircraft. It was planned that all family members would be housed at the Air Force Base until the POWs arrived in one group.

On the morning of March 8, six social work officers from Walter Reed Army Medical Center (WRAMC) traveled to Andrews Air Force Base. There were five designated case managers, one for each Army POW and their family members, and one on-site coordinator. A social work officer remained at Walter Reed to coordinate case

*Table I. Repatriated Prisoners of War in Southwest Asia by Service, Rank and Sex.*

| Branch of Service | Officers | | Enlisted | | Total |
|---|---|---|---|---|---|
| | Male | Female | Male | Female | |
| Army | 0 | 1 | 3 | 1 | 5 |
| Air Force | 8 | 0 | 0 | 0 | 8 |
| Navy | 3 | 0 | 0 | 0 | 3 |
| Marines | 5 | 0 | 0 | 0 | 5 |
| Total | 16 | 1 | 3 | 1 | 21 |

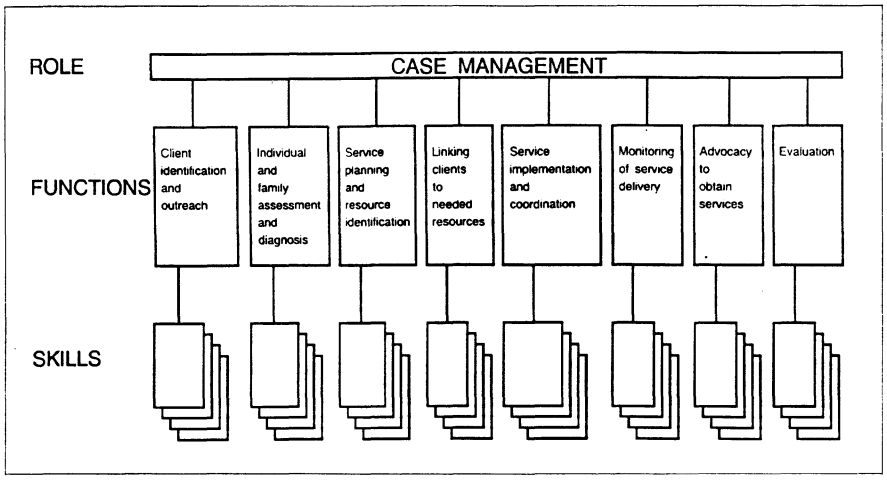


***Figure 1.*** *The eight inter-related components of the case management model.*

management and discharge planning services. The case managers were assigned four responsibilities: first, to meet and interview all 35 Army family members and to prepare them for the homecoming reunion at Andrews Air Force Base. Second, to meet the survival assistance officers and prepare them for the process of reuniting the POWs with their families. In most cases, the survival assistance officers had become a significant part of the POW's family system and, in a few cases, had become enmeshed in the family. Third, to accompany the five Army POWs, their escort officers (NCOs), family members and assigned survival assistance officers (NCOs) to WRAMC. Fourth, to provide continuous social work case management services to the POWs and family members during their stay at WRAMC.

On the morning of March 10, all repatriated POWs from the Persian Gulf War arrived at Andrews Air Force Base with their individual escort officers to be reunited with their family members. A brief homecoming celebration was conducted with approximately 9,000 well wishers in attendance.

After the reunion ceremony, all the POWs, their escort officers, family members and survival assistance officers were transported to local military hospitals in the Washington area based upon the POW's branch of service. The Army POWs went to Walter Reed Army Medical Center in Washington, DC. Navy and Marine POWs were transported to National Naval Medical Center in Bethesda, Maryland, and Air Force POWs traveled to Malcolm Grow Medical Center at Andrews Air Force Base, Maryland. It was anticipated that the repatriated Army POWs would be hospitalized at Walter Reed from one to six weeks, depending on the severity of their medical problems and their treatment regimen. The majority of the POWs were discharged after one week.

