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Reaching Out

BY BARBARA STEPHENSON

Last month, I presented the formulation the AFSA Governing Board and staff crafted to explain to those outside the Foreign Service family what we do: **We deploy worldwide to protect and serve America's people, interests and values.** I welcome your thoughts and refinements, as well as your feedback on how this message lands when you use it with family, friends and elected officials.

Now I want to update you briefly on what we are doing to get that message out—and encourage you to pitch in.

I am delighted to report that the Una Chapman Cox Foundation has decided to partner with AFSA to enhance outreach efforts and support a multifaceted strategy to reach numerous target audiences.

For example, through a new partnership with the U.S. Institute of Peace, we will multiply the impact of the successful AFSA National High School Essay Contest with this year's theme of "Building Peace through Diplomacy." And we are reaching out to high school social studies teachers eager to have a member of the Foreign Service guest lecture.

We are also exploring ways to provide Foreign Service mentors to high school and college students involved in Model U.N. to help them role-play diplomats.



And we are also exploring whether we can incorporate a segment on the work of the Foreign Service into the curriculum of AP

The 2016 budget is a model of fiscal responsibility, enhancing AFSA's capacity to do focused outreach while keeping dues at last year's level.

history and government courses, which together reach nearly a million bright and aspiring students each year.

We will need similar strategies and partnerships to reach American businesses and other audiences.

All of our work is supported by the 2016 AFSA budget passed at the November Governing Board meeting. The budget is the key to better aligning AFSA's resources behind the vision and the strategy I have laid out in these columns.

But fear not: the 2016 budget is a model of fiscal responsibility, enhancing AFSA's capacity to do focused outreach that improves public perceptions of the Foreign Service while keeping dues at last year's level. That's right: no dues increase.

Finally, a word about this edition of the *FSJ*, which takes on the important and highly sensitive issue of mental health in the Foreign Service. For the past dozen years, the Foreign Service has been under extraordinary stress after having so many of our members deployed to war zones. But it doesn't take war duty to take a toll.

As Acting State VP Bill Haugh notes in his AFSA News column, we will be healthier and more resilient individually and as an organization if we can acknowledge that the toll of our service is real. I congratulate the *FSJ* Editorial Board for

venturing into this territory and opening up space for a conversation.

I remember talking to my doctor on my return from two back-to-back tours in the front office (as DCM and ambassador) of large embassies that followed two years as deputy coordinator for Iraq. Did he think the numbness in my hands, my inability to sleep soundly, and my short fuse with my family were due to some chemical imbalance?

The doctor smiled, "One-third of my patients are in the Foreign Service. You know what's wrong with you? Stress. You need to exercise, eat right and take it easy. Meditate. Swim some laps." That was just the advice I needed to get back on track. I was fortunate that, in my case, some basic lifestyle changes were sufficient.

I share that story with you in the hope that owning up to my own vulnerability will help weaken the FS taboo against admitting that we are human, that our extraordinary work makes extraordinary demands on us, and that we need to take care of ourselves—and each other.

As AFSA president, I pledge that AFSA will champion clarity, transparency and consistency in how MED and Diplomatic Security address mental health issues, and will work with management to lower the barriers to seeking help and to improve work environments. ■

Ambassador Barbara Stephenson is the president of the American Foreign Service Association.

Considering Mental Health

BY SHAWN DORMAN

Of all the focus sections I have worked on during more than a decade with the *FSJ*, this may have been the most challenging. Mental health is so personal, so sensitive, so private. And yet, if you are in the Foreign Service, it is also “of official concern,” as your employer must determine, each time it sends you out to a new post, whether you are healthy enough to go.

There is a basic “dual agency” issue at play—that the employer is both responsible for providing care and for determining fitness for duty—which can complicate both the willingness of Foreign Service members to seek mental health care assistance when it might be needed, and the resulting impact of getting (or not getting) that help.

The FSJ Editorial Board decided to shine a spotlight on mental health care for the Foreign Service in the hope that breathing air into a somewhat taboo subject and facilitating a conversation might lead to improvements and better understanding.

In this issue, we hear from medical professionals from the State Department and from members in the field, coping with an inherently stressful work-life reality involving regular moves across the world, dangerous environments and,

often, tremendous workloads, all to serve and represent the United States.

We requested input from Foreign Service



Shawn Dorman is the editor of The Foreign Service Journal.

We hope that breathing air into a somewhat taboo subject and facilitating a conversation might lead to improvements and better understanding.

members via AFSA.net regarding their experiences with mental health care in the Foreign Service, and we asked for their recommendations.

Based on that input, it is clear that there is much confusion—about what help is available, what mental health care needs to be reported and what might have an impact on a medical or security clearance, among other things.

You’ll see themes emerge in “Mental Health Services Checkup,” where some 45 FS members weigh in. People want (1) a clearer understanding of what services are available and how those can affect clearances, both medical and security; (2) assurances of privacy; (3) confidence that they will not be penalized for seeking help; (4) a de-stigmatization of mental health care; and (5) relief from toxic bosses and unrealistic workloads.

We sincerely thank all those who shared their personal journeys and perspectives.

In addition to input from the field, veteran MED mental health provider and former Director of Mental Health Services Sam Thielman presents a history of MED’s mental health program. In a Q&A format, Chantay White and Paulette Baldwin of State MED’s Employee Consultation Services staff explain how their office can help.

Mental Health Services Director Stephen Young shows us the view from the side of the regional psychiatrist, and former DS Agent Ronald Holloway bravely shares his journey from mental illness to health. We also take a heartbreaking walk down the Alzheimer’s path with a devoted Foreign Service spouse.

As it happens, MED is—right now—undergoing a transformation. The Office of Medical Services is being “promoted” to the Bureau of Medical Services, with reorganization along the way. A Dec. 4 State Department Notice called the change “part of an extensive realignment of MED’s internal organizational structure that will be implemented over the next year to facilitate enhanced delivery of services and execution of core functions.”

MED further clarified for the *FSJ* that the the bureau will have three directorates: Medical Program Operations, Clinical Programs and Mental Health Programs. Perhaps this is, indeed, the best time to share ideas from members on how to improve services.

For additional fascinating content related to medical issues, I would also call your attention to two back issues of the *Journal*: the January 2008 focus on PTSD; and the September 2010 issue examining MED, both online at afsa.org/fsj. ■

Who We Are

In her President's Views column in the November *Journal*, "Opening the Conversation," Ambassador Barbara Stephenson sets forth a well-reasoned vision for our country's Foreign Service given the ever more rapidly changing context in which it operates. She asks for readers' "thoughts, using action verbs" on how the work of the Foreign Service can be better explained.

The verb I find myself compelled to offer, with all due respect, is **remember**.

Let us remember that the work of the Foreign Service is not just about diplomacy, as important as that is, but rather diplomacy **and development**, as usually linked in the same breath by former Secretary of State (and possible future president) Hillary Clinton in her public utterances and speeches on foreign affairs.

Let us also remember that the "New Threat Set" of climate change, immigration, rising oceans, declining fisheries, pandemics, cyberattacks, food and water security described by Amb. Stephenson represents challenges that are best addressed by employing the specialized expertise of not only USAID, but also the Foreign Agricultural and Commercial Services, as well as other U.S. government departments and agencies.

That said, I heartily second Amb. Stephenson's exhortation that "we need to be able to speak and write articulately about what the Foreign Service actually does and why that matters to the American people," remembering all the while that "**we**" implies many more than those engaged in the work of diplomacy per se.

A more inclusive understanding of what we **all** do and why it **all** matters

on the part of our fellow citizens will admittedly require greater and more coordinated efforts, but the importance of achieving this objective cannot be overestimated.

Fred Kalhammer
SFSO USAID, retired
Sun City Center, Florida

The Importance of Civ-Mil Relations

Having served much of my Foreign Service career working on political-military issues, including my most recent

tour as the civilian deputy and foreign policy adviser (POLAD) to the commander of U.S. European Command, I was pleased to see the October issue focus on "civ-mil" relations. These *FSJ* articles highlight the growing importance of State's POLADs serving with U.S. military organizations worldwide.

I was especially impressed with Ted Strickler's article, "Working with the Military: 10 Things the Foreign Service Needs to Know." Ted does an excellent job of summarizing key areas of the "civ-mil" relationship that every FSO should understand, whether or not he or she works directly with our military colleagues.

It is particularly relevant for FSOs who work closely with the U.S. military, and especially those serving in POLAD positions. When I sent Ted's article to the military deputy commander of EUCOM, he immediately forwarded it to his senior officers so they, too, would better understand the State-DoD relationship, demonstrating the high value the U.S. military places on the role of State officers serving alongside them.

In Number 6, Ted highlights the

tension between State and the Special Operations Command. While past practices did hurt the relationship between State and SOCOM, more recent commanders—in particular, Admiral William McRaven (now retired) and his successor, General Joseph Votel—realized the importance of building trust between SOCOM and State.

Though the tension has not completely dissipated, there is currently a strong commitment from SOCOM and its regional COCOM elements to operate with full transparency and only with the approval of chiefs of mission.

I would add from my personal experience that EUCOM Commander General Philip Breedlove and all his senior officers highly value the active role played by State officers in virtually every aspect of EUCOM operations, and I have heard other COCOM commanders echo similar sentiments.

We have come a long way in strengthening mutual respect and trust between State and U.S. military colleagues, and our close cooperation during the operations in Iraq and Afghanistan has helped to strengthen this relationship.

The multifaceted national security challenges the United States faces—and will continue to face—require the highest level of State-DoD cooperation and a commitment to real partnership. The U.S. military and State Department cultures will remain unique, but understanding and respecting those differences will yield better policy. Successfully addressing these challenges will require a strong corps of FSOs who have worked closely with our military colleagues.

Patrick S. Moon
Ambassador, retired
Reston, Virginia



Working with the Military

My compliments for the excellent articles in the October *FSJ* about working with the military. Ted Strickler's "10 Things the Foreign Service Needs to Know" is insightful and thought-provoking, prompting complementary assessments such as that by Ambassador Steve McFarland in his November letter to the *FSJ*.

George Staples' common-sense suggestions for understanding the role of the military in interagency decision-making and Jonathan Addleton's first-person account of serving with U.S. troops in Kandahar provide excellent macro- and micro-level perspectives on this essential civilian-military partnership in national security affairs.

I've highlighted these two editions for our foreign policy advisers (POLADs) in the field, all 90 of them. Our program has expanded and matured to the point that FSOs—from SFS to FS-3—advise commanders and commands in 12 states and nine countries overseas.

As testimony to the importance of these positions, the U.S. military has asked for additional POLADs, nearly 300 FSOs bid on these positions each year and promotion boards increasingly recognize POLADs' contributions.

Having been fortunate to serve as a POLAD myself, I highly recommend these positions, which enable incumbents to influence policy, to learn from (and teach) our military colleagues about our differing "cultures" and perspectives, and to maintain the close collaboration necessary to confront the many current and prospective global

challenges effectively.

I encourage POLADs past and present to provide additional stories and letters to the *FSJ*.

David E. Henifn
Coordinator, POLAD Program
Bureau of Political-Military Affairs
U.S. Department of State
Washington, D.C.

Leadership and Equality

Two articles in your October issue—"The Value of Military Training for Diplomats" by George Staples and "Seeking Parity Between Civil and Foreign Services" by Larry Roeder—brought back old memories.

In 1951, following graduation from law school, I joined the Central Intelligence Agency and was enrolled in its first junior officer training program. At the end of it, those of us who had no military service were asked to enlist (I joined the Air Force) for exposure to the leadership skills military service offered.

Ambassador Staples stresses the importance of leadership and management training and experience for Foreign Service officers approaching the senior threshold. A State Department inspection report many years ago concluded that the overwhelming majority of first-tour deputy chiefs of mission failed in that area. Most DCMs at the time were political and economic officers who had had little management experience; consular and management officers had the large staffs.

Fortunately, leadership and management training at the Foreign Service Institute took off under the able leadership of Prudence Bushnell in the early 2000s.

In 1961 the CIA enrolled me in a

personnel management internship at the Civil Service Commission, part of which was a detail to State's Office of Career Development. My task: perform research and produce a study recommending closer integration between State's Foreign Service and Civil Service. Though praised by my immediate supervisors, the study went nowhere. It did result, however, in an offer to join the State Department in 1972, which I accepted.

More than 40 years later, the debate apparently continues. I agree entirely with Mr. Roeder that Foreign Service and Civil Service professionals deserve treatment as equal partners.

Donald C. Leidel
Ambassador, retired
Sarasota, Florida

A Plea for Transparency

The State Department's recent lack of communication transparency regarding reduction or elimination of danger pay for certain posts has had a negative impact on morale around the world. This has weakened trust in the institution as a whole, and caused people to question whether the department supports its employees overseas.

Let's say you are flying somewhere. Your flight is scheduled, tickets purchased. As boarding time approaches, there is no airplane at your gate, there have been no announcements, but the monitor still shows an on-time departure. Then every 10 or 15 minutes, the estimated departure time is changed. Finally, an airplane taxis in, and the flight crew announces, "We're sorry for the late departure, but the incoming flight was delayed." You realize they knew well in advance the flight was going to be delayed, but said nothing.

All too often, something similar happens at State. Supervisors know some-



thing is going to happen, but they don't say anything. They have relevant information, but don't share it. Valid reasons might include classification levels or personally identifiable information (PII).

But the process regarding danger pay seems to have been an administrative decision closely held and then announced as a done deal. This is a poor way to treat employees.

When people in dangerous locations overseas are carrying out the core mission of your organization, it should be your first priority to support them and keep them informed. Decisions that affect an employee's bottom line—security, pay, health, safety—should be as open and transparent as possible.

We've seen the extensive debate on the Sounding Board about the decision to cut danger pay for many posts. It appears that the process began in November 2014, yet AFSA was not consulted until February 2015—and only *after* members had found out about it through other channels and contacted AFSA.

Some information must be controlled and protected, but the vast majority of the information with which we deal can be shared. State should be transparent in its communications, empower the Foreign Service team with information, and trust them with it.

Karn Carlson

FSO

Consulate General Nuevo Laredo

Arctic Applause

The November article on the Arctic ("Getting into the Game: America's Arctic Policy") was exceptionally well done. Even those who are not familiar with the area and its issues, probably most Americans, surely come away with a far more extensive and profound understanding

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of where matters stand and where they are headed. It is welcome and useful.

*Edward Peck
Ambassador, retired
Chevy Chase, Maryland*

Remembering Holbrooke [Back Story]

Congratulations to Shawn Dorman for her wonderful interview with David Holbrooke (“A Love Letter to Diplomacy,” November *FSJ*).

As Dick Holbrooke’s special assistant and the first State Department officer he hired when he became assistant secretary in 1977, I had the opportunity to watch David and Anthony skateboard down the long “2 Corridor” on the sixth floor on Saturday mornings, while Dick was at work at his desk in the East Asia and Pacific Bureau’s front office.

Even though he was a political appointee as assistant secretary in 1977, Dick was still a bit of a rebel FSO at heart. He gave me cover and advice when I formed the Group of 46 and conspired over lunch in the EAP conference room, composing the Statement of Concerns (which eventually garnered more than 500 FS signatures) that I then presented to Secretary Cyrus Vance in 1978, after demanding a meeting with him. George Moose, Barbara Bodine and Alan Romberg joined me in outlining the critical issues our group of mid-level officers saw undermining the career Foreign Service.

This meeting led to a process that resulted in passage of the Foreign Service Act of 1980. Our work was carried forward by Ken Blakely, who replaced me as Dick’s special assistant and later became president of AFSA. Not many people know that the enactment of that

landmark legislation began in and was pressed forward from Dick Holbrooke’s office, with his encouragement.

I think Dick was supportive of our rebellion against the Seventh Floor because he saw that we were motivated by the same principle that energized him—a commitment to excellence.

One of the more interesting transformations of Richard Holbrooke was his focus on the critical importance of agriculture to his mission in Afghanistan. In fact, one of the very last emails Dick ever sent was a message to me on Dec. 9, 2010, the night before he collapsed, expressing his appreciation for my having brought the agriculture ministers from Afghanistan and Pakistan together at the World Food Prize in Des Moines a few months earlier.

David Holbrooke did a marvelous job of capturing his dad.

*Kenneth M. Quinn
Ambassador, retired
President, The World Food Prize
Des Moines, Iowa*

Much More than Just “One Woman” [Back Story]

I congratulate Ambassador William C. Harrop on receiving this year’s AFSA Lifetime Contributions to American Diplomacy Award. However, I was struck

by one statement in his *FSJ* interview (September, p. 25). Discussing AFSA’s early 1970s decision to seek union status, he said: “One woman in particular, a former FSO, wanted AFGE [the American Federation of Government Employees] to be the union representing FSOs. ... I actually knew her slightly; she’d been in Kinshasa just before I arrived in Congo.”



First of all, this “one woman” was Alison Palmer, who did more for a generation of Foreign Service women, both employees and dependents, than anyone on earth. Second, far from knowing her “slightly,” Amb. Harrop had worked with Ms. Palmer in the Bureau of Intelligence and Research for more than a year.

When Ms. Palmer was vice consul in Leopoldville (in what was known as Zaire, now the Democratic Republic of the Congo) in the early 1960s during the Lumumba uprising, she was informed that Deputy Chief of Mission Frank Carlucci had been kidnapped by rebel soldiers.

Because this happened in her consular district, Alison piled into her car and sought out the rebel camp. Without further adieu she accosted the (mostly drunk) soldiers and, asserting her authority, demanded that they turn over their hostage to her. They did.

Later, when AFGE with Alison Palmer sought to disqualify Ambs. Harrop, Tom Boyatt and Hank Cohen in a jurisdictional contest, on the grounds that they were in management positions within the meaning of E.O. 11636, Harrop found her actions to be “disgraceful.” In other words, Alison Palmer fought a serious contest using laws, regulations and public department policies—and Bill Harrop got his feelings hurt.

Some background: After spending most of the 1960s abroad, I returned to an assignment in the Economic Bureau via the Foreign Service Institute’s economics course. My carrel mate at FSI was Lannon Walker, then AFSA chairman. I had always been interested in employee-management affairs and the Department of State was seething with such matters at that time.

Like Walker, I had a good deal of concern with what you might call “nuts and

bolts” issues, such as pay comparability with the Civil Service, career tenure, selection out, rating of wives on Officer Evaluation Reports and the lack of a grievance system.

In 1970, I became a member of American Federation of Government Employees Local 1534, and eventually chief steward. I remained a member of AFSA, as I had been since 1960 (and am to this day), and was invited to sit on the AFSA grievance committee in 1971.

But when I described my AFGE union activities to my AFSA colleagues, I found them incredulous that a fellow white, male, upper-middle-class FSO would be involved in the tawdry business of grievances, brought by what might be termed malcontents or losers.

Truth be told, I never realistically expected AFGE to represent the Foreign Service in labor/management affairs. Most FSOs’ mothers had been frightened silly by John L. Lewis, Walter Reuther and others in the American labor movement.

My activities, along with those of scores of other AFGE members and sympathizers, helped move AFSA in the direction of modifying its elite image and taking on the grubbier issues of tenure, OER reform, rights for Foreign Service women and the establishment of a credible grievance system. To a large extent these objectives have been achieved.

*Harrison Sherwood
FSO, retired
Cambridge, England ■*

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Stress Management Inadequate at USAID, Study Finds

U.S. Agency for International Development employees “suffer from undue stress caused by a variety of factors and are at risk for developing numerous stress-related health conditions and/or disorders,” according to a report released in September.

The study, “Stress and Resilience Issues Affecting USAID Personnel in High Operational Stress Environments,” also found that significant gaps in adequate institutionalized support exist at the agency.

If left unaddressed, these vulnerabilities will have long-term implications on the effectiveness of USAID personnel, their physical and psychological health, total workforce management and the achievement of USAID’s mission.

Commissioned by USAID, the research was carried out by the Virginia-based consulting firm Greenleaf Integrative Strategies.

The assessment was undertaken as part of the agency’s effort to comply with the objectives in the 2014 Quadrennial Diplomacy and Development Review, including improving how it manages and mitigates risk, ensuring its employees have the tools and skills required to do their jobs well, and increasing its focus on taking care of its people.

Through a series of site visits (Jordan, Pakistan, Afghanistan and Kosovo), interviews and survey responses from

personnel in the field and in Washington, D.C., GIS gathered input from more than 556 USAID Foreign Service and Civil Service employees and personal services contractors.

Conducted between December 2014 and September 2015, the study also

involved discussions with the Department of State’s Office of Medical Services, USAID leadership and a working group comprised of USAID officers and subject-matter experts.

According to the report, the primary sources of stress affecting employees and their work performance are related to institutional management

practices (e.g., excessive workloads, leadership deficits, inadequate human resource management and personnel support services).

Secondary factors, such as family stress and security concerns that have become commonplace in the post-9/11 era, have exacerbated institutional inadequacies.

Nearly 65 percent of survey respondents had been employed with USAID for more than five years. Only 22 percent believed that services offered by the USAID Staff Care Program—the office that handles employee wellbeing and work-life issues—are adequate, and 23 percent characterize USAID programs to support staff as “accessible.”

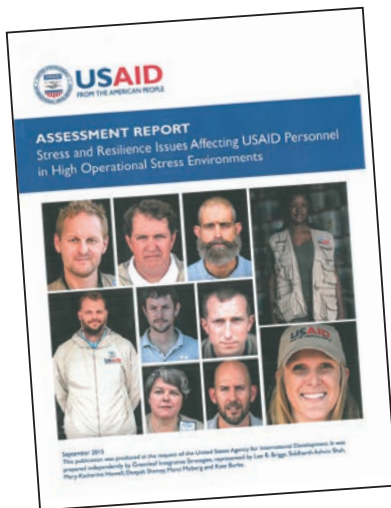
Of those who had utilized Staff Care resources, 74 percent found the support to be useful. However, respondents repeatedly cited a culture of stoicism and a

significant stigma associated with seeking support as reasons for either not requesting help or for concealing treatment.

The report’s authors conclude with recommendations for strengthening USAID’s institutional support and addressing sources of stress at each stage of the staff job cycle. Among the more notable recommendations, USAID should better plan and budget for stress mitigation initiatives and staff care programs and implement monitoring and evaluation measures to track their investments and inform continuous improvement.

In addition, individuals should be briefed on the specific stress risks they can expect in their new assignments, be provided with tools to self-monitor stress, and receive better post-high-stress assignment support.

—*Maria C. Livingston,*
Associate Editor



The Quiz: Tower of Babel

Here is another in our series of worldliness quizzes, courtesy of retired FSO Rob Callard. Please turn to p. 16 for the answers.

What country speaks the following language?

1. Amharic
2. Bengali
3. Hrvatski
4. Dansk
5. Eesti
6. Vakaviti
7. Ge'ez
8. Kreyòl Ayisyen
9. Igbo
10. Sardu
11. Tagalog
12. Herero

Contemporary Quote

“ We have been presented with two options and we need to choose. We either condemn our planet to further destruction or we save it. Those are our stark choices. ”

—Prime Minister of Saint Lucia Kenny Anthony, from his address to the United Nations Framework Convention on Climate Changes in Paris on Nov. 30.

UK Boosts BBC World Service Funding

The British government has announced that it will increase funding for BBC World Service, the world's largest international broadcaster, by \$437 million over the next few years.

This is a dramatic reversal in policy from 2010, when the new Conservative

government decided to cut World Service funding completely, leaving the BBC to absorb the cost and fund itself through the money paid by the British public for television licenses.

According to BBC News, “the government will provide £34 million in 2016-2017 and £85 million per year from 2017 to 2018” and onwards for services related to

the Internet, television and radio.

Comparable to Voice of America in the United States, BBC World Service is a valuable soft-power tool in British public diplomacy efforts. The increase in funding comes from a revamping of the soft-power strategy of the British Foreign Office, which is hoping to reach countries with “democratic deficits.” The goal is to increase global access to information, especially in countries where authoritarian governments make information dissemination difficult.

BBC Director General Lord Tony Hall has pointed out that this is “the single biggest increase in the World Service budget ever committed by any government.” The World Service is one of the U.K.'s most important cultural exports, he adds, “and

50 Years Ago

The Case of the Oldsters

The Foreign Service as now constituted has no real Reserve Corps. The employees bearing the “Reserve Officer” designation are in fact on active and quasi-permanent duty and are not a “reserve,” in the accepted sense of that word, upon which the Department of State can draw to beef up its operations during critical situation or for special operations where some additional talent or skill is temporarily required.

It is proposed that the department seek legislation which would permit it to organize a true Emergency Reserve Corps composed of individuals, not in active service, possessing special skills and talents which might be drawn upon when the national interest so requires. One obvious source for this Emergency Reserve Corps would be former Foreign Service officers who have retired or resigned for personal reasons and who still maintain their skills and know-how, now largely going to waste.

Under this proposal when an FSO retires or leaves the service under conditions in which he could still render valuable service to the nation in times of need, he would



be offered a commission in the *Foreign Service Emergency Reserve Corps* in the highest grade he held while on active service. His skills, special contacts and know-how would then be IBM'd, his security clearance would be kept current and, to the extent possible, he would be kept up-to-date on his specialties, either by short periods of active duty

or by correspondence courses, etc.

In this way his special contributions would be pre-evaluated and known to officers in active operations both in the department and the field. This would constitute a very valuable addition to the total manpower pool of the foreign affairs establishment. Emergency Reserve commissions would, of course, also be offered to selected individuals who have served with the other closely related foreign affairs agencies such as USIA and USAID.

This would give the Secretary great flexibility in tapping a very valuable and highly skilled manpower source which is now largely dissipated.

—Leon B. Poullada, from “A Foreign Service Training Corps?” in the February 1966 FSJ.

one of our best sources of global influence.” The funding will also help move toward the target of reaching half a billion people globally by 2022. The BBC currently reaches 308 million people in 29 languages.

Most of the expansion will be concentrated in the Middle East, Africa and Russian-speaking countries. Already in the works are: radio service to North Korea; commencement of the use of both Yoruba and Pidgin in service in Nigeria and West Africa; service in Ethiopia and Eritrea; and increased service in Somalia, Thailand and India.

—Shannon Mizzi,
Editorial Assistant

USAID Administrator Confirmed

After a six-month period of limbo at the U.S. Agency for International Development, Gayle Smith, a well-known leader in development policy, was confirmed by the Senate on Nov. 30 as the new Administrator. The vote was 79 to 7.

Smith was originally nominated on April 30, but Sen. Ted Cruz (R-Texas) led a move to delay her confirmation. The holdup was based on Republican opposition to the administration’s efforts to secure a nuclear deal with Iran and fears about potential changes to the Helms amendment (which currently blocks the use of foreign aid for abortion services overseas), as well as Smith’s own position on the amendment.

Secretary of State John Kerry has called Smith, “instrumental in driving such key initiatives as Power Africa, Feed the Future and the U.N. 2030 Agenda for Sustainable Development.”

In the first two decades of her career, Smith worked as a freelance journalist in Ethiopia, Sudan and Kenya, and has served as a consultant for more than a

dozen nongovernmental organizations. She won the 1989 World Journalism Award from the World Affairs Council, the 1991 World Hunger Year Award and the National Security Council’s Samuel Nelson Drew Award for Distinguished Contribution in Pursuit of Global Peace.

She was a senior fellow at the Center for American Progress and is a co-founder of both the Enough Project to end genocide and the Modernizing Foreign Assistance Network.

During the Clinton presidency, Smith served as special assistant to the president, senior director for African affairs at the National Security Council and chief of staff at USAID.

During the Obama presidency, she has served as special assistant to the president and senior director at the NSC, covering development, democratization and humanitarian assistance issues.

A new inspector general for USAID was also confirmed on Nov. 30. Ann Calvaresi Barr served as deputy inspector general at the Department of Transportation from 2010 to the present. Further, Linda Etin was confirmed as USAID’s assistant administrator for Africa on Dec. 7.

—Shannon Mizzi,
Editorial Assistant

State’s New U.S. Study Abroad Office

Though study abroad has increased markedly around the world in recent years, American students trail their international counterparts dramatically in what the Institute for International Education considers “a key component of a 21st century education.”

During the 2013-2014 school year, more than four times as many foreigners came to study in the United States as Americans studied abroad, according to *Open Doors 2014*, an annual report issued

jointly by IIE and the State Department.

At the current rate of growth in Americans studying abroad, it will take 25 years to double the numbers—from 290,000 in 2014. Moreover, the majority of Americans limit their international experience to Europe and, secondarily, Latin America.

State’s new U.S. Study Abroad Office (studyabroad.state.gov) is part of an effort to move the needle on this trend. Working with U.S. and foreign institutions, the office highlights the benefits of study abroad for Americans and offers resources to help each student find the right program.

The office provides information about international exchanges, including State-funded programs such as the Fulbright Program, the Benjamin A. Gilman International Scholarship Program and the Critical Language Scholarship Program. There are programs for high school students, undergraduate and graduate students, scholars, teachers and institutions.

The Department of State also provides funds and other programming to help both U.S. and foreign institutions improve their capacity to host study-abroad programs. Resources on the site include information on scholarships, internships and teaching or research opportunities, as well as tips for ensuring a positive experience. ■

—Dastan Sadykov, Editorial Intern

The Quiz: Tower of Babel Answers:

1. Ethiopia
2. Bangladesh
3. Croatia
4. Denmark
5. Estonia
6. Fiji
7. Eritrea, Ethiopia
8. Haiti
9. Nigeria
10. Sardinia
11. Philippines
12. Botswana, Namibia

SITE OF THE MONTH: Global Terrorism Database (www.start.umd.edu/gtd)

Our 24/7, ratings-driven media tend to have a bias toward novelty and sensation, often relegating factual and objective information to an afterthought. Coverage of terrorism, such a dominant feature of the international landscape in the recent period, is certainly no exception—which is why the University of Maryland’s Global Terrorism Database is noteworthy.

A comprehensive open-source database with information on terrorism events from 1970 through 2014, GTD’s data is collected and assembled through a rigorous and time-consuming process that ensures its credibility and is, thus, a tremendous resource for researchers, analysts and scholars.

GTD gathers information from a wide range of media sources. Because there is no universally accepted definition of terrorism, GTD includes a broad range of events, with the aim of compiling a data set that is helpful to as many interested users as possible.

But before any information is added to the database, its accuracy and the credibility of its source or sources are vetted by an advisory panel made up of professors with special expertise from top universities and terrorist experts from the National Consortium for the Study



of Terrorism and Responses to Terrorism.

This process takes more than six months. As a result, data for 2015 will not be added until August 2016. When new documentation on an event is available, entries are modified accordingly, through the same process.

The GTD houses organized data on more than 140,000 domestic and international terrorist incidents. For each case, the date of the incident, location, weapon(s) used, nature of the target and, when identifiable, the individual or group responsible is given. The website offers user-friendly search tools and step-by-step help.

With free access and download to more than 50MB of expertly vetted information, the GTD is an important contribution to a better understanding of the grim reality of terrorism and its impact on foreign affairs.

—Dastan Sadykov,
Editorial Intern



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afsa.org/awards

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Association/Scholarship
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Clements Worldwide
clements.com

Embassy Risk Management
embassyrisk.com

The Hirshorn Company
hirshorn.com/USFS

McGrath Real Estate Services
McGrathRealEstate.com

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Retiree Access, Step by Step

BY MARY ELLEN GILROY

Access to various State Department buildings—Main State (HST), SA-1 (medical and retirement offices) and the National Foreign Affairs Training Center—is an issue of serious concern for retirees. I don't know how the other foreign affairs agencies acknowledge their retirees; but if they are anything like the State Department, their retirees may share some of the concerns I discuss here.

The type of ID the State Department issues to those who retire has evolved greatly since the laminated card with printed gold braid edging noting the retiree's name, date of retirement and years of service issued to my husband when he retired from State in 1986.

Today State retirees receive a bronze-colored ID card valid for five years that mimics non-retiree cards, complete with computer chip and magnetic strip on the back, neither of which appear to be activated and therefore do not work. Maybe it's the thought that counts.

So what, precisely, is the thought behind issuing a badge to retirees? In theory, and according to a 2008 Department Notice, the badge allows the retiree limited access to three floors of HST and to the retirement and medical offices at SA-1. When presented at the VIP Desk

Though I chose to treat it as an adventure rather than a frustration, the renewal process points to the inadequacy of State's policies regarding retiree access.

in the C Street Lobby, the badge entitles one to a limited-access unescorted visitor's badge, which must remain visible at all times one is in the building.

That's fine—as far as it goes. But, given the restrictions, the fact that it isn't fully activated and the complicated procedure for renewal, one has to wonder why State can't do better.

My Renewal Adventure

Take the renewal procedure, for instance. Last fall, I vowed to renew my soon-to-expire Department of State [Retired] ID badge. After searching the websites of RNet.state.gov and state.gov, I discovered that the only source of information on the renewal process was afsa.org!

Then, early one afternoon, well before rush hour and equipped with several rolls of quarters for any parking meter I might find, a printout from the AFSA website, my valid Virginia driver's license and my valid (for another month) badge,

I set out for Foggy Bottom.

The mission began auspiciously on 22nd Street with an open (and legal) parking spot. I was also wearing a pedometer and looked forward to contributing to my daily 10,000 steps during the renewal process. (Multitasking never dies in the Foreign Service.)

Knowing that the 21st Street "Jogger's Entrance" was a few steps from Room B-266 (the badging office), I approached one of the uniformed Diplomatic Security officers on duty. He welcomed me back most kindly, but had never before seen a retiree ID badge and very politely directed me to the C Street Visitor's Entrance.

At C Street, after being welcomed back again by other, equally polite, DS officers, I went through the standard visitor's security check before entering the lobby to obtain a limited-access unescorted visitor's badge at the VIP desk.

(The first time I had returned to HST after retiring, I stood in the general visitors queue only to discover after waiting 15 minutes that I was in the wrong line and was redirected to the VIP Desk. I never considered myself a VIP and was quite moved that after almost 27 years of service, State had designated me as such.)



Mary Ellen T. ("MEG") Gilroy joined the U.S. Information Agency as a Foreign Service officer in 1983 and retired from the State Department in 2009. She served in Haiti (twice), Morocco, Malaysia, Mauritius, Canada, Barbados and Washington, D.C. She is a former retiree representative and vice president on the AFSA Governing Board (2011-2013).

I then proceeded back to 21st Street in the interior corridor, went downstairs, consulted the printed-out renewal instructions, as directed, and headed in the general direction of the Diplomatic Security ID Services Office (Room B-237). There I found a small printed sign in the receptionist's window clearly stating "Retiree" among the various badges handled there.

Alas, the sign was out of date. I was redirected to Room B-266 (the badging office), where the receptionist looked at my still-valid retiree ID and asked if I had been fingerprinted recently. He handed me a blank form DS-1838 and instructed me to go to Human Resources/Office of Retirement over at SA-1.

Fortunately, the weather was nice and the walk to SA-1 pleasant, offering lots of extra steps. There I was once again screened and instructed to wait for an escort. This gave me time to fill in the DS-1838 Request for Personal Identification Card.

Lots of Steps

Safely escorted to HR/RET, I offered up the DS-1838 and was thanked for preparing it in advance. An HR staffer entered the information into a computer, printed out a document, signed and dated it and informed me that the form was now valid for five days. (If you do not finish the process within five days, you have to start all over again.)

The escort pointed me in the general direction of the Office of Identification Services at Columbia Plaza, where I would be digitally fingerprinted. According to a 2012 Department Notice posted in the receptionist's window there, digital fingerprints are required of all applicants for State badges. I was duly fingerprinted by a cheerful staff member, who then stamped the DS-1838 and

Armed with the signed and stamped DS-1838, my driver's license and my still-valid retiree ID, I once again presented myself at the Jogger's Entrance.

instructed me to return to the badge office back at Main State.

Knowing there could be a wait and fearing an expired parking meter, I decided to call it a day. And so the next morning, armed with the signed and stamped DS-1838, my driver's license and my still-valid retiree ID, I once again presented myself at the Jogger's Entrance for access to the badge office.

The different, but equally polite, uniformed DS officer on duty had never before seen a State retiree ID badge. Once again, I was welcomed back and pointed toward the C Street entrance.

Once again screened and armed with a VIP desk-issued limited-access unescorted visitor's badge, I walked back along the C Street corridor, down the stairs to the badge office, handed over the paperwork and, after a brief wait, received a new State retiree badge valid for five years.

Minutes Spent Renewing Retiree Badge: 155

Steps Walked: 8,464 (combined total over two days)

Polite (and helpful) DS officers and State staff: dozens

Some Obvious Questions

I don't know if my experience in renewing my retiree badge was unique. Though I chose to treat it as an adventure rather than a frustration, the pro-

cess points to the inadequacy of State's policies regarding retiree access.

Here are some obvious questions:

If the retiree badge only allows a retiree, after walking through a magnetometer and having coat and bags x-rayed, to wait for an escort at SA-1 or to stand in line at a desk in the C Street lobby for a badge that gives access to Foggy Bottom, the Bunche Library and points in between (and does not offer access to FSI), why does State even bother issuing it?

If the Department of State [Retired] ID badge is just for show, another token of service issued to retirees (after completion of the appropriate form), like a flag that was flown over HST or the Secretary's Career Achievement Award, then why not bring back the old badge with the printed gold braid edging?

If, on the other hand, the Department of State [Retired] ID badge has meaning, why is there no information about renewing it that can be found easily on the public websites RNet.state.gov and state.gov? (Form DS-1838 is available on RNet.)

Why aren't the DS uniformed officers, the first people all visitors to State encounter, properly briefed on the types of badges and what the holders can and cannot expect?

And, finally, why not activate the "chip" allowing turnstile access rather than the cumbersome check-in at the visitors' desk? ■

The Evolution of State's Mental Health Services

MED's mental health program, unique among diplomatic services, has grown and evolved over the years to address the unusual needs of Foreign Service employees and their families serving overseas.

BY SAMUEL THIELMAN

When kidnapped Ambassador Adolph "Spike" Dubs died during a shootout in Kabul on Feb. 14, 1979, Elmore Rigamer, the newly hired embassy psychiatrist, spent large amounts of time with members of the community helping to heal the wounds of the trauma. Rigamer's efforts paid significant dividends to the community and the State Department. In the violent years that followed, the department began to use mental health personnel more extensively, expanding a domestic employee assistance

program and developing a number of strategies to address mental health problems overseas.

Often organizational mental health services, as well as general medical services, lie in the domain of human resources, and that is where physicians were located organizationally when the State Department's Health Branch (as the Office of Medical Services was originally called) came into being in 1947. Interestingly, two years later, a study of the utilization of medical services overseas showed that "emotional problems" was the third-largest expense, behind surgical intervention and gastrointestinal diseases. And in 1950 the Health Branch estimated that 60 percent of patients who came to embassy health units were experiencing emotional rather than primary physical problems.



Dr. Samuel Thielman is a recently retired regional medical officer/psychiatrist for the Department of State. He was director of Mental Health Services for the Department of State from 2004 to 2006 and chief of crisis response from 2003 to 2004. He developed the department's high-stress out-briefing program for returnees from Iraq and Afghanistan, a program that continues to be required of all returnees from high-stress assignments. Dr. Thielman served in London, Frankfurt and Nairobi (two tours). He was the regional psychiatrist for East and Central Africa in Nairobi in the aftermath of the bombing of the U.S. embassies there and in Dar es Salaam. In 2011, he received the Presidential Meritorious Service Award for his work as director of Mental Health Services and his service in East Africa.

This article is an abridged version of a significantly longer, fully documented history of Mental Health Services. A major source of information for the article is Virgil T. DeVault, The Origins and Development of the Office of Medical Services: Department of State (Department of State Publication 9277, Department and Foreign Service Series 312, 1982).

The views expressed here are those of the author and do not represent any position of the U.S. Department of State.

The State Department's current approach to mental health support took shape during the 1960s and 1970s in response to two major requirements. First, the department is mandated by 22 Code of Federal Regulations 11.1 to ensure that employees posted overseas are free of any "physical, neurological or mental condition of such a nature as to make it unlikely that [they] would be able to function on a worldwide basis." To implement this, the State Department must engage a group of mental health professionals who can assess employees for problem conditions—this is the medical clearances, or administrative, side of the house.

Second, the Foreign Service Act requires that the department make provision for treating medical conditions—including psychiatric illnesses—that emerge during service overseas. Because a large proportion of overseas health problems have a psychological component, mental health personnel posted abroad offer

a first line of support to treat employees, keep them productive and reduce the likelihood of a mental health medevac—this is the mental health services, or clinical, side of the house.

From the outset, this duality of function has posed a challenge to program development (e.g., funding, contractors vs. direct-hires, confidentiality issues), and it remains a source of confusion and mistrust today among the program's principal beneficiaries, the members of the U.S. Foreign Service. Yet despite shortcomings and inadequacies at some times and in some places, the program has grown and evolved over the years in response to the ongoing need for mental health support for employees and their families serving abroad.

MED's mental health program is unique among the world's diplomatic services. Given the continuing need and the proliferation of new and more flexible models of care, MHS is poised to take new and innovative steps in the near future.

Substance Abuse and First Efforts

During the 1960s and 1970s, the Johnson, Nixon and Carter administrations all provided significant funding for mental health care in the federal government. The State Department took advantage of this to create and expand its domestic substance abuse and employee assistance programs. These pro-

grams received support initially through special federal funds designated for treatment of adolescents. Subsequently, legislation mandating such programs for the federal workplace generally led to development of MED's Alcohol and Drug Awareness Program as we know it today. It was the department's first substance abuse program, established in 1966 under a non-psychiatrist, Dr. Benedict Lanahan, who worked with local psychiatrists to provide treatment for members of the Foreign Service and their families who suffered from alcohol abuse.

In 1971, the State Department retained its first direct-hire

psychiatrist to function in a clinical capacity. Frank K. Johnson, from Milwaukee, Wisconsin, a psychiatrist specializing in treating adolescents, became the Drug Abuse Program coordinator. Though based in Washington, Johnson traveled abroad, coordinating his work with the Office of Overseas Schools and focusing especially on the

The notion of offering any sort of mental health counseling "in house" was new, so it took some time to implement.

emerging problem of substance abuse among teenagers. Much of his work took place over the telephone, but he also established a departmental "youth development team" that traveled with him overseas, dealing with children, their families and overseas schools. In 1981, Johnson told a reporter from *Psychiatry News* that on one particularly harrowing day he had seen 17 families between 7 a.m. and midnight.

Two years after Johnson began working in the Office of Medical Services, in 1973, State hired its first full-time psychologist, Clark Slade. Slade had acquired a great deal of experience working with Foreign Service families during 15 years as a consultant to the American Foreign Service Association on child and adolescent issues. Under Frank Johnson, Slade began to do casework involving short-term therapeutic interventions for members of the Foreign Service. This arrangement worked well as a means of dealing with employees and family members with all sorts of mental health and school problems. Cases requiring lengthy treatment were referred outside the department.

The notion of offering any sort of mental health counseling "in house" was new, so it took some time to implement. In 1976, the State Department created a position to oversee the alcohol abuse and general mental health programs, hiring Herbert C. "Pat" Haynes, a Civil Service psychiatrist, as assistant medical

director for Mental Health Services. Haynes worked at developing a coherent program that relied more on direct-hire mental health staff than on contractors.

Haynes also hired a psychologist, Dr. Samuel Karson, whose particular skills and extensive experience in personality testing were well-suited to the department's growing need for experts in clearances in the 1980s. (From the 1950s to the mid-1970s, the clinical backbone of the department's mental health clearance section had been a group of six private-practice psychiatrists from Washington who came into the department for an hour once a week to do evaluations for the Office of Medical Services.)

The Field Mental Health Officer

During the 1970s, another innovation in the use of overseas mental health personnel occurred that ultimately resulted in the regional medical officer/psychiatrist (RMO/P) program. Specifically, in 1974 Embassy Kabul decided to deal with a rash of mental health crises (including three suicide attempts) by using post funds to hire a psychologist, Dr. Richard Westmaas, as a personal services contractor to establish a practice at the embassy. His work was so helpful that the department employed him as a direct-hire Foreign Service employee and made him the regional mental health officer for Afghanistan, India and Pakistan.

By the time Westmaas left his position in 1977, the idea of a regional mental health officer had proven itself, and he was succeeded by former Peace Corps psychiatrist, Dr. Elmore Rigamer. Like Westmaas, Rigamer proved his worth. During his second year in Kabul, the Dubs assassination occurred, devastating the entire embassy community. Rigamer met with members of the community to discuss the psychological impact of the event, providing vital assistance to the community's recovery from the trauma. By the time he left Kabul to continue regional psychiatry in New Delhi in 1979, the Foreign Service psychiatry program was off and running.

Between 1979 and 1982, mental health positions were established in Vienna, Bangkok, Monrovia and Cairo. Although the Bangkok position was first occupied by a psychologist, Sam Karson's two-year tour as a regional mental health officer in

Between 1979 and 1982,
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Thailand (1981-1983) was a one-off. MED preferred psychiatrists, not just because they could write prescriptions, but because they are physicians and have broader training. Thus, psychiatrists are in a position to identify (and rule out) any physical/medical issues that might be the cause of mental problems.

Foreign Service mental health positions subsequently went to psychiatrists. In the RMO/P skill code, for example, the P stands for psychiatrist; there is no skill code for a Foreign Service psychologist position.

Funding mental health care had always been an issue, because mental health care, even more than general medical care, is fraught with confidentiality concerns. And, when the psychiatrist works for the patient's employer, the problem of "dual agency" arises. As a result, efforts in the 1970s and early 1980s often involved support for programs located outside the immediate influence of an embassy or the State Department.

The idea of using contractors, such as Westmaas had been in Kabul, was an obvious one; because Westmaas' position had been created with local embassy funds, it reduced the dual agency conflict. But he was soon hired directly by the department as a Foreign Service regional mental health officer, and since the 1970s mental health contractors have only rarely been used by the department.

Other Models of Care

Embassies used other models of mental health care, too. Several made use of mental health clinics for expatriates that had been set up during the 1970s in cities such as Cairo, Tehran and Kuala Lumpur. And embassy health units developed lists of local practitioners they could work with.

One community mental health initiative during the 1970s and 1980s that seemed to work for many embassies was the "mental health grants" program. Established in 1974, the program grew to more than \$250,000 per year. Given out in amounts ranging from \$700 to \$18,000, the grants paid for educational presentations, support groups, library resources related to mental health, as well as programs related to crisis intervention and referral for therapy. The grants also paid for "preventive mental health" presentations and helped support expats

and others who could be of help to the American community.

Dr. Esther Roberts, an early director of Mental Health Services (1980-1983), saw these grants as a way to extend the impact of the Foreign Service psychiatry program. In 1981, 12 grants went to posts; a year later, 29 posts received mental health grants, including tiny posts such as Gaborone. The program was very popular with posts, and in a 1983 report, Associates of the American Foreign Service Worldwide recommended: "Mental health grants should be made available more quickly to posts where tension is mounting." Yet the mental health grant program received year-to-year funding, and was therefore vulnerable to budget

One community mental health initiative during the 1970s and 1980s that seemed to work for many embassies was the "mental health grants" program.

cuts. It died in the mid-1980s when MED leadership changed and enthusiasm for the grants waned.

Services for Washington-based employees were increased in the early 1980s. In May 1982, prompted by Medical Director Jerome Korcak, Under Secretary for Management Richard Kennedy established the Special Employee Consulta-

tion Service. SECS, later the Employee Consultation Service or ECS, served as the department's internal employee assistance program, providing short-term counseling and psychotherapy support to both Civil Service and Foreign Service employees at the Department of State and USAID.

By 1994, Elmore Rigamer, the original RMO/P, had become

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director of the Office of Medical Services. Having recently completed a year at Harvard studying health policy, he advocated the idea of an electronic medical record and supported direct payment of private providers for mental health care as a way of reducing the stigma for patients. Rigamer had also been aware of the dual agency issues created by the mental health program and supported the need to keep mental health records separate from general medical records—a principle that fell by the wayside in the early 2000s.

He also insisted on having MED become involved in overseas clearances for children with special needs and sought to professionalize the administration of MED by hiring a Civil

The Iran hostage crisis in 1979-1980 created further awareness of the need for psychological support for the Foreign Service.

Service executive director with experience in health care administration. These changes, along with his idea to move physician positions from European posts to some in the developing world, proved controversial, and Rigamer departed MED in 1996.

Meanwhile, the Iran hostage crisis in 1979-1980 had

created further awareness of the need for psychological support for the Foreign Service. On Feb. 14, 1979, 66 Americans were taken hostage by Iranian militants when Washington admitted the Shah of Iran to the United States for cancer treatment. Fifty-two of the hostages remained in captivity for 444 days.

State Department psychiatrists Drs. Rod Johnson, Esther Roberts, Pat Haynes and others devised and implemented a

USAID'S STAFF CARE CENTER

Recognizing that a healthy workforce is essential to increased productivity and employee recruitment and retention, USAID's Office of Human Resources launched the Staff Care Program in 2012. Staff Care aims to help every employee feel valued and to integrate resilience and wellness into the agency's corporate culture. Staff Care offers USAID employees a variety of programs and initiatives that fall under four primary pillars: work-life, wellness, the employee assistance-resilience program and the child care subsidy program.

- WorkLife4You is Staff Care's work-life component, providing employees and their dependents with valuable resources and expert guidance to help navigate their day-to-day responsibilities and life events. Services encompass everything from breastfeeding support to advice on schools and financial aid and elder care assessments to online discussion groups and discounts.

- The wellness component supports employees in their efforts to lead healthier lives through health risk assessments, running and walking groups, weight management programs and free access to fitness facilities.

- Staff Care's employee assistance and resilience program is intended to strengthen personal and organizational resilience, and includes services such as confidential counseling, legal and financial consultations, and specialized coaching and training to facilitate recovery after traumatic events.

- U.S. direct-hire employees whose total adjusted gross family/household income is \$89,900 or less, and who have children under age 13 or a disabled child under age 18, may qualify for the child-care subsidy program.

The Staff Care Center team includes licensed psychologists, clinical social workers and certified professional coaches. The center is located at 1101 Pennsylvania Avenue NW, Suite 531, Washington, D.C. USAID employees are welcome to utilize center resources or speak with its staff by appointment. Walk-ins are also acceptable. In addition, Staff Care runs a 24/7 telephone line that is available free of charge to both domestic and international callers.

—From the Staff Care website, www.staffcare.usaid.gov

plan for the response to the Iranian hostages. Ultimately, several of the hostages did, in fact, have a difficult time adjusting to life after captivity, and MED's response reinforced the value of behavioral health services.

Crises Highlight the Value of Services

In the wake of the hostage crisis, the mental health program expanded further. Overseas psychiatrists viewed themselves as reducing the need for medical evacuations and as having the ability to respond to crises in ways that psychiatrists covering the world from Washington could not. The department agreed and subsequently authorized the placement of four additional psychiatrists overseas.

During the 1980s, the newly organized RMO/P group faced yet another organizational challenge: the April 18, 1983, bombing of Embassy Beirut.

Though the Iran hostage crisis had been a huge event, it was a situation that lent itself to advance planning, and the psychiatrists and psychologists had expended tremendous energy in planning and implementing support for the hostages. The Beirut bombing was different: It was an unexpected catastrophic disaster with serious immediate health and mental health implications.

The Aug. 7, 1998, bombing of the U.S. embassies in Nairobi and Dar es Salaam put the demand for mental health services on yet a new trajectory, and the invasion of Afghanistan and Iraq in the early 2000s compounded the need for sophisticated services. (The story of this latter period requires its own separate treatment.)

As a result of the new pressures created by large numbers of people serving in warzones or in unaccompanied assignments, the need for mental health services in the Foreign Service is greater than ever. During the 21st century the RMO/P program has grown dramatically and now comprises some 50 licensed mental health professionals working under the umbrella of the Office of Medical Services. The overseas program relies on 24 career-appointment psychiatrists, most working in health units around the world, and five limited non-career appointment

social workers in high-threat posts such as Baghdad, Kabul and Islamabad.

The department's employee assistance program, ECS, has grown to eight social workers and one psychologist, all Civil Service employees working largely on the domestic mental health issues of the department. The Alcohol and Drug Awareness Program, the first of MED's mental health clinical programs, has three positions.

A Unique Program

The mental health program at the Department of State evolved in response to the unusual needs of the Foreign Service. The initial involvement of psychiatrists during the 1940s and 1950s was very much a Washington, D.C., phenomenon; the department used psychiatrists to treat personnel suffering

from psychiatric disorders and to render opinions on issues related to clearances.

The State Department drew from local psychiatrists in the Washington, D.C., area who worked as consultants to the department rather than employees until the 1970s. At that time, State hired its own mental health personnel—alcohol abuse counselors, social workers, psychologists and psychiatrists—who staff the

federally mandated substance abuse and employee assistance programs.

The increasing needs of stressed and distressed members of the Foreign Service during the late 1970s led to an initiative to place a Foreign Service psychiatrist overseas. Despite the fact that Foreign Service psychiatrists have proved themselves useful in a wide range of settings, the complexity of the mental health needs of employees and children in today's Foreign Service suggests the need for considering models of care that would include a widening array of mental health providers.

The department's adaptation of psychiatry to an organizational setting is unique in scope among the diplomatic services of the modern world; and whatever its faults, it represents a major commitment on the part of the United States government to the mental health care of the foreign affairs community. ■

Given the continuing need and the proliferation of new and more flexible models of care, MHS is poised to take new and innovative steps in the near future.

Mental Health and ECS—What You Should Know

The State Department’s Employee Consultation Services, a part of MED’S Mental Health Services, can help members of the foreign affairs community resolve workplace and interpersonal concerns.

BY CHANTAY WHITE AND PAULETTE BALDWIN

Employee Consultation Services can help members of the foreign affairs community resolve workplace and interpersonal concerns. ECS provides short-term counseling to individuals, couples and families. Requests for services often include workplace stress, work-life balance, strengthening relationships, elder-care concerns, parenting, anxiety, stress, depression, isolation, life transitions and grief or loss. Working in collaboration with our medical colleagues in the field, our goal is to support the health and well-being of America’s diplomatic community. We also offer services to Civil Service employees.

Chantay White, PhD, is a supervisory social worker and chief of the Employee Assistance Program with the State Department Employee Consultation Services. A Licensed Independent Clinical Social Worker with Board Certified Diplomate status, she has been in practice for 20 years. She previously served for two years as the State Department’s director of deployment stress management, after serving two years in Baghdad. She has 16 years of military experience with the U.S. Army and U.S. Air Force.

Paulette Baldwin is a Licensed Clinical Social Worker with 16 years of varied practice. In addition to service at the Walter Reed National Military Medical Center, she has served as clinical director of the Prince George’s County Mental Health and Disabilities Administration and as senior director for clinical services at Center for the Homeless, Inc.

Referral information for services outside of the department is also available when indicated or upon request. Here are some frequently asked questions and the answers.

What are some of the barriers identified by members of the Foreign Service to seeking emotional or mental health support?

The fear of being labeled or stigmatized as mentally ill remains a barrier to treatment throughout our culture, and the Foreign Service is no different in this regard. In addition, FS members tend to hold themselves to a very high standard. We often hear statements like, “I should be able to handle this. I’m educated, well-trained and speak many languages; I should be able to shake this off.” Many people perceive seeking help as a personal weakness rather than an act of courage, believing “I should just suck it up.” Challenges in life circumstances can happen to anyone. However, help is available so that no one has to suffer in silence.

What happens to my medical and security clearance if I consult with an ECS clinician?

The medical clearance and security clearance processes are two separate and independent actions. The purpose of a medical clearance is to identify specific health needs and medical conditions that may require specialty management, follow-up or monitoring. The goal is to enhance an individual’s well-being by improving access to care. The security clearance process is not specific to medical or mental health treatment, and Diplomatic Security does not have access to medical records.

Further, ECS clinicians do not document in the official medi-

cal record. ECS does not share information disclosed during counseling sessions with anyone for medical clearance or for security clearance purposes.

When completing a security clearance application (SF-86), the correct response is “no” if the counseling is related to strictly marital, family or grief not related to violence by you; to adjustments from service in a military combat environment; or being the victim of sexual assault. In addition, 3-FAM 4166 (c) reads as follows: “To the extent permitted by law, information disclosed to staff of the ECS shall be considered privileged and not subject to disclosure in administrative and judicial proceedings.”

The bottom line is that counseling through ECS is an independent procedure that does not directly engage medical or security clearance processes.

Do I really need counseling?