## Typical Service Delivery Day

The typical day could succinctly be described as "managed chaos." This is not to imply that there was a lack of organization, orchestration, integration and resources. All these factors were present, which accounted for a successful service delivery and psychosocial intervention program. It does imply, though, that not all components of a phenomena can be anticipated and controlled. It was a chaotic experience due to a number of factors: First, minimal time to prepare; second, immediate impact of the POWs and their families on the hospital environment; third, an overwhelming number of service delivery demands and information inquiries; fourth, an artificially compressed response time between an identified problem or inquiry and an expected response. Immediacy pervaded the hospital environment and contributed to an already chaotic atmosphere. This immediacy was understandable, and was created in part by the high priority placed on the care and service for the POWs and their family members. An unexpected and uncontrolled source of immediacy was the availability and constant use of communication devices such as long range beepers, electronic mail and facsimile machines. These tools were invaluable in that they enhanced communication, assisted in service coordination and ensured staff accessibility, but they were also a primary driving force behind immediacy and chaos. The users of these communication tools often equated an immediate accessibility to these devices with an expectation for an equally immediate response to presented problems and inquiries. Fifth, an expanding service delivery system. During the time the POWs and their family members arrived, 37 of 157 Desert Shield and Desert Storm casualties had been hospitalized at Walter Reed, with additional daily hospitalizations. Twenty-four of the soldiers were victims of the Feb 25 Scud Missile attack on a barracks in eastern Saudi Arabia, and a majority of them were from a small town in Pennsylvania. Since their families and friends were within driving distance of Walter Reed, many of them traveled to the hospital for multiple unannounced overnight visits and required housing and financial assistance. Each of these soldiers and their family members had been assigned a social work discharge planner.

During the first seven days, the social work staff provided over 700 services and answers to inquiries. These services have been factored down into seventeen categories, which are:

(1) Providing psychosocial services to POWs.

(2) Providing psychosocial services to family members.

(3) Assuring that housing needs of POWs, family members, escort officers and survival assistance officers were met.

(4) Assisting with financial needs of POWs and family members.

(5) Meeting transportation needs (local and national) of POWs, family members, escort officers and casual affairs officers.

(6) Interfacing with local and national news media.

(7) Meeting needs of the command.

(8) Attendance at awards and decorations ceremonies.

(9) Social gatherings and official meetings.

(10) Ensuring uniform replacements.

(11) Responding to reunion issues of the POWs and family members.

(12) Ensuring child care services.

(13) Meeting medical needs of family members.

(14) Managing and coordinating visitors and VIPs.

(15) Providing assistance with information inquiries.

(16) Coordinating donations and volunteer services.

(17) Preparing daily reports and presenting briefings.

### Lessons Learned

The Social Work Service after action report summarized the experience with a number of recommendations:

**Clinical case managers:** The use of clinical social work officers as case managers for each POW and their family members was an excellent decision. Their unique knowledge base and training contributed to a comprehensive, integrated and effective service delivery program coupled with effective short term psychosocial intervention.

**Time demands:** The time demands placed upon the social work case managers was enormous, and conflicted with their normal duties. It was recommended that in similar experiences, all normal duties and responsibilities of case managers should be immediately assigned to other staff members.

**Long range beepers:** The use of long range beepers (50-mile radius) by the seven social work officers played a crucial role in insuring their accessibility and coordinating services for the POWs and their family members. Communication could have been further enhanced among the social workers, escort officers, survival assistance officers, family members and logistical staff (child care, transportation, finance, food service, housing) if they all had their own beepers. It was recommended that in future experiences, all essential civilian and military personnel carry beepers, including the head of each family unit.

**Premium on Privacy:** Due to the demanding schedule imposed upon the POWs and their family members by the military, medical staff and even the civilian community, the availability of private time was extremely limited. What time did exist was short, unpredictable and fragmented. It was recommended that with similar experiences, private time be scheduled as an integral part of all daily and evening activities and that such time be considered an essential and critical component of psychosocial treatment and the family reunion process.

**Role Clarification:** The process of reuniting the POWs and their family members, completing medical examinations and attending numerous official activities required a team approach in which all participants understood their roles. It took at least two days to clarify and firmly establish role boundaries. It was recommended that role clarification could have been established the first day by conducting a mandatory coordination/role meeting with all the primary participants.

**Centralized Lodging:** The POWs were hospitalized at Walter Reed. The family members occupied the entire guest house on post, though some family members also retained their rooms in the guest house at Andrews Air Force Base and moved back and forth between the two locations. The 18 escort and survival assistance officers were housed off-post in a civilian hotel. Therefore, due to the lack of centralized rooms, everyone could not be housed in one location. If all family members, escort and survival assistance officers had been housed together it would have improved accessibility, enhanced communication and encouraged families to utilize each other for support.

## CONCLUSION

The quick and successful conclusion of the Persian Gulf War, coupled with the safe return of American troops and the unprecedented public support of the war effort, facilitated an individual and national healing process. This healing process started with the Persian Gulf soldiers and then remarkably reached back in time and encompassed the veterans of Vietnam, Korea and World War II. The services provided to the POWs and their family members by the Social Work Service at Walter Reed Army Medical Center was a part of this individual and national healing process.

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