Life happens to everyone. No one is exempt. Everyone goes through difficult seasons and will experience stress, sadness, grief and conflict. When you are not feeling your best, it can be hard to know when to see a professional or whether you could benefit from some therapeutic intervention. You don’t have to handle your problems alone; the department offers resources. Anything that makes you feel overwhelmed or limits your ability to function can be addressed. An ECS clinician can offer a neutral, nonjudgmental space where people can process their thoughts and learn new strategies for addressing challenges. The earlier someone gets help, the easier it is to get through the problem.

How can counseling help me?

There are numerous benefits to participating in counseling. Counseling can help you to improve your mental well-being by enhancing problem-solving skills and promoting healthy coping strategies to manage anxiety, depression, relationship difficulties, grief, trauma and stress. Counseling can help you break unhelpful patterns; give you support and guidance; and suggest new ways to address parenting and family concerns, manage relationships and deal with marriage issues. Counseling can enhance your personal growth, helping you to develop skills to manage the stress and hassles of daily life. Counseling can help strengthen all of these domains in your life.

Are my sessions confidential?

Confidentiality is one of most important elements of our role

Many people perceive seeking help as a personal weakness rather than an act of courage.

as ECS counselors. The counseling relationship requires a high degree of trust because many topics are discussed in the counselor’s office that one would not freely or safely discuss elsewhere. ECS counselors maintain strict confidentiality (unless there is a danger to self or others, abuse or exploitation of a

child or elderly adult, or a threat to national security—the federally mandated exceptions). Confidentiality is extremely important to ECS clinicians.



The ECS team. Back row, from left: Paulette Baldwin, Kristin Scholl, Jackie Pouncy-Smith, Dr. Vivian Sheliga, Christiana Montimny, Johanna MacGillivray and Pollenetta Douglas. Seated, from left: Ellen Millner and Dr. Chantay White.

Am I required to take annual leave to receive ECS services?

Members of the foreign affairs community and other direct-hire personnel are not required to utilize annual leave to engage in services provided by ECS. Excused absence may be granted from official duty for up to two hours to allow an employee to use the service of a counselor provided by the department (see 3 FAH-1H-3461.4, Consultation with Counselors).

Does ECS provide services to members of the foreign affairs community overseas?

The regional medical officer/psychiatrist in each region should be your first point of contact for all mental health related concerns. ECS can supplement services overseas on request. ECS offers face-to-face, telephonic and digital video teleconferencing (DVC) services both locally and overseas. ECS also offers onsite workplace visits and management consultations on a case-by-case basis. ■

The Face of Mental Health Services Overseas

State's 22 regional medical officer/psychiatrists are the backbone of mental health support for the Foreign Service community overseas. Here is a closer look at what they do.

BY STEPHEN A. YOUNG

The Foreign Service Mental Health Services program encompasses a variety of domestic programs and responsibilities including employee assistance, medical clearances and medical evacuation coordination, among others. But the backbone of mental health support for the Foreign Service community serving overseas

are the 22 regional medical officer/psychiatrists (known as RMO/Ps) spread throughout the world, all covering multiple



Stephen A. Young, M.D., is the director of Mental Health Services for the Department of State. Originally from Boston, he attended Tufts University School of Medicine and went on to complete a residency in general psychiatry and a fellowship in forensic psychiatry at the Walter

Reed Army Medical Center. After leaving the military, he held teaching appointments at a variety of medical schools, including the University of Florida and the University of South Carolina. Dr. Young joined the State Department medical team in 2008 and has completed tours in West Africa, South America and Asia. He took over as the director of Mental Health Services in September 2015. He is married and has one daughter and a brand new granddaughter.

posts within their respective regions.

The RMO/Ps are an eclectic group. We are all required to be certified by the American Board of Psychology and Neurology and have at least five years of experience post-residency training to be eligible to join the Foreign Service. Some of us have additional training in child psychiatry, forensic psychiatry and addictions medicine. Our most senior member just retired after 25 years of service; our most junior member just this month began his first tour.

Like all Foreign Service employees, RMO/Ps are required to bid and cycle through assignments every two to three years. In recent years we have expanded, adding postings in Manama, Jakarta, Dakar and Bogota.

Three Main Functions

RMO/Ps have three main functions in the field: patient care, community education and assisting leadership with morale and problem-employee issues. Patient care varies tremendously, and in many cases the RMO/P is the only mental health provider available to the embassy community. We see children, couples, families and employees who may need anything from support with a supervisor to a prescription for medication. The availability of online pharmacy services has helped us tremendously with the latter, but problems still arise as certain medications are illegal

to possess in some countries even with a valid prescription.

Community education is critical, since many employees are understandably anxious about making individual appointments for the first time. Brown bag lunches, CLO presentations and community talks at schools all give employees the chance to meet and engage with an RMO/P in a more comfortable setting.

Assisting post leadership can take many forms, and it's an area that is always challenging—patient confidentiality is paramount. Our RMO/Ps must be especially mindful of privacy concerns in small missions where “everyone knows everything.”

Mental health issues can come into play in both the medical clearance and security clearance processes. Employees know this, and fear of how mental health care might affect these processes is one of the largest barriers to our ability to provide care. The reality is that seeing a mental health provider rarely affects either one.

Mental Health Care and Clearances

On the medical clearance side, mental health issues are treated just like other medical conditions. The medical records of employees who report a history of mental health treatment at the time of a medical clearance update are routinely reviewed, as they would be when reporting any medical problem or treatment. If there is a significant new diagnosis, medical evacuation or serious safety event, then, yes, the medical clearance may be revised, primarily to make sure that needed care is available at post. However, the vast majority of employee medical clearances are unaffected.

And, most importantly, seeking routine mental health care or making an office visit to an RMO/P—even though, like all doctor visits, it will be documented in the health unit record—is considered good health care that is encouraged whenever necessary and, as such, rarely affects the employee's medical clearance.



COURTESY OF STEPHEN YOUNG

State Department psychiatrists at their annual meeting in 2014.

Community education is critical, since many employees are understandably anxious about making individual appointments for the first time.

For security clearances, here is how the process works. When information regarding a mental health issue comes to the Bureau of Diplomatic Security through their security clearance investigative process, they refer the case to a specialized office within MED staffed by two psychologists who work only in this area (they do not provide care, have access to records, etc.). They review all cases referred by DS. (Note: Mental health treatment arising from marital, family or grief; service in a war zone; or being the victim of sexual assault, need not be reported at all.) Roughly 50 percent of the mental health related cases referred by DS are assessed

as so low risk that they are cleared at this phase without any further review.

In the remainder of cases, the psychologists may review records, interview the employee or perform psychological testing. However, no evaluation of any individual is performed without informed consent, and no medical information is released to these MED psychologists from the health units, Medi-

cal Clearances Office or private providers without a signed release. These psychologists do not work for DS—they are MED employees—and DS has no access to any MED records during the process.

In any given year, approximately 95 percent of all cases referred to the specialized MED psychologists are returned to DS with the

A DAY IN THE LIFE OF THE RMO/P

These vignettes are all fictitious amalgams of real life situations our RMO/Ps face every day. They require different kinds of skills. They represent complex issues that require complex decision-making involving multiple stakeholders. We work with many partners—our MHS team in Washington, D.C., our RMO and other MED colleagues, CLOs and post leadership—in an effort to find solutions that work best for everyone.

Situation 1

A young couple presents to the health unit with their 28-month-old daughter. They report that she met her developmental milestones on time over her first 18 months, but now they have noticed she has stopped babbling, does not engage with other children and does not respond when her name is called. They wonder if she has a hearing problem. This is their second directed tour and returning to the United States would be extremely difficult financially. The RMO/P strongly suspects an autism spectrum disorder. What to do?

Possible Response: The next step would most likely be a referral to a specialized center in the United States that has broad experience with pediatric developmental disorders. While obtaining the definitive diagnosis is critical, supporting and assisting these young parents as they navigate these troubled waters would also be a core element of the intervention.

Situation 2

Post One contacts the RMO/P at 2 a.m.; there is an urgent call from a regional post several hundred miles away. The RSO has been called to see an entry-level FSO who has made some superficial cuts with a knife on her arm. The RMO/P speaks with the employee and finds out that a relationship breakup and alcohol both played a role in the event. When the RMO/P follows up the next day, the employee minimizes what happened and adamantly refuses an offer of medevac, insisting that she is “fine now.” There are no local mental health resources. What to do?

Possible Response: Any RMO/P would have to manage the uncertainty of a patient who may be at risk, with the ultimate goal of building a relationship with her. Although it might keep her safer, if we push too hard we could alienate the patient from MED permanently. Post’s anxiety would also have to be managed, as their comfort with some degree of risk may be quite low. Ultimately it would be about negotiation

and trust-building over time to, hopefully, allow the employee to engage in assessment and treatment.

Situation 3

A couple presents to the health unit because they are “at the point of divorce.” The employee is highly idealistic, and rejects signs of wealth (an expensive car, family vacations) as “superficial” and inconsistent with her deeply held concerns regarding wealth inequality in the world. The spouse is a foreign national who grew up in poverty. He sees these things as a symbol of success and wants to provide them to his children as he never wants them to suffer the same deprivations he experienced in his own childhood. What to do?

Possible Response: The RMO/P would have to facilitate couples therapy, either in the office or the community. Cultural conflicts in relationships are quite common in our Foreign Service population, and often amenable to treatment. The challenge is making it happen when RMO/Ps are frequently on the road, and local culturally sensitive providers are not always easy to find.

Situation 4

In the RMO/P’s meeting with the front office during a regional visit to post, the DCM brings up a problem supervisor in the consular section. This supervisor is described as often angry with subordinates and colleagues, leading at least one junior officer in the section to seek a curtailment. The DCM has tried to confront the behavior, but the supervisor minimizes his impact and places the blame for the problem on his locally employed staff. The DCM requested the employee meet with the RMO/P during the current post visit, but he refused. Leadership reports there has been great anticipation of the RMO/P visit so that “something can finally be done” about this supervisor. What to do?

Possible Response: The RMO/P sometimes has to set boundaries on appropriate expectations from post regarding the limits of what we can do. Many behavior problems are human resource issues, and have little to do with mental health diagnoses. However, all RMO/Ps are well-versed in group dynamics, difficult people and problem office behaviors. Scenarios like this might lead to a brown bag lunch to discuss managing conflict in the workplace along with coaching and support of supervisors at all levels to address problem behaviors.

—Dr. Stephen A. Young

If there is a significant new diagnosis, medical evacuation or serious safety event, then, yes, the medical clearance may be revised, primarily to make sure that needed care is available at post.

recommendation that the mental health condition is not likely to negatively impact the individual's ability to hold a security clearance.

Special Needs

One of the most difficult areas for RMO/Ps is the Special Needs Education Allowance. Although the parameters for this allowance are determined by the Office of Allowances, MED has a significant role in the interpretation of the allowance language both in Washington, via our Child and Family Program, and by our RMO/Ps in the field. While the SNEA cables are issued by Washington, the RMO/Ps are the ones who know the family at post and are most familiar with local resources. Parents are occasionally frustrated with the process, which can feel unwieldy and unhelpful.

MED tries hard to get employees and their children where they want to go, but American-standard special needs resources are often difficult to find overseas, and they change constantly. For example, a post may have an excellent speech language therapist available, but that individual may be the spouse of another FSO, destined to leave post after two or three years. Keeping track of quality child education resources at posts around the world requires constant input from RMO/Ps, community liaison officers and parents.

Ultimately, like all MED providers, RMO/Ps work in challenging environments, trying to meet the needs of our patients in places where there is high stress and often limited resources. Every individual and family is different, so we do our best to tailor treatment recommendations to maximize access to care and minimize disruption. ■



The advertisement for AFSA Bookstore features a central collage of various book covers. At the top right is the circular logo for the American Foreign Service Association (AFSA). The books shown include titles such as 'RUMORS OF A COUP' by Ernesto Uribe, 'CHINA HAND' by Gordon S. Hightower, 'REWIRING REGIONAL SECURITY' by Robert Ross, 'AMERICA'S OTHER ARMY' by Nicholas Krass, 'CUBA' by George Gedda, 'GEORGE F. CANNAN' by Lewis Gaddis, and 'ESCAPING IRAN' by Mark Lijek. The text 'AFSA Bookstore' is prominently displayed in the upper right quadrant of the collage. Below the books, the text reads: 'Buy Books by FS authors through the AFSA website: www.afsa.org/bookstore'. At the bottom, a promotional message states: 'Start your holiday shopping now. Each purchase earns AFSA a 5-percent commission from Amazon.com on every item (books, CDs, toys, etc.) We invite you to bookmark the AFSA store, use the link and assist your association — and yourself!'.

Time to Heal and a Place to Thrive

One Diplomatic Security special agent offers his own case as a model for successful rehabilitation from mental illness.

BY RONALD HOLLOWAY

There were times when I couldn't face another day, and all I wanted to do was sleep. There were days when I was so euphoric that I behaved in ways I now consider very embarrassing. There were also dark days, when I thought the only way to provide for my family would be for them to collect my life insurance. And there was the day when, after my second hospitalization, I was diagnosed with bipolar disorder.

I like to think those days are behind me as I successfully manage a mental illness that severely limits the lives of millions of people in the United States. I was fortunate to have support from within my bureau, the Bureau of Diplomatic Security, to ensure my successful rehabilitation.

I do not know how many in the State Department have an experience with mental illness like mine, but the department should consider my rehab process as a model to be replicated.

Ronald Holloway, a Diplomatic Security special agent and member of the Foreign Service from 2002 to 2014, is a foreign affairs officer with the Bureau of Diplomatic Security in the State Department. The views expressed in this article are those of the author, and do not necessarily reflect those of the U.S. Department of State or the U.S. government.

Support Is Critical

I faced a crucible, but I didn't face it alone. Despite the nature of my illness, many supporters, including my peers and the Diplomatic Security Services director, believed that I could get better.

I was placed on limited duty, but I still came in every day and was treated with respect by my colleagues. During one particularly difficult time, my wife called on a Basic Special Agent Course classmate and close friend of mine to help get me admitted to the hospital. He responded without hesitation. His wife would go on to offer my family sanctuary at their home while I was hospitalized.

To heal from a mental illness and avoid slipping back you need a support network and a comfortable routine. I was fortunate enough to have that network—more so at work than anywhere else. When I returned to work from my hospitalization, co-workers kept the faith with me.

Whenever possible, my best friend and fellow agent called me from Afghanistan and Panama. Former classmates made it a point to drop by my cubicle to chat when they were in the building. I had fruit and chocolate every day with the office management specialist, which added structure to my life.

I consistently used the gym at DS headquarters to achieve new goals and get into the best physical shape I could. As the weight I had put on during my manic episodes disappeared, I gained more self-confidence and self-control. As my body improved, so did my mind: *Mens sana in corpore sano*—A sound mind in a sound body.

A Respectful Process

The several times I met with the DS psychologists, I was treated with respect, even at my weakest points. (DS agents not only go through background investigations but may also be required to comply with fitness-for-duty evaluations [FFDE] to help determine their continuing mental, emotional and neuro-cognitive fitness for duties requiring the use of special protective equipment.)

When the findings of my FFDE came back, and I was one of the very few agents found unfit for duty, I was given time to look for another position within the department. I was assigned a case officer in the Bureau of Human Resources' Disability and Reasonable Accommodations Division, which handles cases

for individuals looking for a new position or facing retirement because of a disability. The case officer helped me schedule a meeting to rewrite my resume and told me I needed to network and apply for jobs through USAJobs.

One of the first steps I took was to reach out to the DS Peer Support Group. The PSG, under the Office of the Director of the Diplomatic Security Service, helps DS personnel who have been through or are experiencing a crisis. The PSG has more than 400 volunteers from the bureau who have been professionally trained to provide support to those in need. They were an invaluable resource for me.

Through networking, word eventually got to someone that there was an agent who was about to be forced out on disability retirement or assigned a menial job at less pay. That person still saw value in me and felt that, given the right atmosphere and purpose, I could continue to contribute to the DS mission. He

offered me the choice of two jobs. I chose to become a foreign affairs officer.

Giving Back

These were just some of the people, resources and acts that helped along the way. While I would like to thump my chest and say I beat my illness on my own, that wouldn't be accurate. I

was certainly committed to improving every day, but I couldn't have done it alone. I still manage my illness, but I do so in an environment where my supervisor accommodates my needs and never questions my sick leave (even when it's at the last minute). My official work is engaging and offers opportunities for growth in areas I might not have been exposed to had I remained on duty as an agent.

I also have side projects that allow me to give back to the organization and stay involved with its development. I started a leadership and professional development affinity group on Corridor, State's in-house professional networking platform, called Tenet 6—a reference to the sixth DS Leadership Tenet: Build Great Teams. We have more than 100 members who share an interest in improving DS through knowledge sharing and collaboration.

I've also been fortunate to be included in the Resilience Working Group, which helps those interested in designing resiliency courses and learning a common working language. Just as the

To heal from a mental illness and not slip back, you need a support network and a good routine.

members of the group are diverse, so are their audiences. I'm designing a course based on my own experiences and personal study of resilience literature and am translating the concepts into a message that will resonate with my particular audience—DS special agents.

A Model for Care

I'll never know for sure if the patron saint of DS agents was looking after me, or whether my situation was a series of lucky events. But I believe that if everyone at State were treated the way I was treated—provided with a support network that offered hope, the right environment and new opportunities—the fear of admit-

If everyone at State were treated the way I was treated—provided with a support network that offered hope, the right environment and new opportunities—the fear of admitting that one is unwell would decrease.

ting that one is unwell or the fear of taking on challenging (and oftentimes dangerous) assignments would decrease. I believe that if we send people into harm's way we have a moral obligation to make sure they get the best help available before, during and after they need it.

If the whole department invested in those employees who are in crisis and created an environment where the ill could recover, we would be

a more resilient organization with a cadre of future leaders who, having overcome major life challenges, would have a greater sense of purpose, loyalty to the organization and wisdom to contribute to a stronger State Department. ■

AFSA'S CONSTRUCTIVE DISSENT AWARDS

For more than 40 years, AFSA has recognized members of the Foreign Service who have worked within the system to challenge and promote changes in policy or management to better enable the Department of State to advance its mission. Last year, four members of the Foreign Service were recognized for their constructive dissent challenging an existing policy by demonstrating initiative, integrity, sustained effort and intellectual courage.



Nominate someone for one of these unique awards:

- the Christian A. Herter Award for senior officers,
- the William R. Rivkin Award for mid-level officers,
- the W. Averell Harriman Award for entry-level officers and
- the F. Allen "Tex" Harris Award for specialists.

Deadline for nominations is Sunday, February 28, 2015.

Further information and nomination instructions are available online at www.afsa.org/dissent.

Pictured from left to right are Samuel Kotis, 2015 William R. Rivkin recipient; Thomas M. Duffy, 2015 Christian A. Herter recipient; and Amelia Shaw, 2015 W. Averell Harriman recipient.

Mental Health Services Check-Up: Foreign Service Members Weigh In

As part of our look inside the world of mental health care for the Foreign Service, we wanted to hear from members in the field. Due to the sensitive nature of the topic, and known concerns about privacy, we took the unprecedented step of offering to print comments without attribution. Almost everyone took us up on that offer. Each note below is from a different individual, known to the *FSJ*.

We sent out a set of seven questions, listed here. We received 45 responses from FS members in Washington, D.C., and overseas, some entry-level and a few retired, from the foreign affairs agencies, primarily State and USAID. The gender split was about even.

For space reasons, we are unable to publish all the responses in full, so the individual commentaries have been trimmed. Specific recommendations (primarily responses to Question 7) have been extracted and are presented in one place (see p. 44).

Based on the feedback, it became clear that issues relating to family members, and in particular children, require a separate discussion. We are therefore reserving the responses specific to mental health and special needs care for FS children for an article in a future issue of the *FSJ*. It is too important a topic to relegate to a sidebar.

The Questions:

1. Please share your experience with mental health issues and mental health care in the Foreign Service.
2. How do you rate the mental health support offered to members of the Foreign Service and eligible family members? If improvements are needed, please share your suggestions.
3. To what extent do privacy concerns have an effect on whether or not you seek mental health care?
4. To what extent do concerns about medical and security clearances have an effect on whether or not you seek mental health care?
5. Have you personally ever experienced a negative outcome from seeking psychological help or reporting a history of mental health treatment on your SF-86 (“Questionnaire for National Security Positions”)?
6. Are you satisfied with the mental health support provided for Foreign Service personnel heading to and returning from high-threat assignments (such as the out briefing at FSI and the Deployment Stress Management Program)? If you or someone you know has sought help for symptoms of PTSD, what was your experience?
7. What would you like to hear from management regarding mental health care in the Foreign Service?

—Shawn Dorman, Editor



Unusual Stresses and Dangers

Our work in the FS is unique and not well understood outside of our community. We face stresses and dangers most friends and family will never understand back home. That said, it is hard for FSOs to express themselves to colleagues they are living and working with without feeling they are revealing a vulnerability.

Only after serving in Afghanistan did several colleagues share how much mental hardship they endured during their tour. I am not sure the [foreign affairs] agencies truly appreciate the mental health burden some of our colleagues deal with; nor do they extrapolate that back to its impact in the workplace.

A safe environment needs to be formed for people to seek help without fear of recrimination. We are in the relationship business... healthy colleagues = healthy workplace.



PTSD: Pretending to be All Right

The mental health support offered is generally good, though there is room for improvement in helping members respond and recover after trauma and crisis. As a supervisor, I have been impressed with the skill, compassion and discretion of RMO/Ps in dealing with substance abuse and mental health problems.

I am concerned that the effectiveness is undermined by the predisposition of MED or RMO/Ps to recommend curtailment when treatment at post might be a good first step; this predisposition acts as a disincentive to report problems.

I myself was evacuated from post for PTSD and enrolled in the State Department's treatment program. The treatment was in the form of counseling sessions with a contracted provider. I have since reviewed the literature on PTSD treatment and recognize what the counselor was trying to do; but the counselor was not effective and the treatment, for me, was useless. Nonetheless, it became clear to me that my ability to secure a new medical clearance to go on to my next assignment was dependent on satisfying my counselor that I was "cured," thus validating his treatment.

I swore up and down that I was all better (when in fact I was not at all improved) and thanked everyone concerned for having helped me so much, and in this way I earned back my medi-

cal clearance and was able to head to my next post. Some years later, I consider myself recovered from PTSD, but I attribute that to time and the opportunity to rebuild my life and relationships, not to the counseling that I had to pretend was effective.



PTSD: Treatment Traumas

I was injured in a terrorist attack overseas. This was in 2004, before the State Department began to take seriously PTSD and mental health issues that develop as a result of high-stress, high-threat assignments.

Compared to 2004, a lot has changed for better and for worse. I was injured, medevac'd from Iraq, treated for my physical injuries and received counseling from someone the department recommended. Then, at my request, I returned overseas just a few months later to a hardship (though not "dangerous") post. I was glad they allowed me to return to work abroad so quickly—I think it was helpful to my recovery.

I struggled with PTSD in my onward assignment, but did not seek treatment. I should have. I resisted because I was concerned that seeking treatment would result in bureaucratic hassles and threats to my medical clearance. Also, my illness caused me to resist doing anything that brought additional attention to me, which seeking help would have done. Privacy concerns have had a huge effect on whether or not I seek mental health treatment (or any other kind of medical help) at post.

Gossipy family members should not be given positions in medical units where confidential medical information on embassy staff is handled. I don't have this concern with our direct-hire medical staff, but they need to be careful who they hire and what kind of access they give to uncleared family members with no experience in the medical field or in handling medical information.

My continued use of medication (left over from my PTSD diagnosis) has had no impact on any clearances. Although my experience was not bad, I hated having to answer questions about my PTSD more than five years after I had recovered. Don't let it be a red flag every time clearances are renewed if it doesn't need to be. Dealing with the bureaucracy after having sought mental health treatment is itself enough to cause PTSD.



Breaking Taboos

I was serving in an isolated post and having trouble at home. My wife and I were arguing constantly, and things seemed to be falling apart. So when our health unit advertised the visit of a regional psychiatrist, I signed up.

Then came the medical clearance renewal form: Have you consulted with a mental health professional? I checked yes, and said I had felt depressed over the state of my personal life. Six months later, as I prepared to depart for my new post, I received word that my medical clearance was on hold. I was angry, but there was nothing to do but acquiesce to a series of meetings with MED's Mental Health Services.

This was a breakthrough experience. First, I realized MED/MHS was trying to make sure I really was OK. Second, I learned a few things about myself. Anger had been part of the problem with my marriage and my life in general. There were some root causes going back to my youth that I fully understood. But an experienced counselor was able to walk me through ways other people have dealt with that.

To say it improved my life is an understatement. In the end, I went to post on time. For a few more months, MED/MHS kept tabs on me, and then they signed off. Since then, I have been a big supporter of MED/MHS.

More and more officers understand the need to deal with mental health as just another medical issue. However, we still have too many officers who treat mental health counseling as taboo.

Senior officers, in particular, need to set the example by ensuring that their employees understand that a mental health issue, like any ailment, is best addressed early. Until they do, we will all still sign notes like this as... *Anonymous*.



Attitudes

I started taking a light dose of an anti-depressant after a difficult break-up that happened shortly before I left to go back overseas. When I arrived at post and met with the regional medical officer, he advised that I stop taking anti-depressants, because they "weren't a good thing." I told him that it was helping me to feel better and sleep regularly. I really dislike the attitude of the State Department toward mental health care and treatment.

Here's another example: During a rough patch in a relationship, my partner and I sought couples counseling. When my security clearance was up for renewal, I was grilled by the investigator regarding this counseling. I had to defend myself for wanting counseling, and the harsh and critical tone she took for me wanting to do what I needed for my relationship was upsetting. I got the clearance, but it was a stressful process.



Denying PTSD to Preserve Security Clearance

Services for family members have improved considerably, but much remains to be done. Concerns about possible adverse impacts of mental health issues on employees or families are justified.

After service in Iraq, there is no doubt in my mind that I suffered from PTSD. Now (several years later), I see my symptoms as both classic and obvious. At the time I was suffering, however, I hid my symptoms out of fear that knowledge that I suffered from PTSD would harm my career. That concern was heightened by the intense questioning I endured by a Diplomatic Security agent conducting a security clearance update when I was serving in Iraq.

When it became known that I had sought mental health care, I was hassled and forced to repeat the content of a private discussion with a mental health professional to a DS agent with zero mental health training. I found the entire episode both distasteful and inappropriate.

According to the agent, because I was having a "special" security clearance update done (I was up for a chief-of-mission slot), I was required to tell him what I discussed with a State Department mental health practitioner. When I objected, he said my clearance would be held up "for at least six months and probably longer" since someone at DS would have to review my objection, refer it to lawyers for an opinion, etc.

He made it clear that failure to answer all of his questions about my conversation with a mental health professional would negatively impact my career. This experience led me to deny having PTSD symptoms during a post-service interview.

Concern over mental health issues was one of the factors that led me to take early retirement. (Shortly after retirement, I began seeing a mental health professional.) I do not "blame" the Foreign Service; these were my issues to deal with, and

there were many factors well outside the control of the Foreign Service.

In retrospect, however, I denied myself help because I feared being seen as “weak” or having mental health issues would have derailed my assignment. I do know a number of people who were treated for PTSD while and after serving in a war zone. Most reported good things, but some complained of their treatment derailing an assignment or delaying paneling.



Class 2 Medical Clearance

I do not rate the mental health support for members of the Foreign Service very high. I called ECS from post and spoke to a back-up social worker for my region. He was fairly rude, as if contemplating divorce was not a big issue.

My spouse and I sought mental health support from the RMO/P, and ultimately we were both sent on medevac—not my choice; my FS tandem spouse did not play nicely, and adequate mental health resources were not available at post. My marriage was deemed volatile, and given that we did not have positive support from State MED or my post, we both ended up curtailing.

In the process of renewing my MED clearance in 2012, I was open about my weekly, then monthly, private therapist meetings due to my recent divorce. I told MED that I’d set up the possibility for continued support via Skype when I went to post along with my prescription for a low dosage of an anti-depressant/anti-anxiety medication.

My mistake—I was told by MED that I’d be given a Class 2 because of seeking continued therapy. I thought that showing that I’d made arrangements for my mental health would ensure a Class 1, but instead that’s what gave me the Class 2.

Geez, why be honest with MED—it could have cost me my assignment. Fortunately, my onward post could support a Class 2 because there was an RMO/P at post. I would appreciate it if management understood that employees doing the necessary to care for their own mental health should be recognized. I was no danger to myself or others. What about the cost to the department if my assignment had been broken?

I will seek mental health care as needed, but I will not be forthcoming with MED about it. I have no worries about my DS security clearance because the investigators have been quite clear that seeking therapy for PTSD or marital types of issues does not need to be reported.



Mental Health Care Stigma

As a second-tour officer coming from the private sector late in my career, what I have found most surprising about the Foreign Service is the traditional culture within the department surrounding mental health care. Although the department has the infrastructure and mechanisms to support such care, the cultural attitude among officers is entirely different.

During training, I heard A-100 colleagues’ advice from friends who had been in the diplomatic corps longer to never reveal mental health services for fear of security clearance risks. And over the past few years I have witnessed several colleagues try to bury or cover up issues rather than seek help for that same reason. The career can be demanding for dependents, challenging for officers, stressful and even overwhelming at some posts; and, unfortunately, the cycle of rotations encourages employees to just grin and bear it until the move.

Through my own family’s experience, I have found the professionals within Mental Health Services at State to be responsive and informed. However, I do not believe this trickles down to all posts, and there remains a lack of clear understanding about the effects on clearance.

I saw this misunderstanding most evident at AFSA, where it was assumed that DS had autonomous power to pull clearances. Clearly DS is not very transparent. But rather than provide more services, State needs to educate officers in writing about the real effects of receiving mental health care on the clearance. Without this, we may continue to see stressed-out managers venting their stress on subordinates who fear seeking help or taking action without tenure.



Concerns about Privacy and Security Clearances

Considering what a stressful job this is, it’s too bad it’s so difficult to get help.

I have been ordered twice to meet with a visiting regional psychiatrist—once when my colleague was murdered, and once when my house was broken into and my family lost \$8,000 in personal possessions. I didn’t find these counseling services all that useful.

The only time I met with an FS mental health professional of

my own accord, it was very helpful. The therapist helped me put things into perspective and greatly assisted in my recovery from a short stint of depression.

Privacy concerns: Even filling out this survey without having true anonymity (you can see my email address) makes me nervous. The worst part about seeking mental health care is knowing that DS will ask if we've sought mental health care when we renew our security clearance every five years. I met with a therapist who told me he never wrote anything down because all of his FS clients were terrified of getting caught seeking assistance for their stress-related problems. It's sad.

Concerns about security clearances have a big effect on whether or not I seek mental health care.



Recovering from Trauma

I experienced a personal trauma, and my supervisors and post leadership were terrific. But I found our mental health professionals overseas inadequate to the job. I do not believe they are prepared to deal with grief, certainly not traumatic grief. If you appear to be functioning, they will basically ignore you in favor of more squeaky wheels.

I feel that if I had declared myself an alcoholic I would have gotten more attention from MED than when I was traumatized and sat in my office working, feeling like an isolated zombie.

A professional should come to post to see individuals who have experienced serious trauma. We had compounded trauma, yet all we got were phone calls in a place without adequate local English-speaking psychological support.

I am not concerned about my privacy for something like grief. If I had depression or other mental health problems, I would never see a State Department medical practitioner. I would curtail if overseas and see someone private in the United States.

I would never tell Diplomatic Security or MED about outside mental health services, but would seek the help I need. I am an honest person, but in this case I feel that State should do with mental health what they do with physical health—a spot assessment every few years for suitability for service abroad—and leave it at that. There's no need to find out if I have ever sought counseling, any more than if I have ever broken a bone. The question should be whether I am on medication now, whether I need help and, if I do, whether I get a Class 1, 2 or other type of medical clearance.

Once I accidentally ticked the box stating that I had received mental health counseling, then explained that it had been many years ago and strictly family counseling. Still, I was forced to get a statement from my medical provider that I was not under care for a mental health issue. I argued that perhaps I should get my doctor to tell them all the diseases and illnesses of the body I also did not have.

I certainly suffered from PTSD as a result of my trauma and feel that no one from MED could be bothered as long as I showed up to work. I am not functioning at my best now, but I am functioning, so I suppose that's good enough.



Self-Medicating

Although I have not personally experienced a denial of clearance, I was concerned during the clearance process about questions regarding anxiety medication I had taken during some personally stressful times in our family from a loss of one income and a cancer diagnosis.

Once I joined the Foreign Service, I could easily understand why there is an impression that the Service has an alcohol abuse problem—it's self-medication that is easy to hide from a clearance process. I find that distressing and disturbing and extremely unsupportive.



Avoiding Care

Because I have known other employees who had difficulty with their security clearance updates as a result of seeking mental health care or counseling, I have always avoided seeking mental health care. Doing so would require that when my security clearance renewal was due, DS would require me to obtain information from the health care provider and would want to know what happened. It is an additional administrative burden that I do not need, would not be something that I would want to talk about with an investigator, and it would undoubtedly slow down the process.

Despite former Secretary of State Hillary Clinton's message a few years ago telling employees that their clearance will not be affected by seeking mental health treatment, that is not what happens in practice. DS investigators zero in on this, considering it a red flag, as if mental health were any different than

physical health. The investigator does not need to know if I have had counseling or treatment for most mental health matters.

In my opinion, mental health treatment is a medical issue and should be dealt with through MED channels and in the medical clearance process. It should not be part of a background check. For serious behavioral issues, MED could make a determination to refer matters to DS. If this change were made, I would be much more willing to seek mental health care.



USAID's Staff Care

The lack of mental health support is a big downside to the Foreign Service. A few years after joining, we realized that my husband suffered from an anxiety disorder. We were wrapping up one overseas tour and about to move to an even more isolated and poor country for my next tour. It felt lonely and difficult to have to figure out his mental health needs in countries without adequate English-speaking care available.

When I spoke with the visiting regional psychiatrist about my husband's mental health needs and the possibility of getting him anti-anxiety medication, his response was that my husband shouldn't have been medically cleared to come to post. This response was unhelpful: it did not provide me with the information I needed to help my husband, and it did not make me feel safe to get my husband the help he needed. Also, the regional psychiatrist only came to post once during my two-year tour, not an adequate number of annual visits.

My husband was eventually able to get medication, thanks to the embassy medical officer. ...In addition, we explored the option of talk therapy. ...I was disappointed to learn that the Foreign Service Benefit Plan would not support Skype or phone therapy.

Our saving grace has been the Staff Care services at USAID. Through Staff Care, my husband was able to receive Skype therapy, and we were able to receive Skype couple's therapy—mental health challenges take a toll on spouses and families too! It has been an invaluable resource and the main type of mental health support we have received.

After being in Washington for a while, I am bidding on overseas posts again, but I am nervous for my husband and his ongoing mental health challenges and worried about the impact on my family's clearances that seeking mental health care for my husband could have.

No matter what management says about the importance of

mental health, if there are no real changes, then the Foreign Service will continue to be an ineffective and unsupportive mental health environment.

Thank you for dedicating an issue to this topic.



Curtailment: One Size Fits All

The Foreign Service should offer more access to social workers and counselors for officers and their families overseas. At smaller and isolated posts there is little privacy and few people to talk to about your problems. Often it's not the stresses of the job, but issues associated with living overseas, problems with a supervisor or disappointments during promotion and bidding season that wear on you.

There is no one outside the embassy to talk to, and these are not the kind of issues for the community liaison officer. A visit by the regional psychiatrist every couple months for a day or two is completely insufficient. You also do not know who the regional psychiatrist's client really is: you or the State Department? Does a psychiatrist see you as a patient who needs help or just a problem for the Foreign Service best remedied by removing you from post? Those of us overseas would benefit from counselors without having to resort to the regional psychiatrist.

I would not seek assistance from post's nurse or a regional psychiatrist for a mental health issue out of fear that any discussion of such a problem would immediately be relayed to the management officer and then to the front office. And then you can lose control over your job and career.

A colleague who went through a difficult personal time at post raised this with a regional psychiatrist, was curtailed and sent back to D.C. against her wishes. No attempt was made to deal with the mental health issues at post or to comply with the officer's desires to address the problem. Curtailment is the one-size-fits-all solution.



Unprepared for PTSD

My experience with mental health care at State was that they were completely unprepared to deal with someone with PTSD symptoms abroad. My regional psychiatrist in coordination with the embassy doctor took quick action to get me

back to D.C., but from there the entire process was riddled with problems and was extraordinarily disappointing. I've never felt so abandoned.

At the time, MED was contracting with a facility that had no established contacts to assist State employees dealing with PTSD or any understanding of the Foreign Service working environments. (Even the regional psychiatrist was stunned that there was nothing in place.) I was placed in an outpatient facility that specialized in dealing with patients transitioning from a 24-hour in-hospital mental health care facility. It was a locked-in day program. On the first day I knew this wasn't what I needed. I was told to give it a try for a week as an evaluation. Multiple medications were prescribed and a sleep study was ordered to rule out any physical problems for the sleep disruption.

At the end of the week, I again asked for a different treatment option. Again I was told to stay. Mental Health Services left me there for another week—a total of three weeks—at considerable cost. The facility knew that there was nothing they could do for me. I eventually found a psychiatrist to help me, and MED agreed.

Throughout the ordeal, I had been encouraged to curtail, so that I could return to D.C. for long-term treatment. I translated this to mean: "Curtail and then you won't be our responsibility."

I did return to post. I was still having most of the symptoms, though some had decreased after working with the PTSD psychiatrist. My sleep problems continued to the point that I was having trouble getting up in the morning to go to work. Needless to say, this was causing problems with my boss. I felt I wasn't going to get better while still working for State, so I opted to retire.

Apparently I was the first person to be sent to D.C. from post for a PTSD evaluation. State didn't seem to think there was a problem with PTSD. (It's not that no problems exist; but after being separated from family for more than a year, most people do not want to self-identify a problem that could potentially result in a curtailment and disrupt their families' lives again.)

MED had assured me that everything would be reimbursed, but I later learned that because I was not hospitalized, many of my expenses would not be reimbursed. More troubling was that after more than a decade in war zones, MED's regulations for reimbursement had never been updated to deal with the realities of our work environment.

The mandatory out brief improved between the time I returned from Afghanistan in 2007 and 2012, when I returned from Iraq. However, both times I was told that the symptoms in

the PTSD questionnaire are normal for six months and not to worry unless they persist. (And I was offended when taken aside after the briefing and asked how pervasive I thought infidelity was in Baghdad.)

I understand that State had determined that performance levels of employees returning from war zones decline. Knowing this, I do not understand why more wasn't being done to understand the link with PTSD.



Coping with PTSD

During my first tour, I was diagnosed with PTSD and medevac'd for treatment. My symptoms were so severe that I spent a month hospitalized and from then on worked with a therapist on a weekly basis. During the onward assignments process, MED refused to consider my needs as identified by my therapist, instead assigning me to a post where there was no one in-country who could serve as an appropriate psychiatrist.

There, I raised an issue of concern with the health unit nurse, who in turn shared it with the management officer, who then told my supervisor that I was "nuts." This was not only a violation of my privacy; it reflected total ignorance on the management officer's part of what PTSD and its symptoms are.

I continue to go to therapy. I have been tenured and promoted. I recently became engaged. In other words, I have learned how to cope. However, I did all this with no support from the Foreign Service, which instead stigmatized my condition and assigned me to posts that were inappropriate for me at the time.

I would like to hear an apology from management and a promise to treat other officers with mental health needs with care and concern.



We Need Privacy

State medical care has been fantastic, except for one regional psychiatrist, whom I won't name for fear of retaliation. Due to the incompetence of that doctor, we were forced to seek psychiatric care locally. Luckily things have worked out; but it is a shame that a bully is in such a position to deal with mentally ill people.

My biggest complaint is the lack of confidentiality due to

the physical setup of overseas health units for mental health patients. The health unit willingly sets up appointments for visiting regional psychiatrists, but there is absolutely no way to keep these visits confidential given that everyone knows when the psychiatrist is visiting and the person is required to either wait in the hall outside of the health unit or in the reception area in full view of everyone else with appointments with the doctor.

This does not encourage people to seek help. There must be a better way.



Medevac for PTSD

I had to be medevac'd out of my first assignment due to mental health problems related to work and entered a treatment program in coordination with MED. I have since exited the program and moved on with my career.

I would rate the mental health support at 3 out of 10, with 10 being the best. Working in a high-stress post that was not a “high-threat” post, my colleagues and I were given limited support in a time of crisis. Further, MED was unwilling to cover full treatment for my condition due to the situation, and my psychiatrist believes I should have had further therapy before coming back to my job.

MED was unprofessional when it came to extending the length of the treatment program I was in and did not refer me well to an available psychiatrist. I saw it as a betrayal by the institution I have worked so hard for. Improvements to the medevac system, as well as more training for MED, might mitigate these issues.

Many of my colleagues cautioned me not to see a psychiatrist or therapist because of clearance concerns. However, I strongly recommend that if colleagues have problems, they go for treatment. Your mental health is just as important as your physical health and is necessary to do this job.

I hesitated for two days after a panic attack to seek medical attention because I was concerned about my privacy and security clearance. After feeling like I was having another one, I sought medical help. Security clearances had a profound effect on my decision, primarily because I was a first-tour officer. I did not want to ruin my career.

I have only just been diagnosed with PTSD, but now that I've had it, I'm noticing it in other people who have been to non-“high-threat” posts.



Security Clearance— Checking That Box

We have had incredible medical staff at all our posts (five). We have had to use them for all sorts of odd medical stuff, and have been 100-percent satisfied. Top-level, smart, caring, hard-working, conscientious...or we have been extremely lucky.

However, I had three bouts of depression during these years with State that were related to stress at work and not having time to properly take care of myself after caring for family and work. I learned my lesson and now put my health and well-being first (i.e., ensuring I have daily exercise, eat well, meditate, etc.), but that doesn't always jive with certain elements of the department. The culture does not lend itself to putting ones' health first, unfortunately, and all depends on who is in charge.

After the second bout, I coincidentally had to renew my security clearance and made a conscious decision to admit to the illness and subsequent medication. It was horrible. I spent an inordinate amount of time dealing with MED in Washington, and then DS, explaining, justifying, verifying, goodness knows what else, all while on home leave between countries. In the end, I answered all their questions, filled out all the paperwork, did all the “visits” and evaluations that were required, and did get my clearance renewed. Needless to say, I'm not doing that again. Did I say it was a nightmare?

I also have dealt with some odd-ball psychiatrists in the State Department; one had anger issues and displayed inappropriate behavior in public forums. So I have not had a great experience with the State mental health professionals, who do not seem to be of the same caliber as our GP doctors and nurses.

There needs to be more focus on mental health issues in the Foreign Service, less stigma and more work on the conditions that make life stressful. I don't just mean in war zones—I mean bosses who yell and scream, as well the pressures put on people to excel, work extra hard, all so that they can, maybe, get promoted.



Kafka-esque Bureaucracy

Let me laud the Special Needs Education Allowance program. State has provided a level of cognitive behavioral therapy to my mildly autistic son that staggers the imagination. His prog-

ress has been the topic of psychiatry seminars, and the funding for therapy cited as a large contributor to the equation for his success. Without this support, I would have had to drop out of the Foreign Service. Thank you.

In order to join State, on account of having seen a psychiatrist in the past, I had to visit a State psychiatrist. Having worked with people I would call “out of touch” with their psychiatric issues, I explained how ironic I found the fact that a raging psychopath with no psychiatric treatment would have no problem getting a job at State, while a mildly depressed guy in treatment has to be screened by a psychiatrist.

If mental health is a criterion for employment, all new hires should be screened accordingly. Otherwise, only those responsible enough to identify an issue and seek treatment will be screened out, to the detriment of the Foreign Service. I am now a Foreign Service old-timer and can say that, in spite of the often Kafka-esque bureaucratic mire we wade through, this is a fantastic workplace for a mildly depressed guy in treatment.

Regarding treatment overseas, and its maddeningly inconsistent effect on clearances, I could say a great deal. I could tell disheartening stories about my spouse, who received life-threatening, actionable malpractice from bad RMO/Ps. I could tell uplifting stories about RMO/Ps going above and beyond the call of duty to provide exceptional care. But I’m sure similar stories will make their way to AFSA through this effort.



It’s No Joke

The first MED-directed mental health intervention that was provided in Tripoli after the Benghazi attacks on Sept. 11, 2012, was a video conference in April 2013, conveniently less than a week before the Director General arrived for a visit to Libya. Prior to that, the only service provided was a discussion with the nurse about “fostering resiliency” several months after the attack...hardly a useful assist.

The half-day course for those returning from hardship posts is a joke. I took it after my first (!) unaccompanied tour (UT), and both the instructor and some of the other students made fun of me for enrolling, since at the time my tour was seen as one of the “cupcake UTs,” without an active war going on outside the embassy walls. I refused to take the course after my second UT. No one from HR or my bureau asked if I’d taken it or even how I was doing after the second UT.

An RMO/P made fun of some of my coworkers in a high-

stress, high-threat post that happened to be a popular destination for American tourists. He told them that they had no idea what serving in an actually difficult post was like, comparing it to the regional city where he was based. Never mind the fact that almost every person at that highly desirable but still challenging post got there via a tour in Iraq or Afghanistan.

I have neither respect for nor faith in MED’s mental health efforts. As long as MED is staffed with people who see mental health as an inconvenience, supported by State leadership (from the very top down) who barely pay lip service to mental health and a work-life balance, there’s no hope for anyone who suffers in the aftermath of an emotionally catastrophic tour abroad. At least there is solidarity among those who survived terrible times abroad.



On Managing Grief

I obtained grief counseling after my husband of 25 years passed away quite suddenly. The counseling was tremendously helpful. I worked with an excellent psychiatrist who covered more than 30 countries. There were times when I needed very much to see her but she was unavailable due to her work travels.

I am grateful for the mental health assistance available to me. If it weren’t for grief counseling, I would have qualms about seeing the RMO/P, because I’d need to disclose this in the five-yearly security update. And while that disclosure might not affect my security clearance, I still think there’s a stigma attached to the fact that I needed mental health assistance.



Access to Services

As a veteran of two priority staffing post (PSP) tours—one in Iraq (2007–2008) and the other in Afghanistan (2013–2014)—my experience with transition support has been abysmal. Just getting authorization to attend out briefings and to access mental health services was impossible. At the end of my tour in Iraq, the department had just gone out with a cable requiring all officers returning from PSP tours to return to Washington to participate in the then-new out-briefing program.

When I approached the HR office in Baghdad for orders

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Tackling Mental Health Care Issues

RECOMMENDATIONS TO MANAGEMENT FROM MEMBERS OF THE FOREIGN SERVICE

❖ I would like to be reassured that mental health care will not negatively affect security clearances, and that management understands and appreciates the benefits of mental health care and genuinely encourages people to receive the help they need.

❖ I would like MED to give a credible guarantee that self-reported mental health symptoms will not negatively affect clearances and assignments; in the absence of this guarantee, the disincentive to report will remain irresistible.

❖ I would not only like to hear, but I would like to see evidence that management will not allow the seeking of mental health care to burden the medical clearance and assignments process for years to come.

❖ I would like management to be more vocal on the subject. Only when we can talk more freely can the mental health of FS personnel and their families be improved.

❖ Mental health care in the Foreign Service is exceptional, thanks to MED's company of regional psychiatrists and the Employee Consultation Service. I have benefited from their help, and I have four recommendations for improvement: (1) More licensed clinical social workers to work in large posts and cover regions throughout the world; (2) More psychiatrists assigned to smaller regions so they do not need to worry about their own mental health; (3) A commitment to deal with unrealistic goals and consequent unrealistic workloads on employees that lead to excessive stress, anxiety and depression; and (4) Vigilance on the part of State Department executive management to combat the excessive bullying and hazing caused by inexperienced DCMs and other managers who don't uphold the values of human dignity and respect.

❖ I would like to hear that it's okay to seek mental health care, and that we have nothing to fear in terms of losing our security clearances and, thus, our jobs.

❖ During security clearance reviews, interviewing agents for DS should be forbidden from asking about mental health issues. If such questions need to be asked, they should be handled directly between mental health professionals and patients.

❖ Research has shown that some of the most intelligent, creative people are also those most vulnerable to mental health issues. It would be helpful to reframe mental health issues as not necessarily a series of illnesses to be stigmatized but indicative of a type of "cognitive diversity" to be recognized and managed within our oft-trumpeted "diverse" Foreign Service. Also, we must support people in a holistic way in this career path, because it isn't a normal 9 to 5 job. We essentially live at our work sites by being assigned overseas.

❖ I would appreciate it if management understood that employees doing the necessary to care for their own mental health should be recognized, evaluated fairly and not simply slapped with a Class 2.

❖ I would like to see examples cited over and over again of people who have sought mental health support who have not been hassled by DS. I have only heard the opposite.

❖ Employees and their families need to hear there is high-level commitment to meeting their mental health needs without impeding their ability to maintain a clearance. The constant transition of leadership in MED/MHS and MED has resulted in abrupt changes in interpretation of roles and focus. Families are frustrated by the lack of communication and explanation of policies. The evasive attitude toward youth mental health is not helping to destigmatize the topic, nor does it demonstrate the department's commitment to the well-being of its personnel and their families.

❖ I would like to hear that State will implement additional support for FS families focused on ease of access to appropriate mental health care from English-speaking providers and more general emotional/therapeutic support for couples, singles and families overwhelmed by the transitions—perhaps incorporating online counseling (such as Skype).

❖ The Foreign Service should adhere to the same standards of privacy and professionalism as other U.S. mental health care providers and, given the number of officers exposed to trauma, should train managers to respond more appropriately.

❖ I would really like to see the department take substantial measures to assist with mental health care. At FSI, we had a presentation about “resilience,” which now seems to be a buzzword; but it takes more than holding meditation sessions to provide a healthy working environment. Mental health is one reason why I might be seeking to separate from the Foreign Service, and it seems like making substantial steps in this area would help retention.

❖ The Foreign Service Benefit Plan should support Skype or phone therapy. The regional psychiatrists should visit embassies more often and be empathetic about people’s mental health needs rather than threatening to revoke medical clearances. They should also follow up with people who do require medication and be more available as a resource for them.

❖ Regarding PTSD, I have four recommendations: (1) Use a more extensive screening checklist for PTSD as part of the regular physical exam, and do not allow it to be waived; (2) If the screen shows potential PTSD, MED should reach out to the individual at six and 12 months post-assignment; (3) Update regulations for mental health evacuations, allowing for reimbursement. (People are hospitalized only if they threaten to harm themselves or others, which is not normally the case. Treatment needs to be reimbursed and followed up for a year as with a regular medevac); (4) Inform FS members clearly on the current policy, in particular the difference between medevac and medical curtailment: Medical curtailments do not allow for reimbursement of medical care.

❖ I’d like to hear that MED is hiring more psychologists and giving them adequate support, training and resources. And I’d like to hear that we’re dealing with how our management styles can contribute to our stress and hold us back.

❖ Out briefings and support for issues like PTSD, anxiety and depression should be addressed not just at FSI, but also at post. It would help to reduce the number of people who reach a point of crisis like I did.

❖ Before seeking assistance from the State Department for a mental health issue, I would want to see State’s policy on the following in writing: (1) Are discussions with the regional psychiatrist confidential, and what are the psychiatrist’s obligations to the patient and to the department? (2) What, if any, parts of the session must a regional psychiatrist share with post’s Front Office? (3) What mental health issues will result in a curtailment from post? What types of mental illness are relevant to a security background check? (5) Does ECS not serve family members?

❖ Top-level managers need to do a better job of managing the managers. And they need to do a better job of assuring real RMO/P coverage—not just fly-ins every few months. They should also ensure patient privacy is respected. Having the RMO/P out brief with the ambassador and DCM present does not inspire trust. The department should find ways to provide therapy services to patients overseas—studies have shown apps and online therapy can be just as useful as face-to-face therapy.

Finally, mental health needs to stop being a joke (“That guy needs some happy pills” or “He’s going to be wack-evac’d”). In an organization where our job is not just a lifestyle, but almost our entire life (e.g., your employer owns your phone, your house), our employers have an extra responsibility to ensure that we actually do have a balance between our work and our life.

—Compiled by Shawn Dorman

Note: Each recommendation is from a different individual among those who shared their views with the FSJ.

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to return to post via Washington (to attend the mandatory program), I was informed that since I had performed my year of service in a temporary duty (TDY) status (due to my decision to leave my family at post rather than relocate them to the United States, as permitted), the policy did not apply to me. I was to return to post directly and have the RMO/P in the region conduct the out brief. It took almost four months after I returned to post for the RMO/P to find time to do so.

Five years later, on returning from Afghanistan the same thing happened: Since I had performed my service TDY, I was not allowed to return to Washington to access services, but told to go forward to my next assignment. Once there, months passed before I was screened for PTSD or other issues.

In both cases, I really wanted the chance to access the counseling services offered only in the D.C. area. In both tours, I did not serve in the embassy but at remote outposts with the military and had a much different experience than the majority of Foreign Service members assigned to these theaters.

These experiences have left me very frustrated with the system, which I believe has done an admirable job of recognizing the issues and providing resources, but has not solved the HR and other roadblocks to actual access to these resources.



Serious Help

While serving overseas, I became extremely unwell. I suffered from a massive clinical depression that was almost the end of me. I also had powerful, unmanageable surges of energy and was drinking heavily to self-medicate. Knowing I needed help, I went to the health unit, and they suggested it was a thyroid problem.

I was scheduled to go on R&R, and the post doctor thought it a good idea to check in with State MED on my way. There, after a 10-minute discussion, they informed me that I had bipolar II disorder (BPII). Apparently there had been a lot of back and forth between post and State MED about my condition, of which I was unaware. Receiving such a diagnosis so quickly was a shock. I remember thinking, "Do you have a handout here about BPII? A flyer, perhaps?"

State MED sent me to a psychiatrist who told me I needed to be admitted to a psychiatric unit in a Washington, D.C., hospital. That was scary, but after calling friends and family, I decided that I had better do what State was recommending.

During a week in the psychiatric ward getting medication and having my blood levels checked, I read everything I could about bipolar II disorder and realized that MED's diagnosis was correct. After my discharge from the hospital, MED informed me that since I had been hospitalized, I was not allowed to go back to post and would have to work at Main State. Unable to return and pack out, my dear friends at post took care of that. They also sold my car for me.

I went to California on leave to see my family. Once back in Washington, I took another week of leave because I had no place to live and no winter clothes. From the Oakwood in Rosslyn, I went to Nordstrom to buy a winter coat and boots and then trudged out in the snow to find an Apartments for Rent guide. Man, that was a depressing time. I missed my friends at post and the life that was ripped away from me.

I didn't know if I was going to get better, and if I would ever serve overseas again. After a year in Washington, I convinced MED that I was able to continue my overseas career and subsequently received a Class 2 medical clearance. Since then, I've had to go through extra hoops to get cleared for onward assignments and to renew my security clearance. I check in with the RMO/P when he is in town and my Washington psychiatrist when in D.C.

This episode was quite an upheaval and tremendously frightening, but ultimately worth it, because I feel so much better! My message to you is to get the help you need, even though it may wreck your regularly scheduled life. Once through it, you'll have another life that is healthier and happier. If I hadn't sought help, I don't know if I would be alive right now.



Suck It Up? Really?

We are still in the dark ages of what mental health care means. It does not mean you should seek mental health care only at the point at which you are a danger to yourself or others.

So people limp along, dragging their issues to their next post and either try to resolve them while also being in demanding jobs (aren't they all?), or they don't deal with things and wind up passing on the dysfunction by treating others as they were treated, creating yet another painful situation.

I was a second-tour ELO and was receiving little in the way of guidance, support or even acceptance from my management. My medical officer recommended a chat with the psychiatrist for support and advice, and to get on record that I reached out

for help. The psychiatrist was stationed in another country, so we talked by phone. The man sounded swamped. He explained that they'd cut psychiatrists all over and were expecting the existing ones to take on extra work.

His advice for my situation? Talk to my problematic managers. I told him that I had tried that. He said to just try it again because unless I was a danger to myself or others (which I wasn't), there was nothing he could do.

He said that in the State Department we have to figure out how to "suck it up." Seriously. He was nice about it, and I could tell it bothered him, too, but that was his advice. We're a tough bunch, and when we go so far as to ask a mental health professional for help, chances are we need solid advice. I dealt with my issue on my own and never called back.

Please stop overworking the psychiatrists. Add more. Train them to our circumstances. Give them resources.

I am not concerned about medical and security clearances as they relate to mental health care. Most people have seen a therapist at one time or another, and I don't think it would affect a security clearance. But corridor reputation *is* a concern. Even when people need to talk to a mental health professional, they're more worried about their corridor reputation and often won't seek help due to the stigma of being "weak."

From what I've observed, it's not the high-threat posts that are creating all the issues, but rather the not-very-effective, poorly monitored management we have to work under at times. There are many devoted, capable and highly competent managers in the Foreign Service who are great mentors, but there are also an inordinate amount who are not.

I have colleagues who talk about PTSD triggered by working with abusive or incompetent managers who are not held accountable, because their superiors can't or won't deal with them, or are not examining how these managers are performing their duties (or not). It hurts the subordinate; but it's also harming the manager, who is not being mentored to become effective. I believe that's where we really hurt ourselves as well as compromise the work. I could be wrong here. I wish we were talking about it more.



Support Each Other

Anxiety; it's an illness unseen but omnipresent. It's especially palpable within the Foreign Service. Many officers self-medicate with alcohol and other "acceptable" vices instead

of seeking assistance. Why is this so? Is it because of the stigma associated with mental illness? Is it because of the difficulty in finding a trustworthy and competent psychologist, specifically in certain high-differential postings? Is it because of the constant pressure associated with representing the United States 24/7? I don't have an answer.

However, if you notice someone struggling, don't judge, don't assume, simply try to be understanding. If they confide in you, don't respond with disparaging and dismissive remarks. When something is difficult to acknowledge, it is all the more worth discussing. Let's move toward positive change by beginning with dialogue!



Bullying Leads to Resignation

I believe bullying by deputy chiefs of mission (DCMs) and other managers is the leading cause of mental health problems in the Foreign Service, followed by unrealistic workloads caused by unrealistic expectations from ambassadors and office chiefs. State currently has very few social workers outside of Washington, D.C., and we need many, many more.

In my final post, when I had finally had enough bullying from my fourth bully boss (three of whom were DCMs and one a GS-15), I worked with the regional psychiatrist who prescribed two anti-anxiety/anti-depressants and a sleeping pill to help me cope. I sought assistance from the ombudsman, but received no help, so I resigned.

I miss my career in the Foreign Service, and I made significant contributions to the State Department. Ultimately, I had to look out for my health. I am off all anti-depressants and sleeping pills. Why couldn't I have been given reasonable work conditions in the State Department?



Bad Bosses and Mental Health

Anyone who's been around the Foreign Service can tell you that there are some fairly awful FSOs who use their positions to abuse others. Why wait to deal with the mental issues and damage these people cause to others instead of dealing with the problem at the source?

I recently worked for a manager who bullied and abused me and the local staff on a regular basis. It takes a real toll when you

QUESTION 21: THE BASICS

When it comes to filling out the required Standard Form 86, “Questionnaire for National Security Positions,” nothing causes more angst than the so-called “Question 21” (actually Section 21 on the 127-page form).

SF 86 is the federal security clearance application form, which you may also know as e-QIP, the online Electronic Questionnaires for Investigations Processing. Section 21 is the place where you are asked about whether you have had or are in mental health counseling.

Section 21 has been revised some 10 times since the 1950s, and it is still evolving and under regular review. The latest update included a third exempt category: mental health care related to being a victim of sexual assault.

The Section 21 language currently in effect, as of December 2015, reads as follows:

Section 21 – Psychological and Emotional Health
Mental health counseling in and of itself is not a reason to revoke or deny a clearance. In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer “No” if the counseling was for any of the following reasons and was not court-ordered: (1) strictly marital, family, grief not related to violence by you; or (2) strictly related to adjustments from service in a military combat environment.

Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer “No.”

If you answer “Yes,” then you fill out the rest of Section 21, including dates of counseling, provider names and contact information. That does not, however, give Diplomatic Security permission to contact those providers. DS reviews the file and determines whether a MED review is needed; if so, the case is referred to the MED psychologists who work exclusively on clearance issues.

MED then decides whether they need more information; if they do, MED notifies the employee and asks her or him to sign a release allowing MED to contact the mental health provider for a summary report. According to MED, no provider is contacted without the release.

—Shawn Dorman

are screamed at, publicly humiliated, never thanked and blamed (to senior staff) for the boss’s own bad decisions. Staff who had always gone the extra mile stopped doing so, sick days rose and some left—all as a result of one manager’s behavior. The front office did nothing, calling it “communication misunderstandings.”

Several people would have been tempted to get mental health counseling had they known about it. But privacy was a big concern. The guy would look for anything at all to use against us. Even with complaints and documentation, the lack of action from anyone was appalling.

Human resources experts say that an organization has to change its culture if it is having problems in an area. When State does not actively intervene in cases of abusive behavior, managers are given the impression that they have carte blanche to do whatever they want. Even if victims get mental health care afterwards, the damage has been done.

From what I hear, the problem is getting worse and more widespread. It doesn’t have to be this way. Instead of sending out feel-good cables on workplace atmosphere and bullying, put policies in place that have real teeth. A zero-tolerance policy for workplace bullies, administered neutrally and enforced by D.C., would lead to an instant decrease in unacceptable behaviors and the resulting damage they cause.

Make it like soccer. If you get a yellow card, you get mandatory management and anger counseling. Get a red card and you’re automatically not considered for promotion for a year or two. Two red cards, and you’re out for the rest of the match/tour.

We can’t help violence or chaos outside the embassy doors. What goes on inside, that we can fix.

Thanks, this is an issue which really needs to be addressed.



ISO Work-Life Balance

I’m very concerned about the mental health support offered to members of the Foreign Service and eligible family members. A few years ago I was diagnosed with generalized anxiety disorder (GAD). I was fortunate—I was at a post with an eligible family member (EFM) working as a nurse practitioner. I had discussed my mental health with the regional psychiatrist during his visits, but he just gave me Xanax and told me panic attacks were normal. He asked me about work-related stress, but reported the results of our meetings with post leadership, contributing to my stress.

The nurse practitioner helped me with a low dose of Lexapro that was life-changing. I knew the benefit of cognitive behavioral therapy (CBT) for GAD, but while overseas was unable to access it; local health care was poor, and there was no private space in the embassy for a video connection with a therapist in the United States. When I finally came back to the United States I began CBT with a therapist and a psychiatrist who continued my prescription. My GAD improved dramatically, and I learned useful skills for managing stress.

Unfortunately, when I moved back overseas, the GAD returned. The techniques I learned to manage it are not very useful in an organization that pays lip-service to work-life balance, but in reality demands extreme working hours even when unnecessary (in places that are not war zones). Work demands make it difficult to find time to exercise, and bosses hesitate to allow annual leave because there might not be enough people around if there's an emergency.

Having GAD does not make me bad at my job. I can put in long hours and work in stressful situations. But working long hours every single day just to push out another perfect memo or not scheduling annual leave because you have to be prepared for every possible contingency at all times is not healthy.



Mental Health and Toxic Workplaces

It's great that the State Department is attempting pro-active measures and screening programs focused on officers in priority staffing posts (PSPs), but I do not think there is enough emphasis on good mental health care for *all* officers and their family members regardless of where they serve.

I went through the required screenings and classes for finishing service at a PSP and experienced neither difficulty with mental health during the tour nor delayed effects afterward. So it took me by surprise when, just a few months into a new assignment in a fairly nice city, I developed depression and anxiety while working with a difficult supervisor at a post that I would characterize as having toxic leadership issues (which made it difficult to find higher-ups to assist with my supervisor issue).

It took me a while to realize that it was not just temporary stress and difficulty learning a new job; an unhealthy work environment pushed me into a full-blown depression. I finally sought treatment when physical symptoms that had no underlying physical cause doctors could identify began making my life difficult.

I appreciated the fact that my post had a regional psychiatrist, because that made it easier to discreetly and quickly seek help. I was referred to a locally-based American citizen psychologist and pursued several months of therapy. Between that and the fact that a few key people at post who were sources of toxicity finally left, I improved my life and work level. Once I felt safe enough to talk with colleagues about what I'd gone through, several told me they had experienced the same difficulties with the same people.

This begs the question: What prevents us from speaking up? Part of the answer is that we are in a work culture where there is little incentive to rock the boat. Also, there is an element of "stiff upper lip" expected. I felt like there was something wrong with me for not "managing up" correctly. I realize now that it wasn't a problem with me, and I have learned certain things I would do differently if I were to again find myself in such a situation.

Though my therapy was successful, I was disappointed that the RMO/P had initially suggested prescription medication. I think in U.S. culture and in the liability-driven work culture of government, we over-emphasize quick solutions and pop-a-pill-and-make-it-go-away attitudes too often. We need to bring a level of holistic analysis to any problem, whether it is mental health treatment or developing foreign policy.

In the absence of a supportive and empathetic response to people dealing with mental health issues, privacy is of the utmost importance for creating a sense of safety, which supports the treatment process.

I remember how important it was to me to see lots of messaging from the State Department and the Secretary (e.g., department notices, management announcements) making it clear: getting treated for a mental health issue is a sign of strength and responsibility, not weakness.

The intent for the mental health screening programs for people returning from high-threat assignments is correct, but the execution still feels very pro forma. In the check-out process from my PSP post, a big group of us were seated in an auditorium and asked to go through a checklist of "Do I have this symptom [insert an extreme symptom example]?" Is that environment and process conducive to sharing or reflecting on an issue they may be having?

Instead, we need to emphasize colleagues and family members watching out for each other; they are truly the first people who are going to notice if someone is acting differently and experiencing difficulty. ■

What About Our Kids?

Foreign Service children are just as at risk of mental health problems as the average American child, if not more so.

BY KIM DEBLAUW

In the Washington, D.C., area, mental health topics are regularly featured in the media, on websites and in social media. There are workshops and support groups for parents and mandatory training in “mental health first aid” for school personnel. Students have direct access to licensed counselors, psychologists, social workers and crisis hotlines. Mental health topics are required components of health curricula for students of all ages. And although specialized medical professionals are in short supply across the United States, more children and adolescents are accessing treatment, including via telemedicine.

Foreign Service families have little exposure to the topic and, given the nature of our lifestyle, limited access to these kinds of resources; yet our families are not immune from mental health concerns. Parents are asking: Are we doing enough for Foreign Service kids?

Third Culture Kids

TCKs are children who spend most of their developmental years outside of their parents’ culture. Like their parents, TCKs weather frequent moves, separations, loss and trauma. Like their parents, our TCKs are assumed to be adaptable and resilient—and many are. But kids often lack the developmental maturity and a sense of identity or belonging that are essential



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expressed are those of the author and not necessarily those of the U.S. government.

to managing these transitions. This can result in symptoms of depression, anxiety, adjustment disorders and even post-traumatic stress disorder.

Among the global population, 20 percent of youth (ages 13-18) live with a mental health condition; and, according to the National Alliance on Mental Illness, half of all lifetime cases of mental illness begin by age 14. While the State Department does not track mental health data, Foreign Service families experience medevacs, assignment curtailments and even some painful tragedies due to child or teen mental health issues. Children of employees assigned to Washington, D.C., or college-age dependents may also need treatment, but families and young adults must negotiate the bewildering U.S. mental health care system on their own.

Research about TCK development suggests that kids benefit from strong family and community support, deliberate preparation for transition and affirmation of their emotions along with other resilience skills. Parents may assume their children have the same resilience as they do; but individuals, even within the same family, can have different abilities to cope. Counseling and other professional support should acknowledge the unique environment and history of the globally mobile child for optimal diagnosis and treatment.

Current Resources

This past year, available State Department and some external resources were compiled and disseminated—for the first time—via cable and in a global webinar. They are featured, along with relevant publications and websites, on the website of the Foreign Service Youth Foundation (www.fsyf.org). State Department offices focus their support for families overseas with information, consultations and training on resiliency. This support includes the Office of Medical Services’s network of

Time to Put an End to the Stigma

Depression, ADHD, thoughts of suicide, mood disorder, anxiety disorder, somatic disorder, PTSD, rapid cycling bipolar type I, psychosis. These are evolving diagnoses that psychiatrists have applied to my daughter as her mental illness advanced and morphed throughout her adolescent years.

It is like a cancer that keeps returning, defying each drug combo that brought the last round of remission. Yet, while tragic, there is no shame in cancer, no stigma in talking about it. Not so when your child suffers from mental illness. And it's worse when you add learning disabilities to the picture. All these insidious demons remain invisible to teachers and others who write your child off as lazy or unwilling to put in the effort to keep up.

No one would say that your daughter could fight off cancer if she just tried hard enough. Even though the majority of kids won't have health issues as serious as mine does, FS children are just as at risk or even more vulnerable to mental health problems than the average American child.

For the sake of our children, it's time we put an end to that stigma, get our heads out of the sand and intervene early when there are warning signs.

—A Foreign Service Mother

regional medical officer/psychiatrists, the Employee Consultation Services and the Child and Family Program Office.

In a survey about these resources conducted by the Youth Mental Health Initiative working group, FS personnel asked for more open discussion and greater visibility about youth mental health. They requested more information about services, particularly from the Child and Family Program Office and FSYF. They highlighted the need for specific information about topics such as transition issues, depression, anxiety, eating disorders, substance abuse and bullying. And they offered suggestions of ways to strengthen support, which included youth group activities and online networks; direct services by child psychiatrists, psychologists and social workers; and training for post and school personnel.

Kids themselves have pointed out in recent "TCK Chat" sessions online that "mental health is the most glaringly obvious issue that is avoided" in their households and communities. They note that "emotional turmoil does not get enough attention" and that their communities need to "promote the fact that grief and loss and feeling emotional are normal" and "getting support and advice is vital."

What More Can We Do?

On a personal level, families can—

- Maintain a close and supportive family structure with traditions and routines.
- Enable kids to maintain links to friends and family.
- Promote kids' independence with chores, jobs or community service and help them develop their passions.

TCKs weather frequent moves, separations, loss and trauma.

- Allow kids to grieve well and to express their emotions.
- Assess family needs before committing to a move.
- Seek immediate help for any concerns.
- Be especially attentive in preparing and supporting re-entry to the United States.
- Join FSYF, which supports FS youth by encouraging resilience and fostering camaraderie.

On an organizational level, we can—

- Openly discuss mental health issues.
- Better educate ourselves and those who work with FS kids about mental health issues.
- Collect data and seek research that addresses specific trends within our population.
- Support integrated health care, including direct services by child specialists and case management across assignments.
- Actively support returning families with support groups and referrals to specialists with TCK experience.
- Work with schools overseas and in the United States to encourage training and raise awareness about TCKs.
- Help kids support each other through group activities and online networks. ■

A Foreign Service Officer's Alzheimer's Journey

This is the heartbreaking story, told by a devoted spouse, of a vibrant and trailblazing FSO's descent into the most insidious form of dementia.

BY JOHN COLLINGE

This is a cautionary tale about what early-onset Alzheimer's did to a colleague, my wife Zandra Flemister. No Alzheimer's case is alike, but instances of the disease are growing all too prevalent. Its onset is very easy to miss or misidentify. As yet there is no means of prevention and no cure, but there are measures that can be taken to soften the impact. We managed to take most of them, but we did a lot of groping. I hope our journey can help others if they must travel that road.

Zandra joined State in June 1978. The Foreign Service was her lifelong goal, and she loved the challenges of consular work. In 2006, after her most challenging and rewarding assignment—supervisory consul general in Islamabad—Zandra was selected for the Senior Foreign Service. She didn't know that she was in the early stages of Alzheimer's. In 2010, having struggled while

serving as State's deputy at the Terrorist Screening Center, she knew that another foreign assignment was out of the question. Only a few months into a tour at the Board of Examiners, she knew she could not master the job and made the painful decision to request retirement. Zandra had just turned 59.

Alzheimer's is the master thief. First it stole her career, next her memory, then her personality. In time, it will kill her. She is 64.

A Slow Decline into Professional Ineffectiveness

Alzheimer's creeps up and envelops like the fog. In most instances there is no knowing why, certainly not in Zandra's case where there was no family history of dementia. However, ongoing research into why women develop Alzheimer's at a higher rate than men points to the effect of stress, estrogen and surgical anesthesia. Concussion may also play a role. Zandra led a controlled-stress life typical of a Foreign Service officer in this age of terrorism. She added juggling career and raising a moderately autistic son.

Before joining State she pioneered as the first African-American woman selected to be a Secret Service agent, spending much of her four years protecting the family members of Presidents Gerald Ford and Jimmy Carter. She also suffered a serious concussion in an auto accident during the 1976 presidential campaign. Chronic fibroids prompted five surgeries during her Foreign Service career and recourse to the estrogen patch for nearly 20 years.

We do not know when her Alzheimer's began, but in 2005 as



John Collinge met Zandra Flemister in June 1978 as a fellow member of the 136th A-100 class, and they married in 1981. He later lateraled from the State Department to the Central Intelligence Agency, from which he retired in 2009. Mr. Collinge now works as an independent

contractor at the National Declassification Center located at the National Archives at College Park. He is a member of the Arizona Bar. In January, he will leave the Archives to pursue independent research and serve as a volunteer family advocate at Arden Courts.



COURTESY OF JOHN COLLINGE

Above: Secret Service Agent Zandra Flemister (left) escorts Prime Minister of Jamaica Michael Manley (far right) during his visit to Washington, D.C., in December 1977. Inset: Zandra Flemister in Havana during a 2007 inspection team visit.

she prepared for assignment to Pakistan she was struggling with her memory. We thought it was stress, and she started mental exercises and medicines to cope. I noticed some slippage in Zandra's spelling (an early indicator, had we known), but she continued to perform at a high level. In Islamabad she earned Ambassador Ryan Crocker's respect, won a Superior Honor Award for her role in the aftermath of the October 2005 South Asia Earthquake, handled two very sensitive visa cases under congressional and press scrutiny and oversaw the administrative arrangements after a fatal terrorist attack.

In 2006, Zandra joined the Office of the Inspector General, where she performed effectively. As she contemplated the 2008 assignment cycle, she was conscious of memory loss but confident she could continue to manage this condition. We did not suspect Alzheimer's. Her logical assignment was another tour as a consul general. For family reasons, she chose a domestic assignment as State's deputy director of the Terrorist Screening Center, an FBI-run interagency facility.

The job seemed ideal, drawing on Zandra's law enforcement background and 30 years of State Department experience including running interagency visa screening programs in Pakistan and South Korea, establishing a multinational anti-visa fraud working group in London, and extensive counter-narcotics experience in

Pakistan and the department. But Zandra's advancing Alzheimer's compromised her ability to perform at a level expected of a Senior FSO. She was resorting to "management by sticky," using extensive post-it notes to jog her memory. At the outset, she represented State on a series of quick trips to European capitals to negotiate information-sharing regimes. Zandra thought she was effective; the director did not, and stopped sending her. I believe her memory loss rendered her unable to realize her ineffectiveness. She was low-ranked by the 2009 Promotion Board. The thrust of the counseling statement was that she was not coming up to speed, was passive and did not pull her weight in negotiations.

A Relentless Hollowing Out

We finally realized in spring 2009 that the severity of Zandra's accelerating memory loss required consulting a neurologist. After a battery of tests, she was diagnosed as suffering from progressive and irreversible memory loss. At that point the neurologist did not give us a diagnosis of early-onset Alzheimer's. She did tell Zandra she was putting her on the standard course of medication for an Alzheimer's patient, Namenda and Aricept, and that it might slow memory loss but could not reverse or stop it.

I do not know whether the neurologist thought an Alzheimer's

diagnosis was premature or whether she sought to cushion the blow. Had the diagnosis been more forceful, we might have discussed whether Zandra should have retired at that point. In any case, she was not ready to give up her career and was confident that her memory loss would otherwise leave her mind intact.

Zandra retired in April 2011. She lasted that long only because management at the Board of Examiners appreciated her illness and carried her on light duty until she could get into a retirement seminar. Zandra had planned to use her consular skills in post-retirement volunteer work, but would never work again. Her efforts to reach out to the Bethesda Naval Hospital to help families of wounded service members foundered. I recall her great frustration trying to find an entry point, and suspect her Alzheimer's undercut her understanding of the application process. Zandra did receive a positive response some six months after her retirement from the Montgomery Public Library, but by then no longer was interested in volunteering.

Alzheimer's is remorseless, and it steadily hollowed out Zandra. In July 2012, we took a cross-country train trip to Seattle. On the second night, Zandra became disoriented. When we reached Bellingham, she suffered her first travel panic attack and could

not understand that we were several thousand miles from home. She rallied, but it was a foretaste of the panic attacks that ended her travels two years later. By 2013, Zandra could not understand finances. That year she also lost the auto navigation skills she had honed as a Secret Service agent. In 2014, she stopped driving and lost the ability to use the Metro without assistance.

Alzheimer's also attacked Zandra's personality. She lost her self-confidence and became cautious and passive. Following conversations became more difficult, and she withdrew socially—even from the company of close friends. She never lost her sense of humor or her politeness, but she became remote and often appeared dismissive. An observant friend said this was a defense mechanism, an assessment I share. Empathy deserted her, although she never knew it. Connections with family members faded, first for out-of-state relatives, then her understanding that she had a son and, finally, her ability to conceptualize our relationship as husband and wife.

Finding Resources

Through her neurologist, Zandra learned of a Georgetown Neurology Department long-term study aimed at determining if computer-based exercises, home drills and one-on-one verbal exercises with a speech pathologist could arrest memory decline. Zandra entered the study in January 2012 and participated until December 2014. We were told that we would not be informed of the specifics of her participation, so it is impossible to know if she derived any memory loss benefits. But participation gave her great emotional reinforcement.

Alzheimer's is also consuming for the healthy spouse who steadily assumes the role of caregiver. In October 2011, I gave up a retirement job in the Office of the Historian because I could not balance full-time work and Zandra's needs. I shifted to part-time work at the National Archives' National Declassification Center. By 2013, I was managing Zandra's affairs: although she still maintained limited independence, she was unaware of the extent of her disease and did not realize I was guiding her.

Friends could see the toll caregiving was taking and urged me to join a support group. A member of Zandra's Foreign Service family (Ambassador Pat Butenis) recommended I explore the Iona Senior Services program, and I entered a caregivers support group in April 2014.

Connecting with Iona was one of two critical decisions that will shape Zandra's continuing care. The other was her decision to take out an American Foreign Service Protective Association long-term care policy, which is greatly easing the burden of long-term care of \$100,000 per year.

Dementia/Alzheimer's Resources

Alzheimer's Association

National Capital Area Chapter
(800) 272-3900
www.alz.org

IONA

(202) 895-9448
info@iona.org
www.iona.org

Georgetown University

Department of Neurology
Memory Disorder Program
(202) 784-6671

Johns Hopkins

Memory and Alzheimer's Treatment Center
(410) 550-6337

The Neurology Center

Chevy Chase, Md.
(301) 562-7200
www.neurologycenter.com

Arden Courts

Linda Ryan,
Marketing Director
(301) 493-7881
linda.ryan@arden-courts.com
www.arden-courts.com/
Kensington

Books

The 36-Hour Day
Nancy Mace and Peter Rabins, 5th edition, 2012
A basic resource on recognizing and responding to dementia-related illness.

The Theft of Memory: Losing My Father One Day at a Time
Jonathan Kozol, 2015
A very personal and honest account of a son's experiences.

—John Collinge

Through the Iona support group I learned of Iona's Wellness and Arts Center, which Zandra joined on a part-time basis in December 2014 in an effort to break out of her growing isolation. She connected well with the staff and other center participants. We were gradually increasing her hours when she had a serious wandering episode last April, walking from Bethesda to Silver Spring via the Capital Crescent Bike Trail. After a 911 call, Zandra was found safe but oblivious.


It was apparent I could no longer leave her alone, and I knew I could not care for her at home—even with the help of health care professionals. Through Iona, I contacted Arden Courts in Kensington, Maryland. This is a 64-unit facility catering exclusively to dementia and Alzheimer's patients. Zandra is doing well there. She is unafraid and oblivious to the world that she has lost—the only mercy Alzheimer's has granted her. Zandra is not the first FSO to live out her life at Arden Courts, nor will she be the last.

Some Final Thoughts




Helping Zandra manage her descent into Alzheimer's is the hardest emotional challenge I have faced. It is much harder than our son Sam's autism. There, we reaped accomplishment. Alzheimer's, by contrast, is an exercise in achieving a controlled crash. Drawing on the support of friends and support groups is essential to recognize and manage the inevitable stress buildup. Short breaks for respite are very helpful if they can be secured.

Alzheimer's onset is exceedingly hard to detect. I can only recommend that if you or others notice memory loss, mood change or the beginning of mental rigidity, consult a neurologist. There are some useful precautionary steps you can take regardless of whether Alzheimer's ever becomes a concern. These include: have a joint account—insurance checks will come to the policy holder; take out long-term care insurance; secure a power of attorney; have a will, and update it frequently; have a medical directive. If you get an Alzheimer's diagnosis and have not taken these steps, do so immediately before legal competency becomes an issue. Also consult a lawyer to determine if you need to set up a special needs trust for the benefit of the Alzheimer's patient—you can't guarantee you'll die last.


Zandra has made a remarkably smooth adjustment. I think it helps that her form of Alzheimer's has caused her to steadily withdraw into herself, although her steady loss of connection to me is painful. She is always comfortable in my presence when I visit, but there are now times when I am not at all sure she knows who I am, and I know the day is coming when her memory of me is gone. ■



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Samuel Lewis in Israel, 1977-1985

Samuel Lewis' ambassadorship in Israel demonstrates how a professional diplomat can have an important influence on the shaping of foreign policy.

BY YOAV J. TENEMBAUM

Thirty years ago, the late FSO Samuel W. Lewis ended an eight-year tenure (1977-1985) as the United States ambassador to Israel. Besides being the longest-serving U.S. diplomatic representative to Israel, he was almost certainly the most popular.

Prior to his appointment, Lewis, a career Foreign Service officer since 1954, had served in Italy, Brazil and Washington, D.C. Only his 1975-1977 assignment as head of the Bureau of International Organization Affairs had given him any firsthand experience with the Arab-Israeli dispute.

Lewis recalled many years later that he had been offered the choice of an ambassadorship to India, South Africa or Israel. Because it offered “a unique and extraordinary kind of challenge,” as Lewis recounted in his 1998 oral history for the Association for Diplomatic Studies and Training, he chose Israel. That decision proved momentous.

From the time he arrived in Tel Aviv on May 18, 1977, Ambassador Lewis was an active participant in the Israeli-Egyptian diplomatic breakthrough. Though he modestly described himself



U.S. Ambassador Samuel Lewis (left) greets Israel's Foreign Minister Moshe Dayan in Tel Aviv in September 1977.

as a mere “postman” relaying messages from the Israeli government to Egyptian President Anwar Sadat prior to Sadat’s historic visit to Israel on Nov. 19, 1977, Lewis was intimately involved in the negotiations between the two countries.

President Jimmy Carter (quoted by G.R. Berridge in *Diplomacy: Theory and Practice*) said that he always looked forward to reading Lewis’ analyses on Israel, which he found both enlightening and helpful. Few

are the American diplomats whose cables reach the desk of the U.S. president. Fewer still are those whose cables he reads with interest.

Carter summoned Lewis to participate in the Camp David Summit, which he convened in September 1978. Those talks would lead to the signing of the Framework Agreements for Peace between Israel and Egypt on Sept. 17, 1978. Lewis had been involved in the secret diplomatic discussions aimed at preparing the U.S. delegation for the crucial conference.

A Good Beginning

Following the Likud Party’s electoral victory on May 17, 1977, Amb. Lewis urged the Carter administration to treat the new prime minister, Menachem Begin—widely regarded as obdurate and extremist—gently. Honey was preferable to vinegar, he stressed.

As Begin prepared to make his first official visit to Washington as prime minister, National Security Adviser Zbigniew Brzezinski urged the president to tell Begin in no uncertain terms that his positions on the future of the West Bank and Gaza were totally unacceptable. Lewis reiterated that adopting a harsh line



Yoav J. Tenenbaum lectures in the graduate diplomacy studies program at Tel Aviv University. He has published numerous articles on diplomatic, political, historical and philosophical topics in foreign and American magazines and newspapers, including The Foreign Service Journal (“The Role of the Diplomat in the Modern Era,” January 2010).

with Begin would be counterproductive. Fortunately, that view prevailed, and the visit was crowned with success.

There is perhaps no stronger indication of how well Lewis performed his duties in Tel Aviv than the fact that just days after his November 1980 electoral victory, Ronald Reagan asked Lewis to stay on in Israel. That was an almost unprecedented vote of confidence in a career diplomat, particularly one named to his post by a president of another political party.

Amb. Lewis was the first foreign representative to hear from Prime Minister Begin that the Israeli Air Force had destroyed Iraq's nuclear reactor on June 7, 1981. He was also intimately engaged in the diplomacy surrounding Israel's Lebanon War, which began in June 1982.

It was under President Reagan that Lewis was instructed to undertake perhaps the most uncomfortable task of his ambassadorship. In August 1982 he was instructed to convey to Prime Minister Begin, while the latter was on vacation in northern Israel, the contents of what would be known as the Reagan Peace Plan. This proposal had been prepared with the active participation of Saudi Arabia, Egypt and Jordan—but without Israel.

Begin was furious, but Pres. Reagan unveiled the plan anyway on Sept. 1, 1982. As Lewis predicted, it failed to advance the cause of peace. The episode did not lessen Begin's personal affection for Lewis, or his admiration for the envoy's professionalism.

Professional Diplomacy

Beyond the realm of private diplomacy, where Lewis excelled, he was a very popular figure in Israel. Warm, accessible and charming, he frequently dressed casually, in keeping with the informality of Israelis, and attended sports events. And even though the ambassador could barely speak a word of Hebrew, many Israelis thought he was Jewish, which he wasn't.

Lewis had a singular ability to comprehend the most intimate fears harbored by Israelis, to grasp the essence of their yearnings. He was especially adept at dealing with Israeli political leaders. He forged a close relationship with Begin and became a good friend of other politicians, notwithstanding their diverse political leanings and their different personalities.

Samuel Lewis' ambassadorship in Israel demonstrates that a professional diplomat can have an important influence on the shaping of foreign policy. Beyond the input Lewis was able to bring on occasion to the actual formulation of foreign policy, he managed to enhance his country's image, values and interests by the force of his personality and through his singular diplomatic style. For that and much more, both the United States and Israel owe him a debt of gratitude. ■

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ESTATE PLANNING FOR THE Foreign Service Community

Setting out your end-of-life instructions, including provisions for medical care and the distribution of assets to the next generation, is an essential task. This will help you get started.

BY SAM SCHMITT

Estate planning isn't an easy subject to talk about, but it is nonetheless essential. In a May 13 "Fresh Air" interview with Terry Gross, here is how journalist and author Tom Brokaw frames the benefits of addressing these thorny issues: "All families need to sit down and have a tough conversation. Who's going to be the caregiver? What are the circumstances about DNR—do not resuscitate? What do you say to the medical team if a member of a family goes in and seems not able to recover easily? ... This will reduce the emotional turmoil a great deal if you talk about that in advance."

This is especially true of Foreign Service families, given the vicissitudes and risks of overseas life.

An advance health care directive (also called a health care



Sam Schmitt, an eligible family member and attorney, is licensed to practice law in Virginia and before the U.S. Tax Court. Through the EFM Law Company he founded in 2014, Schmitt focuses on serving the legal needs of the Foreign Service community. Before moving to Vilnius,

Lithuania, with his FSO wife, Jillian Schmitt, a consular officer, he practiced family law in Alexandria, Virginia.

proxy or power of attorney for health care) is one of several documents that make up an estate plan—the collection of legal paperwork that sets out your end-of-life instructions, including the way your assets will pass to the next generation. The person doing this planning can either hire an attorney or do the work themselves, following templates (many of them available online).

Regardless of which method you choose, avoid tying yourself in legal knots by taking time to:

- Determine your goals.
- Assemble existing legal paperwork, including assets and liabilities, and lists of family members and friends.
- Select the proper estate planning documents.
- Draft and revise before executing the final drafts.
- Guard the originals of your documents.

The simplicity of this process belies the seriousness of the decisions that must be made. You will need to balance many competing interests as you decide whether to give property to your beneficiaries in trust or outright, determine the best way to support your surviving children fairly and equally, and select responsible fiduciaries (someone required to act for your benefit with respect to your estate). Hasty action will reduce the quality of your choices.

Setting Goals. This seems so basic that many people skip the step entirely. But members of the Foreign Service community

should begin by selecting the state law that will govern their wishes, regardless of the location of death.

In addition, many parents want to designate emergency guardians for their minor children. Some must plan for litigious family members or ex-spouses. If you are unsure what goals you should have, conduct research online, visit a law library or contact an estate planner.

Taking Inventory. An estate planning inventory is a lengthy questionnaire about your money, family and obligations. You'll need to gather your land records, deeds, titles, mortgages, loan documents, insurance policies, bank and brokerage account information, judgments, existing beneficiary designations and your existing estate plan.

The very mobile Foreign Service lifestyle makes it difficult to maintain current copies of all these documents. You may also find it difficult to develop enough close relationships to make wise fiduciary designations. Avoid the impulse to rush through the inventory without gathering the appropriate information and designating the same person in too many fiduciary capacities.

Filling Out Your Planning Documents. These come in many varieties, but at a minimum they encompass beneficiary designations, wills, trusts, powers of attorney and advance directives.

Non-Probate Assets. Beneficiary designations frequently control the descent and distribution of more wealth than the individual executing the will (who is known as a testator). These designations control the passage of your non-probate assets: Thrift Savings Plan (TSP-003), Federal Employees Group Life Insurance (SF-2823), independent individual retirement accounts, 401(k)s, brokerage accounts, and your final paychecks if you've completed a DS-1152. (See also the DS-5002 Designation for Unpaid Annuity, SF-3102 Other Agency Designation, SF-2808 Civil Service Retirement, and DS-7715 Variable Contribution Plan). Revising these designations is a simple, effective way to make progress on your own.

Probate Property. Everything else you own will probably be probate property. Double-check the small print in your titles, mortgages and other vital paperwork to make sure. Common examples include cash, cars, bank accounts, stock and household property. Real estate is frequently a probate asset, but it can become a non-probate asset if the title contains language indicating you own it as a joint tenant with rights of survivorship. In that case, the terms of the joint tenancy would govern, not your will. But barring such exceptions, your probate assets must be in your will or the court will determine who inherits them.

Members of the Foreign Service community should begin by selecting the state law that will govern their wishes, regardless of the location of death.

Wills. A will distributes a testator's probate property when he or she dies. Most states require these documents to be in writing and to be signed by the testator and two witnesses. They sometimes require the testator to orally declare the document to be his or her will. Meeting these requirements gets the will into a probate court proceeding. However, the true quality of your will, and the likelihood that it will withstand legal challenges, depend on the wisdom with which you have balanced the competing interests affecting your estate. These include checking your will's compatibility with your beneficiary designations and properly calculating total gifts to each beneficiary. A blunt instrument that does little more than meet the legal threshold probably misses the mark.

Trusts. A trust holds and preserves property. A settlor is someone who creates a trust by transferring property to a trustee, frequently a spouse. The trustee then holds that property for beneficiaries, often children. As with wills, most states require trusts to be in writing; identify the settlor, trustee and beneficiaries; reflect a body of assets; and impose duties on the trustee.

A trust allows you to exercise some control over your property from beyond the grave. However, much like a will that only satisfies legal minimums, a poorly drafted trust can complicate estate administration. For example, it could continue holding your property indefinitely rather than distributing it to your beneficiaries. You must avoid leaving your fiduciaries in the position of having to probate your estate, and dispense with perpetual trusts.

Your Finances and Health. A robust estate plan will include a durable power of attorney, which grants an agent authority to do business for the settlor. The main advantage of this mechanism is that the settlor's bills will continue to be paid and utilities turned off when he or she can no longer do so. Similarly, an

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The true quality of your will, and the likelihood that it will withstand legal challenges, depend on the wisdom with which you have balanced the competing interests affecting your estate.

advance health care directive explains a settlor's wishes about medical treatment in case he or she is incapacitated. This way, a settlor can explain his or her preferences about quality of life, life support and invasive medical procedures before it is too late.

Executing both types of documents before they are needed will reduce angst for you and your loved ones. Most states have statutory short forms you can complete yourself. However, these templates must be adhered to closely because even small deviations can have profound effects on their validity. Don't use unvetted forms from unknown sources for these purposes.

Finalizing Your Documents. When you are satisfied your documents are flawless, find two witnesses who do not receive anything under your will; gather before a notary (or a consular officer, if you're overseas); orally name the documents you will be executing; state that you are "over 18, of sound and disposing mind, and free from duress"; and sign at the end. Each state requires different formalities, so failing to perform all your state's requirements may invalidate part of your estate plan.

Guard the Originals! Like setting your estate planning goals, the first item on my checklist, this may seem too obvious to worry about. But it is easy for Foreign Service families, who spend years at a time overseas, to lose track of their original will. Keep it in a safe deposit box, fire-resistant safe, with a trust company, or at the court where it will be probated. Wherever it is, your executor must know where it is and have access to it.

Make Good Choices. The true value of estate planning lies in making good choices at each step of the process. Take advantage of the opportunity to research best practices, seek second opinions and professional advice (if needed)—and resist the temptation to rush to the signature line. ■

Federal and State Tax Provisions for the Foreign Service

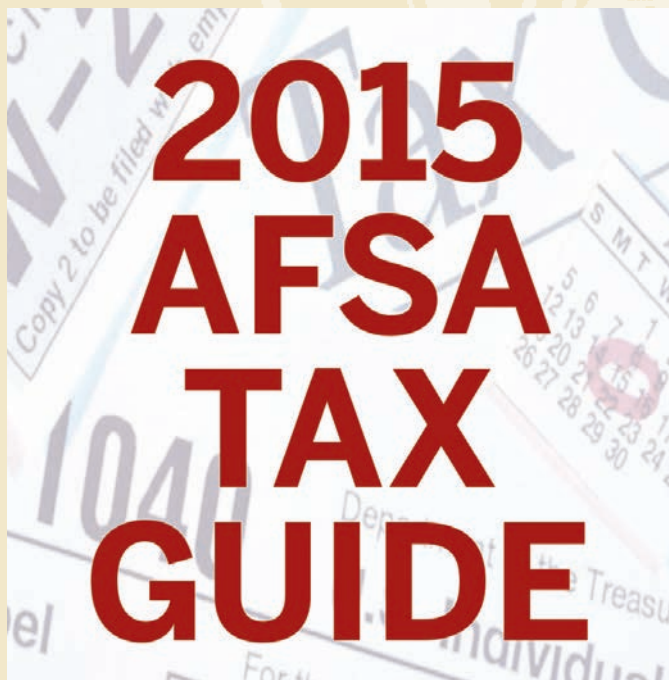
The American Foreign Service Association's annual Tax Guide is designed as an informational and reference tool. Although we try to be accurate, many of the new provisions of the tax code and the implications of Internal Revenue Service regulations have not been fully tested. Therefore, use caution and consult with a tax adviser as soon as possible if you have specific questions or an unusual or complex situation.

Foreign Service employees most frequently ask AFSA about home ownership, tax liability upon sale of a residence and state of domicile. We have devoted special sections to these issues.

James Yorke (Yorke.J@state.gov), who compiles the tax guide, would like to thank M. Bruce Hirshorn, Foreign Service tax counsel, for his help in its preparation.

FEDERAL TAX PROVISIONS

For 2015, the six tax rates for individuals remain at 10, 15, 25, 28, 33, 35 and 39.6 percent.



The 10-percent rate is for taxable income up to \$18,451 for married couples, \$9,226 for singles. The 15-percent rate is for income up to \$74,901 for married couples, \$37,451 for singles. The 25-percent rate is for income up to \$151,201 for married couples, \$90,751 for singles. The 28-percent rate is for income up to \$230,451 for married couples and up

to \$189,301 for singles. The 33-percent rate is for income up to \$411,501 for married couples and singles. Annual income above \$411,501 is taxed at 35 percent. Income above \$464,851 for married couples and above \$413,201 for singles is taxed at 39.6 percent.

Although long-term capital gains are taxed at a maximum rate of up to 15 percent and are reported on form Schedule D, married taxpayers with income greater than \$464,851 and singles greater than \$413,201 pay a capital gains rate of 20 percent. These rates are effective for all sales in 2015,

Continued on p. 69

CALENDAR

January 6
12-2 p.m.

AFSA Governing Board Meeting

January 15
Deadline: Sinclair Language Award Nominations

January 18
Martin Luther King Day: AFSA Offices Closed

February 3
12-2 p.m.
AFSA Governing Board Meeting

February 6
Deadline: Community Service and Art/Academic Merit Awards

February 15
Presidents Day: AFSA Offices Closed

February 17
12-1:30 p.m.
Luncheon: 185th A-100 Class

February 18
2-3:30 p.m.
AFSA Book Notes: Foreign Policy Breakthroughs

February 28
Deadline: AFSA Dissent & Performance Award Nominations

March 6
Deadline: AFSA Financial Aid Scholarship Applications

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PLEASE NOTE

This guidance applies to the 2015 tax year, for returns due on April 18, 2016. While correct at press time, bear in mind there may be changes to the tax code for the 2016 tax year. At present, however, we are not aware of any possible changes that are likely to apply to 2015.



A Strong Foreign Service Begets Strong Diplomacy

This issue's State VP Voice is by guest columnist and AFSA Governing Board Secretary William Haugh.

At more than 200 posts around the world, in Washington and across the nation, the strength of American diplomacy begins with a Foreign Service whose members are competent, smart, energetic, creative, caring and resilient. It (almost) goes without saying that the mental health and well-being of every member of the Foreign Service family is fundamental to a "strong diplomacy"—a guiding objective of this AFSA Governing Board.

The Foreign Service lifestyle means constant moves, dangerous and unhealthy environments, and unaccompanied assignments to active war zones. Our competitive Service rewards good work. At the same time, it coldly identifies those it deems not making the grade. Even the term "rank in person"—the concept at the core of the FS system—gives an inkling of the all-consuming nature of a career with a permeable boundary between work and personal life.

If this stress is an inevitable part of the Foreign Service, we need to deal with it on two levels:

- The State Department has a duty to provide mental health care not only because of legal obligations under the Foreign Service Act of

1980, but because there is a moral obligation to take care of our people when they and their families experience psychological distress as a result of faithfully fulfilling their duties in difficult and extreme circumstances.

The department's medical program has been a lifesaver for many throughout the years. But, even scratching the surface of this topic—as this issue of *The Foreign Service Journal* does—reveals perceived shortfalls. This is not a reflection on the Office of Medical Services' practitioners, rather a call for the department to take a serious look at a system with great merits, but also perceived weakness in its approach to emerging challenges.

- We in the Foreign Service should take responsibility to foster our own resilience and care for our own mental health.

Many good things are happening already: Balancing Act aims to reduce stress on working parents and families; the Foreign Service Institute's Resilience Project uses research to help communities adapt to adversity; the Culture of Leadership Initiative highlights the crucial role of positive leaders; the Diplomatic Security Peer Support Group helps DS agents involved in high-stress incidents; work-life initiatives promote access to lactation rooms and bike-to-work programs.

AFSA supports and collaborates with many of these programs and urges members to become involved where and when they can.

Regarding existing institutional mental health support for members of the Foreign Service and their families, three themes merit attention:

1. **Confidentiality.** Many within the Service view the department's medical program as not truly confidential and fear that using the system may jeopardize their medical or security clearances. This is a longstanding and widespread concern, frequently addressed by MED, but in unconvincing ways. AFSA believes it's time for a comprehensive review of MED's confidentiality procedures.

2. **Stress and Resilience.** With unaccompanied tours and high-threat/high-stress posts a permanent feature of the assignment landscape, AFSA believes the department's Deployment Stress Management Program should have top-level support and receive the resources to care for the Foreign Service community, while proactively promoting resilience.

3. **The Clearance Process.** There is confusion (even resentment) among some Foreign Service personnel over the clearance system for mental health and medical conditions.

Member input suggests the basis for medical clearance decisions has never been more unclear; some say that MED is overly permissive in some instances, unreasonably restrictive in others, and the quality review process seems neither rigorous nor independent. AFSA asks the department to address these concerns and make the clearance process fair, understandable and meaningful.

The Foreign Service Act calls for "minimizing the impact of the hardships, disruptions, and other unusual conditions of service abroad upon the members of the Foreign Service, and mitigating the special impact of such conditions upon their families." On behalf of its 16,500 members, AFSA wants to see results from the many ongoing efforts to promote the mental health and well-being of our community. ■

William Haugh retired from the Senior Foreign Service in April 2015 after a 35-year career that included assignments in Washington, D.C., Rome, Stockholm, Abidjan, Baghdad, Tunis and Halifax. He is currently a Re-employed Annuitant with the Department of State's Bureau of European and Eurasian Affairs.



Views and opinions expressed in this column are solely those of the AFSA FCS VP. Contact: steve.morrison@trade.gov or (202) 482-9088

Back by Popular Demand: Promotions and Flow-Through

I am often asked “What’s happening with promotions?” or “Why aren’t there more promotions at the X, Y or Z level?” It’s true we’ve made progress lately at the FS-1 level and above, but what does the future hold for those on the cusp of being (or striving to be) promoted to these levels?

Let’s look at the numbers.

The Foreign Commercial Service promotes, on average, roughly 15 percent of its officer corps each year. Promotion numbers vary depending on: (a) the number of officers eligible and recommended for promotion, (b) the number of officers already at any given pay level and (c) the amount of time officers have (Time-in-Class) while waiting to be promoted or retire.

One not-so-obvious factor is the budget. Management will tell you money doesn’t matter, but this defies logic. What sense would it make to continue to promote heavily if one knew that the organization had to downsize?

Conversely, what if the nation, Congress or White House woke up one day and suddenly decided to double the size of the Commercial Service—as has been suggested? It simply wouldn’t make sense to hire only FS-4s and not continuously promote leaders to help lead such a workforce.

Now consider the fact that, thanks in part to AFSA, FCS has recently been on the receiving end of two large operating budget increases: \$15 million in fiscal year 2013 and \$16 million in fiscal year 2014. Although it took a while (two years, in fact), management has begun to translate that good fortune into promotions (e.g., a sixfold increase into and beyond the FS-1 level and a 30-percent increase in promotions overall).

If that is not enough to give you comfort, note that—based strictly on officer age—retirements are expected to double in the 2018–2020 timeframe, compared to the preceding three years, thus

The Foreign Commercial Service promotes, on average, roughly 15 percent of its officer corps each year.

creating more promotion opportunities.

In this context, we must keep in mind two things. First, there is a need to “smooth out” the promotion process so there is room to advance those who’ve done an amazing job but who only recently became eligible for promotion. No bulges or dry spells, in other words; and people get promoted when they “earn” it.

Second, we need to ensure against undue political influence that manifests in management dipping way down the promotion list to advance a favorite or someone who has impressed only one or two individuals ahead of others at grade who are higher-ranked.

Granted, newly eligible officers can “reside” at their pay level for a number of years. Try telling that, how-

ever, to the officer who just blew the doors off the win record for her or his office and hosted a record number of successful trade missions the year before, or to the person who is transferring out of some highly promotable assignment to something that is more work-life or family friendly for the next three to four years.

Thankfully, I can report that the Office of Foreign Service Human Capital and management have so far handled the situation carefully.

Please know that AFSA has your back, is closely monitoring this issue for any development that could result in problems down the line, and has and will continue to work for increased and equitable promotions at all levels always. ■

NEWS BRIEF

ANNUAL HIGH SCHOOL ESSAY CONTEST NOW ACCEPTING ENTRIES

The American Foreign Service Association’s 2016 National High School Essay Contest is now accepting entries.

All students who are U.S. citizens and whose parents are *not* in the Foreign Service are eligible to participate if they are in grades nine through 12. The winner will receive \$2,500, a trip to Washington, D.C., to meet the Secretary of State and tour the U.S. Institute of Peace, and a full-tuition scholarship for a Semester at Sea voyage. The runner-up will win a full scholarship to participate in the International Diplomacy program of the National Student Leadership Conference.

The deadline for entry is 11:59 p.m. EST on March 15. Details and essay topic can be found at www.afsa.org/essaycontest. ■



Saving the Foreign Service

My initial columns discussed both the retail and wholesale dimensions of my responsibilities, namely, assisting individuals facing the complexities of the retirement system and defending our statutory retirement benefits in an economy fraught with fiscal problems.

I call the third and final dimension “existential.” I chose this dramatic word purposefully. I believe that the very existence of an independent Foreign Service based on the merit principles of the Foreign Service Act of 1980 is threatened by current trends in the management of the State Department and the Foreign Service.

The threats to the Foreign Service as an institution and to the quality of American diplomacy have been thoroughly discussed in the American Academy of Diplomacy’s report “American Diplomacy at Risk,” published in April 2015 after two years of research and analysis (available at www.academyofdipomacy.org).

Politicization of the policy and appointments processes, multiplication of the Secretary’s special representatives (there are more than 60 at last count), efforts to homogenize the Foreign Service and Civil Service, and the department’s apparent goal of nullification of the Foreign Service Act (or “breaking down the legal barriers between the Foreign Service and Civil Service,” in the department’s phraseology) are all ongoing challenges.

To understand how far the process of marginalizing the Foreign Service has progressed, you need only contrast the situation in the mid-1970s leading up to the drafting and passage of the Foreign Service Act of 1980 with today.

Then, only one of the regional assistant secretaries was a political appointee and all deputies were career officers. Ninety-nine percent of the officer-level positions in the regional bureaus were FSOs, as were more than 50 percent of the functional

bureau positions. There were perhaps two special representatives or ambassadors-at-large.

Today, political appointees at the assistant-secretary level and above outnumber career officers, and political deputy assistant secretaries approach 30 percent. Meanwhile, the Civil Service occupies 40 percent of the officer-level positions in the regional bureaus and more than 80 percent in the functional bureaus. The Foreign Service cannot survive these trends indefinitely.

The AAD made some 23 recommendations for reform in its report, and these are being discussed with the department. AFSA, of course, is in constant discussion, consultation and negotiation with management on a variety of matters that impinge on the future of the Foreign Service.

Our Governing Board is committed to “a stronger Foreign Service.” We are committed to building such a Service through comprehensive workforce planning based on transparent data and significant input from the people of the Foreign Service through

AFSA as we engage management on these vital issues.

Recently, there have been some positive “straws in the wind.” The department was misusing the Schedule B hiring authorities delegated by the Office of Management and Budget to employ those with political and personal connections rather than experts. The AAD report made this practice public, and the previous AFSA Governing Board and ours took strong positions in the matter. The department is moving to rectify the situation.

In a similar vein, the department has suspended its program to convert mid-level Civil Service personnel to Foreign Service officers at a time when the “pig” in the promotion “python” is composed of currently serving mid-level Foreign Service officers.

The challenges facing the Foreign Service have accumulated over time, and it will take time and determination to resolve them. The threats to the Foreign Service and the Foreign Service Act are now recognized and have been brought into the public domain. The rest is up to us—all of us working together. ■

NEWS BRIEF

LAST CHANCE TO NOMINATE SOMEONE FOR A SINCLAIRE LANGUAGE AWARD

Attention all language training supervisors, instructors and post language officers!

The American Foreign Service Association is still accepting nominations for the 2015 Matilda W. Sinclair Language Awards. These awards recognize foreign affairs agency personnel who have distinguished themselves in the study of Category III or IV languages and their associated cultures. The deadline to nominate students for outstanding study in 2015 is Jan. 15.

Visit www.afsa.org/guidelines-sinclair-award or contact Foreign Service Profession Awards Coordinator Perri Green at green@afsa.org for more information. ■

AFSA Newsletter 2.0: A Good Thing Gets Better

Retiree members will soon notice a change in how they receive news from AFSA.

As part of the association's ongoing effort to improve and streamline communications, the *AFSA Newsletter* will go all-digital in March.

At the same time, the March AFSA News will inaugurate a regular feature titled "Retiree Corner," which will appear in every other

issue of *The Foreign Service Journal*.

Since its inception in 1988, the *AFSA Newsletter* has been printed and mailed to all retiree members, as well as to others who requested a hard copy of the publication, on a bimonthly basis.

As of March, the newsletter will no longer be distributed in paper form. Instead, look for it every other month in your email inbox. It will

also continue to be posted on the AFSA website at www.afsa.org/newsletters.

Between the electronic *AFSA Newsletter*, the Retiree Corner and the long-established Retiree VP Voice Column in the *Journal*, AFSA members can expect even more robust coverage of issues such as federal benefits and entitlements, life after the Foreign Service and highlights of outreach

efforts undertaken by fellow retirees, among others.

To ensure you continue to receive the *AFSA Newsletter* in its new electronic form, please provide your email address to member@afsa.org. If you already receive email communications from AFSA, you do not need to provide your email address again. ■

—*Maria C. Livingston*,
Associate Editor

Steadfast Partners on Diversity



AFSA/ASGER SIGFUSSON

On Nov. 5, American Foreign Service Association President Ambassador Barbara Stephenson (center) met with Thursday Luncheon Group president and vice president, Stacy Williams (left) and Bernadette Cole Byrd (right).

Founded in 1973, TLG promotes participation of African-Americans and other minorities in the formulation, articulation and implementation of U.S. foreign policy. During their meeting, the three discussed a broad range of topics of mutual interest, including recruitment and retention, mentoring, leadership, career paths and diversity in the Foreign Service and the Department of State. AFSA highly values its ongoing collaboration with TLG. ■

AFSA Joins in Trade Policy Dialogue

AFSA Foreign Commercial Service Vice President Steve Morrison, standing, speaks at a Nov. 2 panel on trade at the Hall of the States building in Washington, D.C. Panelists included representatives from the House Ways and Means and the Senate Finance Committees, who spoke on major trade negotiations with other countries, including the Trans-Pacific Partnership.

More than 50 participants from the private sector and government attended. The event was organized by the Association of Government Relations Professionals and co-sponsored by AFSA, KnowWho, Property Casualty Insurers Association of America, Leadership Circle for Industry Excellence, Cansler Consulting and Bloomberg Government. ■



AFSA/ALLAN SAUNDERS

AAFSW's Secretary of State Award Celebrates 25 Years



On Nov. 10, the Associates of the American Foreign Service Worldwide hosted its annual awards program in the Department of State's Benjamin Franklin Diplomatic Reception Room.

During the ceremony, AAFSW commemorated the 25th anniversary of the Secretary of State's Award for Outstanding Volunteerism Abroad. This year's SOSA recipients were Juliette Marsham-McClure, Shannon Argetsinger, Ernesto Lunda, Karen Forsyth, Allison "Sunny" Stimler and Carolynn Poulsen.

Sheila Switzer was named the 2015 Tragen Award recipient for her advocacy of rights and benefits for foreign-born FS spouses. Stephanie Arnold received the Champions of

Career Enhancement for Eligible Family Members Award for her efforts on behalf of EFMs seeking work in Dublin. Patricia Linderman was presented with the 2015 Lesley Dorman Award for her outstanding service to AAFSW.

AFSA was honored to be invited to join in the celebration and congratulates this year's awardees on their accomplishments.

Pictured: Ernesto Luna, spouse of Public Affairs Officer Janelle Luna, receives the SOSA Award for having created an English-language program for the Slovak Diplomatic Police force.

To learn more about AAFSW and the SOSA program, visit www.aafsw.org. ■

NEWS BRIEF

LAST CALL FOR AFSA COLLEGE SCHOLARSHIP APPLICATIONS!

The children of active-duty or retired, separated or deceased AFSA members may apply for college aid. Graduating high school seniors may apply for \$2,500 academic and art merit awards along with a community service award, while incoming/current undergraduates may apply for need-based financial aid scholarships ranging from \$3,000 to \$5,000.

The merit award program submission deadline is Feb. 6, and the need-based financial aid scholarship submission deadline is March 6. Not all who submit an application will receive an award.

Visit www.afsa.org/scholar for details, or contact AFSA Scholarship Director Lori Dec at dec@afsa.org or (202) 944-5504. ■

NEWS BRIEF

DEADLINE FOR NOMINATIONS APPROACHING: CONSTRUCTIVE DISSENT AWARDS

Nominate someone—or yourself!—for an AFSA Constructive Dissent Award. The nomination deadline is Feb. 28.

AFSA proudly recognizes constructive dissent within the system with four separate awards: The W. Averell Harriman Award is for entry-level (FS-6 through FS-4) officers; the William R. Rivkin Award is for mid-level (FS-3 through FS-1) officers; the Christian A. Herter Award is for Senior Foreign Service officers; and the F. Allen "Tex" Harris Award is for Foreign Service specialists.

Recipients receive prize money and travel expenses to be honored at a June ceremony in the Benjamin Franklin Diplomatic Reception Room at the State Department.

For more details on the awards and to file a nomination online, visit www.afsa.org/dissent. Please contact Foreign Service Profession Awards Coordinator Perri Green at green@afsa.org or (202) 719-9700 for more information. ■



AFSA Governing Board Meeting November 2, 2015

October Governing Board Minutes: On a consent motion from State Representative Leah Pease, the board approved the Oct. 7 Governing Board minutes. The motion passed unanimously.

Scholarship Committee Appointment: On a consent motion by State Representative Margaret “Nini” Hawthorne, the board approved the appointment of Foreign Commercial Service Foreign Service Officer James Golsen to serve on the AFSA Scholarship Committee. The motion passed unanimously.

Awards and Plaques Committee Chair: On a consent motion by Retiree Representative Dean Haas, the board approved the nomination of State FSO Annie Pforzheimer to serve as chair of the AFSA Awards and Plaques Committee. The motion passed unanimously.

USAID Standing Committee Appointments: On a motion by USAID Representative Jeff Cochrane, the board approved the appointment of FSOs Christian Hougen and Madeline Williams to serve on the USAID AFSA Standing Committee. The motion passed unanimously.

Lifetime Contributions to American Diplomacy Award Nominee: On a motion by USAID Rep. Cochrane, the board approved the nomination of Ambassador Ruth Davis as the 2016 Lifetime Contributions to American Diplomacy Award recipient. (See the March AFSA News for a formal announcement.) The motion passed unanimously.

AFSA Memorial Plaque Criteria: On a motion by Retiree Rep. Haas, the board approved revisions to the

criteria governing who is eligible to be considered for inclusion on the AFSA Memorial Plaques, located in the Department of State’s C Street Lobby. The change clarifies that any member of the Foreign Service—as defined by Section 103(1) through (5) of the Foreign Service Act of 1980—who dies while serving abroad under circumstances distinctive to the Foreign Service is eligible for consideration.

Civil Service Overseas Development Program: Retiree Rep. Haas briefed the board on the Department of State’s request to place the office management specialist (OMS) positions in the Regional Security Offices in Milan and Skopje in the Overseas Development Program—a pilot initiative offering overseas excursion tours to Civil Service employees.

The ODP is currently capped at 20 positions, each of which is vetted with AFSA prior to being advertised. On AFSA’s objection to placing these two OMS slots on the ODP list, the department agreed to remove the RSO OMS Milan position. AFSA has appealed the department’s decision to keep the Skopje position in the program on the grounds that RSO OMS tours provide unique professional development opportunities for Foreign Service OMS personnel, and which are particularly popular among entry- and mid-level bidders. [The Director General has since denied AFSA’s appeal and placed the RSO OMS Skopje job in the ODP over AFSA’s objections.]

The board also affirmed AFSA’s stance that any ODP positions should offer long-term benefits to the department; in the case of OMS jobs, this is more easily accomplished through OMS positions in policy-forming and reporting sections, such as public diplomacy, political and economic sections. RSO OMS excursions do not fulfill this standard, as the skills acquired—knowledge of access controls, Diplomatic Security reports, etc.—are not transferable to Washington-based Civil Service jobs. ■

NEWS BRIEF

PROGRESS IN THE SENATE

On Nov. 11, the Senate confirmed tenure and/or promotion for 632 members of the Foreign Service. AFSA worked diligently to reach out to majority and minority members of the Senate to urge confirmation of these individuals.

In addition, following the Thanksgiving holiday, the Senate Foreign Relations Committee got to work holding hearings for a number of ambassadorial nominees. On Dec. 9, eight ambassadorial nominations were confirmed, seven of which were careers FSOs. Get the latest on who has been confirmed and who is still waiting at www.afsa.org/ambassadorlist.

We are pleased to congratulate all whose names were on the tenure-promotion lists, and look forward to continuing our collaboration with the SFRC and others in the Senate on future lists and ambassadorial nominations, as well as on other matters. ■

AFSA Membership Dues Remain Unchanged in 2016

The American Foreign Service Association Governing Board has determined that membership dues will remain at their current levels in 2016.

In accordance with AFSA bylaws, any dues adjustment is based on the Department of Labor's third-quarter Consumer Price Index, which is used by the Social Security Administration to calculate the next year's Cost-of-

Living Adjustment increases. This year the COLA did not increase.

The Governing Board takes any decision on membership dues with the goal of ensuring that the association continues to operate with a stable and predictable income source, so that it can continue to offer excellent member services and advance member priorities. ■

| Active Duty | | |
|------------------------|-------------|---------------|
| Foreign Service Grades | 2016 Annual | 2016 Biweekly |
| SFS | \$397.60 | \$15.30 |
| FS 1-3 | \$307.40 | \$11.80 |
| FS 4-6 | \$176.00 | \$6.75 |
| FS 7-9 | \$93.05 | \$3.60 |
| Retiree | | |
| Annuity Level | 2016 Annual | 2016 Monthly |
| Under \$25,000 | \$68.30 | \$5.70 |
| \$25,000-50,000 | \$107.30 | \$8.95 |
| \$50,000-75,000 | \$143.30 | \$11.95 |
| Over \$75,000 | \$179.40 | \$14.95 |
| Retiree Spouse/Partner | \$53.65 | \$4.45 |
| Associate | | |
| Category | 2016 Annual | |
| Associate Membership | \$110.25 | |
| Retired Associate | \$67.50 | |

CREATED BY JEFF LAU

NEWS BRIEF

NOMINATION DEADLINE APPROACHING: EXEMPLARY PERFORMANCE AWARDS

The American Foreign Service Association is accepting nominations for its six awards recognizing exemplary performance until the Feb. 28 deadline. We urge members to nominate someone whose contribution has made a difference.

The Nelson B. Delavan Award recognizes the work of a Foreign Service office management specialist.

The M. Juanita Guess Award is conferred on a community liaison office coordinator who has demonstrated outstanding leadership.

The Avis Bohlen Award honors the volunteer accomplishments of a family member of a Foreign Service employee at post.

The Mark Palmer Award is open to members of the Foreign Service from any of the foreign affairs agencies, especially entry and mid-level personnel, who promote American policies that advance democracy, freedom and governance through bold, exemplary, imaginative and effective efforts during one or more assignments.

The AFSA Achievement and Contributions to the Association Award is conferred on an active-duty or retired member of AFSA who has made an outstanding contribution to the association's work.

The Post Rep of the Year Award honors a post representative who best demonstrates sustained and successful engagement with AFSA membership at post.

Recipients are presented with prizes and honored at a ceremony in June in the Benjamin Franklin Diplomatic Reception Room at the State Department.

For details on the awards and to file a nomination online, go to www.afsa.org/performance. Contact Foreign Service Profession Awards Coordinator Perri Green at green@afsa.org or (202) 719-9700 for more information. ■

NEWS BRIEF

TRANSITION ON THE AWARDS AND PLAQUES COMMITTEE

Longtime chair of the AFSA Awards and Plaques Committee Ambassador (ret.) John Limbert traded in his credentials in June to serve as an elected Governing Board representative of the AFSA retiree constituency. Amb. Limbert served as the head of the committee from 2009 to 2015.

Following Limbert's departure from the committee, retired State Foreign Service Officer and former Governing Board Retiree Representative Janice Bay stepped in to serve as interim acting chair. This fall has been a busy one for the committee, and her leadership has helped ensure that it hasn't missed a beat.

AFSA thanks Limbert and Bay for their service, and looks forward to an action-packed 2016 with the newly appointed committee chair, State FSO Annie Pforzheimer. ■

Tax Guide • Continued from page 61

except for those people who fall within the 10- to 15-percent tax bracket: their rate is 0 percent. Long-term capital gain is defined as gain from the sale of property held for 12 months or longer.

Also, for 2015, since the Supreme Court decision on same-sex marriage, same-sex couples who were married before Dec. 31, 2015, in a state where it is legal must now file their federal tax return either as married filing separately or married filing jointly, not single.

Personal Exemption

For each taxpayer, spouse and dependent the personal exemption is \$4,000. There is a personal exemption phaseout for 2015.

Foreign Earned Income Exclusion

Many Foreign Service spouses and dependents work in the private sector overseas and thus are eligible for the foreign earned income exclusion.

American citizens and residents living and working overseas are eligible for the income exclusion, unless they are employees of the United States government. The first \$100,800 earned overseas as an employee or as self-employed may be exempt from income taxes.

To receive the exemption, the taxpayer must meet one of two tests: (1) the physical presence test, which requires that the taxpayer be present in a foreign country for

at least 330 full (midnight to midnight) days during any 12-month period (the period may be different from the tax year); or (2) the bona fide residence test, which requires that the taxpayer has been a bona fide resident of a foreign country for an uninterrupted period that includes an entire tax year.

Most Foreign Service spouses and dependents qualify under the bona fide residence test, but they must wait until they have been overseas for a full calendar year before claiming it. Keep in mind that self-employed taxpayers must still pay self employment (Social Security and Medicare) tax on their foreign-earned income. Only the income tax is excluded.

Note: The method for calculating the tax on non-excluded income in tax returns that include both excluded and non-excluded income was changed, beginning in 2006, so as to result in higher tax on the non-excluded portion. (See the box below for a full explanation.)

Extension for Taxpayers Abroad

Taxpayers whose tax home is outside the United States on April 15 are entitled to an automatic extension until June 15 to file their returns. When filing the return, these taxpayers should write "Taxpayer Abroad" at the top of the first page and attach a statement of explanation.

There are no late filing or late payment penalties for returns filed and taxes paid by June 15, but the IRS does charge interest on any amount owed from April 15 until the date it receives payment.

Standard Deduction

The standard deduction is given to non-itemizers. For couples, the deduction is now \$12,600, and for singles, \$6,300. Married couples filing separately get a standard deduction of \$6,300 each, and head-of-household filers receive a \$9,250 deduction. An additional amount is allowed for taxpayers over age 65 and for those who are blind.

Most unreimbursed employee business expenses must be reported as miscellaneous itemized deductions, which are subject to a threshold of 2 percent of adjusted gross income (AGI).

These include professional dues and subscriptions to publications; employment and educational expenses; home office, legal, accounting, custodial and tax preparation fees; home leave, representational and other employee business expenses; and contributions to AFSA's Legislative Action Fund.

Unreimbursed moving expenses (including unreimbursed expenses incurred in moving pets) are an adjustment to income, which means that you may deduct them even if you are taking the standard deduction. However, the deduction includes only the unreimbursed transportation, storage and travel costs of moving your possessions and yourself and your family to the new location; it does not include meals.

Medical expenses (includ-

IMPORTANT NOTE: FOREIGN EARNED INCOME

The foreign earned income exclusion allows U.S. citizens who are not U.S. government employees and are living outside the United States to exclude up to \$100,800 of their 2015 foreign-source income if they meet certain requirements. Since 2006, you have been required to take your total income and figure what your tax would be, then deduct the tax that you would have paid on the excludable income.

For example: a Foreign Service employee earns \$80,000 and their teacher spouse earns \$30,000.

Before 2006: Tax on \$110,000 minus \$30,000 = tax on \$80,000 = tax bill of \$13,121.

Since 2006: Tax on \$110,000 = \$20,615; tax on \$30,000 = \$3,749; total tax = \$20,615 minus \$3,749 = tax bill of \$16,866.

ing health and long-term care insurance, but not health insurance premiums deducted from government salaries) are now subject to a threshold of 10 percent of AGI, unless the taxpayer is over age 65, in which case it remains at 7.5 percent until 2017, after which it rises to 10 percent.

In other words, medical expenses would have to exceed \$3,000 for a taxpayer with a \$30,000 AGI in order to be deductible. There is a reduction of itemized deductions for higher income taxpayers for 2015.

State and local income taxes and real estate and personal property taxes remain fully deductible for itemizers, as are charitable contributions to U.S.-based charities for

most taxpayers (donations to overseas charitable organizations such as local churches at post are not deductible). Donations to the AFSA Scholarship Fund and the Fund for American Diplomacy are fully deductible as charitable contributions, as are donations to AFSA via the Combined Federal Campaign. Individuals may also dispose of any profit from the sale of personal property abroad in this manner.

For 2015 tax returns, any interest paid on auto or personal loans, credit cards, department stores and other personal interest will not be allowed as itemized deductions. If such debts are consolidated, however, and paid with a home equity loan, interest on the home equity loan is allowable. Interest

on educational loans will be allowed as an adjustment to gross income.

Mortgage interest is still, for the most part, fully deductible. Interest on loans intended to finance investments is deductible up to the amount of net income from investments. Interest on loans intended to finance a business is 100-percent deductible.

Passive-investment interest on investments in which the taxpayer is an inactive participant (i.e., a limited partnership) can be deducted only from the income produced by other passive activities.

Interest on loans that do not fall into the above categories, such as money borrowed to buy tax-exempt securities, is not deductible.

Home Leave Expenses

Employee business expenses, such as home leave and unreimbursed representation, may be listed as miscellaneous itemized deductions and claimed on Form 2106. In addition to the 2-percent floor, only 50 percent for meals and entertainment may be claimed (100 percent for unreimbursed travel and lodging). Only the employee's (not family members') home leave expenses are deductible.

AFSA recommends maintaining a travel log and retaining a copy of home leave orders, which will help if the IRS ever questions claimed expenses. It is important to save receipts: without receipts for food, a taxpayer may deduct only the federal meals-and-incidentals per diem rate at the home leave address, no matter how large the grocery or restaurant bill. Lodging is deductible, as long as it is not with friends or relatives, or in one's own home.

The IRS will disallow use of per diem rates and any expenses claimed for family members. If a hotel bill indicates double rates, the single room rate should be claimed; and, if possible, the hotel's rate sheet should be saved for IRS scrutiny. Car rental, mileage and other unreimbursed travel expenses, including parking fees and tolls, may be deducted. The rate for business miles driven is 57.5 cents for 2015.

Those who use this optional mileage method need not keep detailed

FOREIGN EARNED INCOME EXEMPTION DENIALS

Some AFSA members report having difficulty claiming the foreign earned income exemption (FEIE). To receive the exemption, the taxpayer must meet one of two tests:

- 1) The physical presence test requires that the taxpayer be present in a foreign country for at least 330 full (midnight to midnight) days during any 12-month period (the period may be different from the tax year); or
- 2) The bona fide residence test requires that the taxpayer has been a bona fide resident of a foreign country for an uninterrupted period that includes an entire tax year.

We understand that IRS auditors have been denying the FEIE for Foreign Service spouses and dependents under the bona fide residence test, on the grounds that diplomatic status overseas does not constitute "bona fide residence" in a foreign country.

In this context, note that if you work for a company or organization on the local economy you generally have to pay local taxes, and your "tax home" is technically in the foreign country. You will have relinquished your diplomatic status in any matters related to your job, although of course for matters outside your job you would retain the diplomatic status that you derive from your FS employee spouse or parent.

However, members report that they have successfully used the physical presence test. They have also used this in appealing a denial of the bona fide residence test. This test requires that you spend 330 full days during a calendar year actually in a foreign country, not just outside the United States. Time spent traveling to and from a country does not count. If using this test, you are advised to record all your travel carefully and to keep copies of visas and tickets so that you can substantiate the 330 days in case of an audit.

records of actual vehicle expenses. They must, however, keep a detailed odometer log to justify the business use of the vehicle and track the percentage of business use. This optional mileage method applies to leased vehicles, as well.

Official Residence Expenses

For official residence expenses, the only deductible expenses are those above the 3.5 percent paid out of pocket.

Since Oct. 1, 1990, employees who receive official residence expenses have not been allowed to reduce their reportable income by 3.5 percent. An IRS ruling in 1990 states that "usual expenses," defined as 3.5 percent of salary, are not deductible. These expenses can be deducted as miscellaneous business expenses.

Home Ownership

Individuals may deduct interest on up to \$1 million of acquisition debt for loans secured by a primary and/or secondary residence. This also includes loans taken out for major home improvements.

On home equity loans, interest is deductible up to \$100,000, no matter how much the home cost, unless the loan is used for home improvements, in which case the \$1 million limit applies. The \$100,000 ceiling applies to the total of all home equity loans you may have.

The same generally applies

to refinancing a mortgage. Points paid to obtain a refinanced loan cannot be fully deducted the same year, but must be deducted over the life of the loan. It is advisable to save the settlement sheet (HUD-1 Form) for documentation in the event your tax return is selected by the IRS for audit.

Qualified residences are defined as the taxpayer's principal residence and one other residence. The second home can be a house, condo, co-op, mobile home or boat, as long as the structure includes basic living accommodations, including sleeping, bathroom and cooking facilities.

If the second home is a vacation property that you rent out for fewer than 15 days during the year, the income need not be reported. Rental expenses cannot be claimed either, but all property taxes and mortgage interest may be deducted.

Rental of Home

Taxpayers who rented out their homes in 2015 can continue to deduct mortgage interest as a rental expense. Also deductible are property

management fees, condo fees, depreciation costs, taxes and all other rental expenses. Losses up to \$25,000 may be offset against other income, as long as the modified adjusted gross income (MAGI) does not exceed \$100,000 to \$150,000 and the taxpayer is actively managing the property.

Note that a taxpayer who retains a property manager does not lose this benefit, as this is still considered active management of the property. All passive losses that cannot be deducted currently are carried forward and deducted in the year the property is sold.

Sale of a Principal Residence

Current tax laws allow an exclusion of up to \$500,000 for couples filing jointly and up to \$250,000 for single taxpayers on the long-term gain from the sale of their principal residence. One need not purchase another residence to claim this exclusion. All depreciation taken after May 7, 1997, will, however, be recaptured (added to income) at the

time of sale and taxed at 25 percent.

Since January 2009, gain from the sale of a home can no longer be excluded from gross income for periods when it was rented out before you occupied it as a principal residence for the first time.

The only qualification for the capital-gains exclusion is that the house sold must have been owned and occupied by the taxpayer as his or her principal residence for at least two of the last five years prior to the date of the sale.

Military Families Tax Relief Act

As a result of the Military Families Tax Relief Act of 2003, the five-year period may be extended for members of the Foreign Service by any period during which the taxpayer has been away from the area on a Foreign Service assignment, up to a maximum of 15 years (including the five years).

There are some exceptions to the two-year occupancy requirement, including a sale due to a "change in place of employment" (this would include foreign transfers). This exclusion is not limited to a once-in-a-lifetime sale, but may be taken once every two years.

When a principal residence is sold, capital gains realized above the exclusion amounts are subject to taxation. This exclusion replaces the earlier tax-law provision that allowed both the deferral of gain and a one-time exclusion of a principal residence sale.

CHILD CARE TAX CREDIT WHEN OVERSEAS

Bear in mind that in order to claim the child care tax credit while serving overseas, you must submit IRS Form 2441, for which the instructions say: "For U.S. citizens and resident aliens living abroad, your care provider may not have, and may not be required to get, a U.S. taxpayer identification number (for example, an SSN or EIN). If so, enter "LAFCP" (Living Abroad Foreign Care Provider) in the space for the care provider's taxpayer identification number."

Temporary rental of the home does not disqualify one from claiming the exclusion. The 2003 law requires only that you have occupied the house as your principal residence for the required period (two years out of five, extended). However, new legislation in 2009 requires that the “two years out of five (extended)” cannot start until the date the home is occupied as a principal residence for the first time.

Under Internal Revenue Code Section 1031, taxpayers whose U.S. home may no longer qualify for the principal residence exclusion may be eligible to replace the property through a “tax-free exchange” (the so-called Starker exchange). In essence, one rental property may be exchanged for

another, as long as that one is also rented.

In exchanging the properties, capital gains tax may be deferred. Technically, a simultaneous trade of investments occurs. Actually, owners first sign a contract with an intermediary to sell their property, hold the cash proceeds in escrow, identify in writing within 45 days the property they intend to acquire, and settle on the new property within 180 days, using the money held in escrow as part of the payment.

It is important to emphasize that the exchange is from one investment property to another investment property—the key factor in the IRS evaluation of an exchange transaction is the intent of the investor at the time the exchange was consum-

mated. The IRS rules for these exchanges are complex and specific, with a number of pitfalls that can nullify the transaction. An exchange should never be attempted without assistance from a tax lawyer specializing in this field.

Calculating Your Adjusted Basis

Many Foreign Service employees ask what items can be added to the cost basis of their homes when they are ready to sell. Money spent on fixing up the home for sale may be added to the basis.

To qualify as legitimate fixing-up costs, the following conditions must be met: (1) the expenses must be for work performed during the 90-day period ending on the day on which the contract

to sell the old residence was signed; (2) the expenses must be paid on or before the 30th day after sale of the house; and (3) the expenses must not be capital expenditures for permanent improvements or replacements (these can be added to the basis of the property, the original purchase price, thereby reducing the amount of profit). A new roof and kitchen counters are not “fix-up” items, but painting the house, cleaning up the garden and making minor repairs qualify.

The Affordable Care Act

The Affordable Care Act imposed two new tax increases beginning in 2013. There is a 3.8-percent net investment tax on net investment income to the extent it is in excess of MAGI of \$250,000 for those married filing jointly, and \$200,000 for those filing single. Net investment income includes interest, dividends, rents, royalties, pensions and annuities, and gain from the sale of property.

Secondly, the rate of the Medicare tax that is withheld from employees’ paychecks is increased by 0.9 percent on salaries or self-employment earnings over the same thresholds. ■

TAX WITHHOLDING WHEN ASSIGNED DOMESTICALLY

In 2014, the State Department instituted new procedures to comply with Treasury regulations for withholding state taxes for all employees serving domestically. (See Department Notice 2014_11_016, dated Nov. 3, 2014.)

This means state taxes will be withheld for an employee’s “regular place of duty”—in other words, your official duty station. If you require state taxes to be withheld for a state other than that of your official duty station, your bureau executive director must provide a certification to the department’s Bureau of the Comptroller and Global Financial Services.

This does not mean that you must relinquish your state of domicile if it is different than your official duty station. “Domicile” (legal residence) is different from “residence,” and so long as you maintain your ties to your home state you will be able to change your withholdings, if you so wish, back to your home state when you go overseas again. See the Overseas Briefing Center’s guide to Residence and Domicile, available on AFSA’s website at www.afsa.org/domicile.

Bear in mind, too, that CGFS does not adjudicate state income tax elections when you are serving overseas, since in those circumstances it is the employee’s responsibility to accurately elect state income taxes. However, upon the employee’s return to a domestic assignment, CGFS will evaluate the employee’s state tax withholding election based on his or her new official domestic duty station.

STATE TAX PROVISIONS

Liability: Every employer, including the State Department, is required to withhold state taxes for the location where the employee either lives or works. Employees serving overseas, however, must maintain a state of domicile in the United States where they may be liable for income tax; the consequent tax liability that the employee faces will vary greatly from state to state.

In addition, the many laws on taxability of Foreign Service pensions and annuities also vary by state. This section briefly covers both those situations. See separate box on page 72 on state tax withholding for State employees.

Domicile and Residency

There are many criteria used in determining which state is a citizen's domicile. One of the strongest determinants is prolonged physical presence, a standard that Foreign Service personnel frequently cannot meet due to overseas service.

In such cases, the states will make a determination of the individual's income-tax status based on other factors, including where the individual has family ties, has been filing resident tax returns, is registered to vote, has a driver's license, owns property, or where the person has bank accounts or other financial holdings.

In the case of Foreign Service employees, the domicile might be the state from which the person joined the Service, where his or her home leave address is, or where he or she intends to return upon separation. For the purposes of this article, the term "domicile" refers to legal residence; some states also define it as permanent residence. Residence refers to physical presence in the state.

Foreign Service personnel must continue to pay taxes to the state of domicile (or to the District of Columbia) while residing outside of the state, including during assignments abroad, unless the state of residence does not require it.

Members should review the Overseas Briefing Center's guide to residence and domicile, available on AFSA's website at www.afsa.org/residence-and-domicile.

Domestic Employees in the D.C. Area

Foreign Service employees residing in the metropolitan Washington, D.C., area are generally required to pay income tax to the District of Columbia, Maryland or Virginia, in addition to paying tax to the state of their domicile.

Virginia requires tax returns from most temporary residents as well. Most states allow a credit, however, so that the taxpayer pays the higher tax rate of the two states, with each state receiving a share.

We recommend that you maintain ties with your

state of domicile— by, for instance, continuing to also file tax returns in that state if appropriate—so that when you leave the D.C. area for another overseas assignment, you can demonstrate to the District of Columbia, Virginia or Maryland your affiliation to your home state.

Also, if possible, avoid using the D.C. or Dulles, Va. pouch zip code as your return address on your federal return, since in some cases, the D.C. and Virginia tax authorities have sought back taxes from those who have used this address.

See the box on page 72 for new procedures within the State Department for state tax withholdings.

States That Have No Income Tax

There are currently seven states with no state income tax: Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming. In addition, New Hampshire and Tennessee have no tax on earned income, but do tax profits from the sale of bonds and property.

States That Do Not Tax Non-Resident Domiciliaries

There are nine states that, under certain conditions, do not tax income earned while the taxpayer is outside the state: California, Connecticut, Idaho, Missouri, New Jersey, New York, Oregon, Pennsylvania (see entry for Pennsylvania below) and West Virginia. The requirements for all

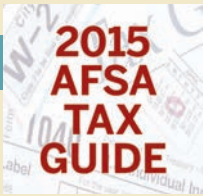
except California, Idaho and Oregon are that the individual not have a permanent "place of abode" in the state, have a permanent "place of abode" outside the state, and not be physically present for more than 30 days during the tax year. California allows up to 45 days in the state during a tax year.

All of these states require the filing of non-resident returns for all income earned from in-state sources. Foreign Service employees should also keep in mind that states could challenge the status of overseas government housing in the future.

The "State Overviews" and "State Pension and Annuity Tax" sections below give brief state-by-state information on tax liability, with addresses provided to get further information or tax forms. Tax rates are provided where possible.

As always, members are advised to double-check with their state's tax authorities. While AFSA makes every attempt to provide the most up-to-date information, readers with specific questions should consult a tax expert in the state in question at the addresses given. We provide the website address for each in the state-by-state guide, and an email address or link where available. Some states do not offer customer service via email.

We also recommend the Federation of Tax Administrators' website, www.taxadmin.org, which provides much useful information on individual state income taxes. ■



STATE OVERVIEWS

ALABAMA

Individuals domiciled in Alabama are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Alabama's individual income tax rates range from 2 percent on taxable income over \$500 for single taxpayers and \$1,000 for married filing jointly, to 5 percent over \$3,000 for single taxpayers and \$6,000 for married filing jointly.

Write: Alabama Department of Revenue, 50 N. Ripley, Montgomery AL 36104.

Phone: (334) 353-0602.

Email: Link through the website, "About Us," then "Contacts," then "Income Tax."

Website: www.ador.state.al.us

ALASKA

Alaska does not tax individual income or intangible or personal property. It has no state sales and use, franchise or fiduciary tax. However, some municipalities levy sales, property and use taxes.

Write: State Office Building, 333 West Willoughby Ave., 11th Floor, P.O. Box 110420, Juneau AK 99811-0420.

Phone: (907) 465-2320.

Website: www.tax.state.ak.us

ARIZONA

Individuals domiciled in Arizona are considered residents and are taxed on any income that is included in the federal adjusted gross income, regardless of their physical presence in the state. Arizona's tax rate ranges in five brackets from a minimum of 2.59 percent to a maximum of 4.54 percent of taxable income over \$300,000 for married filing jointly or \$150,000 for single filers.

Write: Arizona Department of Revenue, Taxpayer Information & Assistance, P.O. Box 29086, Phoenix AZ 85038-9086.

Phone: (602) 255-3381.

Email: For general questions: taxpayerassistance@azdor.gov

Website: www.azdor.gov

ARKANSAS

Individuals domiciled in Arkansas are considered residents and are taxed on their entire income regardless of their physical presence in the state. The Arkansas tax rate ranges in six brackets from a minimum of 2.5 percent to a maximum of 7 percent of net taxable income over \$35,099.

Write: Department of Finance and Administration, Income Tax Section, P.O. Box 3628, Little Rock AR 72203-3628.

Phone: (501) 682-1100.

Email: Use Contact Form on "Contact Us" page.

Website: www.arkansas.gov/dfa

CALIFORNIA

Foreign Service employees domiciled in California must establish non-residency to avoid liability for California taxes (see Franchise Tax Board Publication 1031). However, a "safe harbor" provision allows anyone domiciled in state but who is out of the state on an employment-related contract for at least 546 consecutive days to be considered a non-resident. This applies to most FS employees and their spouses, but members domiciled in California are advised to study FTB Publication 1031 for exceptions and exemptions. The California tax rate for 2015 ranges in eight brackets from 1 percent of taxable income under \$7,850 for singles and \$15,770 for joint filers to a maximum of 12.3 percent on taxable income over \$526,443 for singles and \$1,052,886 for joint filers. Non-resident domiciliaries are advised to file on Form 540NR.

Write: Personal Income Taxes, Franchise Tax Board, P.O. Box 942840, Sacramento CA 94240-0040.

Phone: toll-free 1 (800) 852-5711 (inside the U.S.); (916) 845-6500 (outside the U.S.).

Email: Link through the website's "Contact Us" tab.

Website: www.ftb.ca.gov

COLORADO

Individuals domiciled in Colorado are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Colorado's tax rate is a flat 4.63 percent of federal taxable income plus or minus allowable modifications.

Write: Department of Revenue, Taxpayer Service Division, P.O. Box 17087, Denver CO 80217-0087.

Phone: (303) 238-7378.

Email: Link through the website's "Contact Us" tab on the "Taxation" page.

Website: www.colorado.gov/revenue

CONNECTICUT

Connecticut domiciliaries may qualify for non-resident tax treatment under either of two exceptions as follows: Group A: the domiciliary 1) did not maintain a permanent place of abode inside Connecticut for the entire tax year; and 2) maintains a permanent place of abode outside the state for the entire tax year; and 3) spends not more than 30 days in the aggregate in the state during the tax year. Group B: the domiciliary 1) in any period of 548 consecutive days, is present in a foreign country for at least 450 days; and 2) during the 548-day period, is not present in Connecticut for more than 90 days; and 3) does

not maintain a permanent place of abode in the state at which the domiciliary's spouse or minor children are present for more than 90 days. Connecticut's tax rate for married filing jointly rises from 3 percent on the first \$20,000, in six steps to 6.7 percent of the excess over \$500,000. For singles it is 3 percent on the first \$10,000, rising in six steps to 6.7 percent of the excess over \$250,000.

Write: Department of Revenue Services, Taxpayer Services Division, 25 Sigourney St., Suite 2, Hartford CT 06106-5032. Phone: (860) 297-5962. Email: Contact through the "Contact us" page on the website. Website: www.ct.gov/drs

DELAWARE

Individuals domiciled in Delaware are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Delaware's graduated tax rate rises in six steps from 2.2 percent of taxable income under \$5,000 to 6.6 percent of taxable income over \$60,000. Write: Division of Revenue, Taxpayers Assistance Section, State Office Building, 820 N. French St., Wilmington DE 19801. Phone (302) 577-8200. Email: personaltax@state.de.us Website: www.revenue.delaware.gov

DISTRICT OF COLUMBIA

Individuals domiciled in the District of Columbia are considered residents and are subject to tax on their entire income regardless of their physical presence there. Individuals domiciled elsewhere are also considered residents for tax purposes for the portion of any calendar year in which they are physically present in the District for 183 days or more. The District's tax rate is 4 percent if income is less than \$10,000; \$400 plus 6 percent of excess over \$10,000 if between \$10,000 and \$40,000; \$2,200 plus 8.5 percent of excess over \$40,000; and \$28,550 plus 8.95 percent of any excess above \$350,000. Write: Office of Tax and Revenue, Customer Service Center, 1101 4th St. SW, Suite 270 West, Washington DC 20024. Phone: (202) 727-4829. Email: taxhelp@dc.gov Website: www.cfo.washingtondc.gov/cfo/site/default.asp

FLORIDA

Florida does not impose personal income, inheritance, gift or intangible personal property taxes. Property tax exemptions are only available if you own and permanently reside on the property. Sales and use tax is 6 percent. There are additional county sales taxes which could make the combined rate as high as 9.5 percent. Write: Taxpayer Services, Florida Department of Revenue,

5050 W. Tennessee St., Bldg. L, Tallahassee FL 32399-0100. Phone: toll-free 1 (800) 352-3671, or (850) 488-6800.

Email: Link through website. Go to "Taxes," then "Contact Us," then "Visit Our Tax Questions Page," then "Send Us Your Question Electronically."

Website: <http://dor.myflorida.com/dor/taxes/>

GEORGIA

Individuals domiciled in Georgia are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Georgia has a graduated tax rate rising in six steps to a maximum of 6 percent of taxable income over \$10,000 and above for joint married filers and \$7,000 for single filers.

Write: Georgia Department of Revenue, Taxpayer Services Division, 1800 Century Blvd. NE, Atlanta GA 30345-3205. Phone: (877) 423-6711, Option 2. Email for questions: taxpayer.services@dor.ga.gov Website: www.dor.georgia.gov/taxes

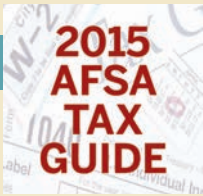
HAWAII

Individuals domiciled in Hawaii are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Hawaii's tax rate rises in 12 steps from 1.4 percent on taxable income below \$2,400 for single filers and \$4,800 for joint filers, to a maximum of 11 percent for taxable income above \$200,000 for single filers and \$400,000 for joint filers.

Write: Oahu District Office, Taxpayer Services Branch, P.O. Box 259, Honolulu HI 96809-0259. Phone: toll-free 1 (800) 222-3229, or (808) 587-4242. Email: Taxpayer.Services@hawaii.gov Website: www.state.hi.us/tax

IDAHO

Individuals domiciled in Idaho for an entire tax year are considered residents and are subject to tax on their entire income. However, you are considered a non-resident if: 1) you are an Idaho resident who lived outside of Idaho for at least 445 days in a 15-month period; and 2) after satisfying the 15-month period, you spent fewer than 60 days in Idaho during the year; and 3) you did not have a personal residence in Idaho for yourself or your family during any part of the calendar year; and 4) you did not claim Idaho as your federal tax home for deducting away-from-home expenses on your federal return; and 5) you were not employed on the staff of a U.S. senator; and 6) you did not hold an elective or appointive office of the U.S. government other than the armed forces or a career appointment in the U.S. Foreign Service (see Idaho Code Sections 63-3013 and 63-3030). In 2015, Idaho's tax



rate rises in eight steps from a minimum of 1.6 percent to a maximum 7.4 percent on the amount of Idaho taxable income over \$10,890 for singles and \$21,780 for married filers. A non-resident must file an Idaho income tax return if his or her gross income from Idaho sources is \$2,500 or more.

Write: Idaho State Tax Commission, P.O. Box 36, Boise ID 83722-0410.

Phone: (208) 334-7660 or toll-free 1 (800) 972-7660.

Email: taxrep@tax.idaho.gov

Website: www.tax.idaho.gov

ILLINOIS

Individuals domiciled in Illinois are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. The Illinois tax rate is a flat 3.75 of net income for all tax years beginning on or after Jan. 1, 2015. Write: Illinois Department of Revenue, P.O. Box 19001, Springfield IL 62794-9001.

Phone: toll-free 1 (800) 732-8866, or (217) 782-3336.

Email: Link through the website's "Contact Us," then "Taxpayer Answer Center."

Website: www.revenue.state.il.us

INDIANA

Individuals domiciled in Indiana are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Indiana's tax rate is a flat 3.3 percent of federal adjusted gross income. Several counties also charge a county income tax.

Write: Indiana Department of Revenue, Individual Income Tax, P.O. Box 7207, Indianapolis IN 46207-7207.

Phone: (317) 232-2240.

Email: Link through the website's "Contact Us" tab.

Website: www.in.gov/dor

IOWA

Individuals domiciled in Iowa are considered residents and are subject to tax on their entire income to the extent that income is taxable on the person's federal income tax returns. Iowa's 2015 tax rate rises in nine steps from 0.36 percent to a maximum 8.98 percent of taxable income over \$69,255, depending on income and filing status.

Write: Taxpayer Services, Iowa Department of Revenue, P.O. Box 10457, Des Moines IA 50306-0457.

Phone: (515) 281-3114.

Email: Use email form on "Contact Us" page.

Website: www.iowa.gov/tax

KANSAS

Individuals domiciled in Kansas are considered residents and

are subject to tax on their entire income regardless of their physical presence in the state. In 2015, the Kansas tax rate is 2.7 percent on Kansas taxable income under \$15,000 for single filers, under \$30,000 for joint filers, and 4.6 percent on income over those amounts.

Write: Kansas Taxpayer Assistance Center, Room 150, 915 SW Harrison, Topeka KS 66612.

Phone: (785) 368-8222.

Email: tac@kdor.ks.gov

Website: www.ksrevenue.org

KENTUCKY

Individuals domiciled in Kentucky are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Kentucky's tax rate ranges from 2 percent on the first \$3,000 of taxable income to 6 percent on all taxable income over \$75,000.

Write: Kentucky Department of Revenue, 502 High Street, Frankfort KY 40601-2103.

Phone: (502) 564-4581.

Email: Link through the website's "Contact Us" tab.

Website: www.revenue.ky.gov

LOUISIANA

Individuals domiciled in Louisiana are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Louisiana's tax rate rises from 2 percent for the first \$12,500 for single filers or \$25,000 for joint filers; in three steps to 6 percent for over \$50,000 for single filers or \$100,000 for joint filers.

Write: Taxpayer Services Division, Individual Income Tax Section, Louisiana Department of Revenue, P.O. Box 201, Baton Rouge LA 70821-0201.

Phone: (855) 307-3893.

Email: Link through the website's "Contact LDR Online tab" on the "Contact Us" page.

Website: www.revenue.louisiana.gov

MAINE

Individuals domiciled in Maine are considered residents and are subject to tax on their entire income. Since Jan. 1, 2007, however, there have been "safe harbor" provisions. Under the General Safe Harbor provision, Maine domiciliaries are treated as non-residents if they satisfy all three of the following conditions: 1) they did not maintain a permanent place of abode in Maine for the entire taxable year; 2) they maintained a permanent place of abode outside Maine for the entire taxable year; and 3) they spent no more than 30 days in the aggregate in Maine during the taxable year. Under the Foreign Safe Harbor provision, Maine domiciliaries are treated as non-residents if

they are present in a foreign country for 450 days in a 548-day period and do not spend more than 90 days in Maine during that period. Maine's tax rate in 2015 is 6.5 percent on Maine taxable income over \$5,200 for singles and \$10,450 for joint filers, and 7.95 percent for over \$20,900 for singles and \$41,850 for married filing jointly.

Write: Maine Revenue Services, Income Tax Assistance, P.O. Box 9107, Augusta ME 04332-9107.

Phone: (207) 626-8475.

Email: income.tax@maine.gov

Website: www.maine.gov/revenue

MARYLAND

Individuals domiciled in Maryland are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Individuals domiciled elsewhere are also considered residents for tax purposes for the portion of any calendar year in which they are physically present in the state for an aggregated total of 183 days or more. Maryland's tax rate is \$90 plus 4.75 percent of taxable income over \$3,000 up to \$100,000 if filing single and \$150,000 if

filing jointly. It then rises in four steps to \$12,760 plus 5.75 percent of the excess of taxable income over \$250,000 for singles or \$15,072 plus 5.75 percent of the excess over \$300,000 for married filers. In addition, Baltimore City and the 23 Maryland counties impose a local income tax, which is a percentage of the Maryland taxable income, using line 31 of Form 502 or line 9 of Form 503. The local factor varies from 1.25 percent in Worcester County (and for non-residents) to 3.2 percent in Baltimore City, and in Montgomery, Prince George's and Howard counties (see the Comptroller of Maryland's website for details for all counties).

Write: Comptroller of Maryland, Revenue Administration Center, Taxpayer Service Section, 110 Carroll Sreet, Annapolis MD 21411-0001.

Phone: (410) 260-7980, or toll-free 1(800) 638-2937.

Email: taxhelp@comp.state.md.us

Website: www.marylandtaxes.com

MASSACHUSETTS

Individuals domiciled in Massachusetts are considered residents and are subject to tax on their entire income regard-



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If any of these questions affect you, we would be delighted to provide a complimentary analysis with a written report. Our contact information is provided below. We welcome your inquiries.

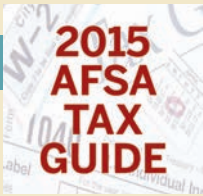
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G. B. Bose, CEO



less of their physical presence in the state. Salaries and most interest and dividend income are taxed at a flat rate of 5.15 percent for 2015. Some income (e.g., short-term capital gains) remains taxed at 12 percent for 2015.

Write: Massachusetts Department of Revenue, Taxpayer Services Division, P.O. Box 7010, Boston MA 02204.

Phone: (617) 887-6367.

Email: Link through the website's "Contact Us" tab.

Website: www.mass.gov/dor/

MICHIGAN

Individuals domiciled in Michigan are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. In 2013 and subsequent years, Michigan's tax is 4.25 percent. Some Michigan cities impose an additional 1- or 2-percent income tax. Detroit imposes an additional 2.5-percent tax.

Write: Michigan Department of Treasury, Lansing MI 48922.

Phone: toll-free (517) 373-3200.

Email: treasIndTax@michigan.gov

Website: www.michigan.gov/treasury

MINNESOTA

Individuals domiciled in Minnesota are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Minnesota's tax rate in 2015 is 5.35 percent on taxable income up to \$25,070 for singles or \$36,650 for married joint filers, rising in three steps to a maximum of 9.85 percent on taxable income over \$154,950 for single filers or \$258,260 for married filing jointly.

Write: Minnesota Department of Revenue, 600 North Robert St., St. Paul MN 55146-5510.

Phone: (651) 296-3781.

Email: individual.incometax@state.mn.us

Website: www.taxes.state.mn.us

MISSISSIPPI

Individuals domiciled in Mississippi are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Mississippi's tax rate is 3 percent on the first \$5,000 of taxable income, 4 percent on the next \$5,000 and 5 percent on taxable income over \$10,000 for all taxpayers, whether filing singly or jointly.

Write: Department of Revenue, P.O. Box 1033, Jackson MS 39215-1033.

Phone: (601) 923-7000.

Email: Link through the website's "Contact Us" tab.

Website: www.dor.ms.gov

MISSOURI

An individual domiciled in Missouri is considered a non-resident, and is not liable for tax on Missouri income if the individual has no permanent residence in Missouri, has a permanent residence elsewhere and is not physically present in the state for more than 30 days during the tax year. Missouri calculates tax on a graduated scale up to \$9,000 of taxable income. Any taxable income over \$9,000 is taxed at a rate of \$315 plus 6 percent of the excess over \$9,000.

Write: Individual Income Tax, P.O. Box 2200, Jefferson City MO 65105-2200.

Phone: (573) 751-3505.

Email: income@dor.mo.gov

Website: www.dor.mo.gov

MONTANA

Individuals domiciled in Montana are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Montana's tax rate for 2015 is 1 percent of taxable income under \$2,800 rising in seven steps to a maximum of 6.9 percent of taxable income over \$17,100. See the website for various deductions and exemptions.

Write: Montana Department of Revenue, P.O. Box 5805, Helena MT 59604-5805.

Phone: (406) 444-6900.

Email: Link through the website's "Contact Us" tab.

Website: www.revenue.mt.gov/home

NEBRASKA

Individuals domiciled in Nebraska are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. For 2015 the individual income tax rates range in four steps from a minimum of 2.46 percent to a maximum of 6.84 percent of the excess over \$29,460 for singles and \$58,920 for joint filers. If adjusted gross income is over \$258,250 for single filers or \$370,800 for joint filers an additional tax of between 0.438 and 0.183 percent is imposed.

Write: Department of Revenue, 301 Centennial Mall South, P.O. Box 94818, Lincoln NE 68509-4818.

Phone: (402) 471-5729.

Email: Link through the website's "Contact Us" tab.

Website: www.revenue.state.ne.us

NEVADA

Nevada does not tax personal income. There is a sales and use tax that varies from 6.85 percent to 8.1 percent depending on local jurisdiction. Additional ad valorem personal and real property taxes are also levied.

Write: Nevada Department of Taxation, 1550 College Pkwy.,

Suite 115, Carson City NV 89706.
Phone: (775) 684-2000.
Website: www.tax.state.nv.us

NEW HAMPSHIRE

The state imposes no personal income tax on earned income and no general sales tax. The state does levy, among other taxes, a 5-percent tax on interest and dividend income of more than \$2,400 annually for single filers and \$4,800 annually for joint filers, and an 8.5-percent tax on business profits, including sale of rental property. There is no inheritance tax. Applicable taxes apply to part-year residents.

Write: Central Tax Services Unit, P.O. Box 3306, Concord NH 03302-3306.

Phone: (603) 230-5000.

Website: www.revenue.nh.gov

NEW JERSEY

A New Jersey domiciliary is considered a non-resident for New Jersey tax purposes if the individual has no permanent residence in New Jersey, has a permanent residence elsewhere and is not physically in the state for more than 30 days during the tax year. Filing a return is not required (unless the non-resident has New Jersey-source income), but it is recommended in order to preserve domicile status. Filing is required on Form 1040-NR for revenue derived from in-state sources. Tax liability is calculated as a variable lump sum plus a percentage from a minimum of 1.4 percent of taxable gross income up to \$20,000, in three steps to 6.37 percent between \$75,000 and \$500,000, and a maximum of 8.97 percent on taxable gross income over \$500,000 for both single and joint filers.

Write: State of New Jersey, New Jersey Division of Taxation, Technical Information Branch, P.O. Box 281, Trenton NJ 08695-0281.

Phone: (609) 292-6400.

Email: Link through the website's "Contact Us" tab.

Website: www.state.nj.us/treasury/taxation

NEW MEXICO

Individuals domiciled in New Mexico are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. The basis for New Mexico's calculation is the federal adjusted gross income figure.

Rates rise from a minimum of 1.7 percent in four steps to a maximum of 4.9 percent on New Mexico taxable income over \$16,000 for single filers and \$24,000 for married filing jointly.

Write: New Mexico Taxation and Revenue Department, 1100 South St. Francis Drive, Santa Fe NM 87504.

Phone: (505) 827-0700.

Email: Link through the website's "Email Us" tab.

Website: www.newmexico.gov

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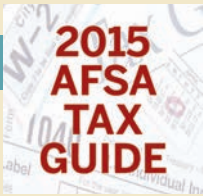
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NEW YORK

There is no tax liability for out-of-state income if the individual has no permanent residence in New York, has a permanent residence elsewhere and is not present in the state more than 30 days during the tax year. Filing a return is not required, but it is recommended to preserve domicile status. The tax rate rises in six steps from a minimum of 4 percent to 6.45 percent of taxable income over \$21,250 for single filers and \$42,450 for married filing jointly; 6.65 percent on taxable income over \$79,600 for single filers and \$159,350 for joint filers; 6.85 percent on taxable income over \$212,500 for single filers or \$318,750 for joint filers; and at 8.82 percent over \$1,062,650 for single filers and over \$2,125,450 for joint filers. In New York City the maximum rate is 3.648 percent over \$90,000 and 3.876 percent over \$500,000. Filing is required on Form IT-203 for revenue derived from New York sources.

Foreign Service employees assigned to the U.S. Mission to the United Nations for a normal tour of duty are considered to be resident in New York state for tax purposes. See the Jan. 16, 2009 memo TSB-M-09(2)I at www.tax.ny.gov/pdf/memos/income/m09_2i.pdf.

Write: New York State Department of Taxation and Finance, Personal Income Tax Information, W.A. Harriman Campus, Albany NY 12227.

Phone: (518) 457-5181.

Email: Link through the website's "Answer Center" tab.

Website: www.tax.ny.gov

NORTH CAROLINA

Individuals domiciled in North Carolina are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. North Carolina charges a flat tax rate of 5.75 percent for 2015. Residents must also report and pay a "use tax" on purchases made outside the state for use in North Carolina.

Write: North Carolina Department of Revenue, P.O. Box 25000, Raleigh NC 27640-0640.

Phone: toll-free 1 (877) 252-3052. From overseas, call 1 (252) 467-9000.

Website: www.dornc.com

NORTH DAKOTA

Individuals domiciled in North Dakota and serving outside the state are considered residents and are subject to tax on their entire income. For the 2015 tax year, the tax rate ranges in four steps from 1.1 percent on North Dakota taxable income up to \$37,450 for single and \$62,200 for joint filers to a maximum of 2.90 percent on taxable income over \$411,500 for single and joint filers.

Write: Office of State Tax Commissioner, State Capitol, 600 E.

Boulevard Ave., Dept. 127, Bismarck ND 58505-0599.

Phone: (701) 328-1247.

Email: individualtax@nd.gov

Website: www.nd.gov/tax

OHIO

Individuals domiciled in Ohio are considered residents and their income is subject to tax, using the federal adjusted gross income figure as a starting base. Ohio's tax rate starts at a minimum of 0.528 percent on taxable income under \$5,200, rising in seven steps to a maximum of 5.333 percent on taxable income over \$208,500 for single and joint filers. Ohio also charges a school district income tax of between 0.5 and 2 percent, depending on jurisdiction.

Write: Ohio Department of Taxation, Taxpayer Services Center, P.O. Box 530, Columbus OH 43216-0530.

Phone: toll-free 1 (800) 282-1780 or (614) 387-0224.

Email: Link through the website's "Contact Us" tab.

Website: www.tax.ohio.gov

OKLAHOMA

Individuals domiciled in Oklahoma are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Oklahoma's tax rate rises in eight stages to a maximum of 5.25 percent on taxable income over \$8,700 for single filers and \$15,000 for married filing jointly.

Write: Oklahoma Tax Commission, Income Tax, P.O. Box 26800, Oklahoma City OK 73126-0800.

Phone: (405) 521-3160.

Email: otcmaster@tax.ok.gov

Website: www.tax.ok.gov

OREGON

Individuals domiciled in Oregon are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. For 2015, Oregon's tax rate rises from 5 percent on taxable income over \$3,350 for single filers and over \$6,700 for married filing jointly, in three steps to 9.9 percent on taxable income over \$125,000 for single filers and \$250,000 for joint filers. Oregon has no sales tax.

Write: Oregon Department of Revenue, 955 Center St. NE, Salem OR 97301-2555.

Phone: (503) 378-4988.

Email: questions.dor@state.or.us

Website: www.oregon.gov/DOR

PENNSYLVANIA

Pennsylvania's tax rate is a flat 3.07 percent. Pennsylvania tax authorities have ruled that Pennsylvania residents in the U.S. Foreign Service are not on federal active duty for state tax purposes,

and thus their income is taxable compensation. For non-Foreign Service state residents, there is no tax liability for out-of-state income if the individual has no permanent residence in the state, has a permanent residence elsewhere, and spends no more than 30 days in the state during the tax year. However, Pennsylvania does not consider government quarters overseas to be a "permanent residence elsewhere." Filing a return is not required, but it is recommended to preserve domicile status. File Form PA-40 for all income derived from Pennsylvania sources.

Write: Commonwealth of Pennsylvania, Department of Revenue, Taxpayer Services Department, Harrisburg PA 17128-1061. Phone: (717) 787-8201.

Email: Link through the website's "Contact Us" tab.

Website: www.revenue.pa.gov

PUERTO RICO

Individuals who are domiciled in Puerto Rico are considered residents and are subject to tax on their entire income regardless of their physical presence in the commonwealth. Normally, they may claim a credit with certain limitations for income taxes paid to the United States on income from sources outside Puerto Rico. Taxes range from 7 percent of taxable income up to \$25,000 to 33 percent of the taxable income over \$61,500 for all taxpayers.

Write: Departamento de Hacienda, P.O. Box 9024140, San Juan PR 00902-4140.

Phone: (787) 727-2020.

Email: infoserv@hacienda.gobierno.pr

Website: www.hacienda.gobierno.pr

RHODE ISLAND

Individuals domiciled in Rhode Island are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. The 2015 Rhode Island tax rate is 3.75 percent of taxable income up to \$60,550 for all filers, 4.75 percent for income over \$59,600 and 5.99 percent of taxable income over \$137,650 for all filers. Also, a 2010 change treats capital gains as ordinary taxable income. Refer to the tax division's website for current information and handy filing hints, as well as for forms and regulations.

Write: Rhode Island Division of Taxation, Taxpayer Assistance Section, One Capitol Hill, Providence RI 02908-5801.

Phone (401) 574-8829, Option 3.

Email: Tax.Assist@tax.ri.gov

Website: www.tax.state.ri.us

SOUTH CAROLINA

Individuals domiciled in South Carolina are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. South Carolina's 2015 tax rates



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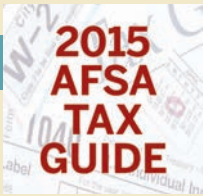
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rise in six steps from 3 percent on the first \$5,820 of South Carolina taxable income to a maximum of 7 percent of taxable income over \$14,550.

Write: South Carolina Tax Commission, P.O. Box 125, Columbia SC 29214.

Phone: (803) 898-5000.

Email: iitax@dor.sctax.gov or through the "Contact Us" tab.

Website: www.sctax.org

SOUTH DAKOTA

There is no state income tax and no state inheritance tax. State sales and use tax is 4 percent; municipalities may add up to an additional 2.75 percent.

Write: South Dakota Department of Revenue, 445 E. Capitol Ave., Pierre SD 57501-3185.

Phone: (605) 773-3311.

Email: Link through the website's "Contact Us" tab.

Website: <http://dor.sd.gov>

TENNESSEE

Salaries and wages are not subject to state income tax, but Tennessee imposes a 6-percent tax on most dividends and interest income of more than \$1,250 for single filers or \$2,500 for joint filers in the tax year.

Write: Tennessee Department of Revenue (Attention: Taxpayer Services), 500 Deaderick St., Nashville TN 37242.

Phone: (615) 253-6000.

Email: TN.Revenue@tn.gov

Website: www.tn.gov/revenue

TEXAS

There is no state personal income tax. State sales tax is 6.25 percent with local additions adding up to 2 percent.

Write: Texas Comptroller, P.O. Box 13528, Capitol Station, Austin TX 78711-3528.

Phone: toll-free 1 (800) 252-5555.

Email: Use email options on "Contact Us" page.

Website: www.window.state.tx.us

UTAH

Utah has a flat tax of 5 percent on all income. Individuals domiciled in Utah are considered residents and are subject to Utah state tax. Utah requires that all federal adjusted gross income reported on the federal return be reported on the state return regardless of the taxpayer's physical presence in the state. Some taxpayers will be able to claim either a taxpayer tax credit or a retirement tax credit, or both (see the Utah State Tax Commission website for explanation).

Write: Utah State Tax Commission, Taxpayer Services Division, 210 North 1950 West, Salt Lake City UT 84134.

Phone: toll-free 1 (800) 662-4335, Option 0, or (801) 297-2200, Option 0.

Email: Link through the website's "Contact Us" tab.

Website: www.tax.utah.gov

VERMONT

Individuals domiciled in Vermont are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. The 2015 tax rate ranges from 3.55 percent on taxable income under \$37,450 for singles and \$62,600 for joint filers to a maximum of 8.95 percent on taxable income over \$411,500 for singles and joint filers.

Write: Vermont Department of Taxes, Taxpayer Services Division, 133 State St., Montpelier VT 05633-1401.

Phone: (802) 828-2505.

Email: Link through the website's "Contact Us" tab.

Website: www.tax.vermont.gov

VIRGINIA

Individuals domiciled in Virginia are considered residents and are subject to tax on their entire income regardless of their physical presence in the state. Individuals domiciled elsewhere are also considered residents for tax purposes for the portion of any calendar year in which they are physically present in the state for 183 days or more. These individuals should file using Form 760. In addition, Virginia requires non-residents to file Form 763 if their Virginia adjusted gross income (which includes any federal salary paid during time they are residing in Virginia) exceeds \$11,950 for single filers and married filing separately, or \$23,900 for married filing jointly. Individual tax rates are: 2 percent if taxable income is less than \$3,000; \$60 plus 3 percent of excess over \$3,000 if taxable income is between \$3,000 and \$5,000; \$120 plus 5 percent of excess over \$5,000 if taxable income is between \$5,000 and \$17,000; and \$720 plus 5.75 percent if taxable income is over \$17,000. In addition, using Form R-1H, Virginia allows employers of household help to elect to pay state unemployment tax annually instead of quarterly.

Write: Virginia Department of Taxation, Office of Customer Services, P.O. Box 1115, Richmond VA 23218-1115.

Phone: (804) 367-8031.

Email: Link through the website's "Contact Us" tab.

Website: www.tax.virginia.gov

WASHINGTON

There is no state income tax and no tax on intangibles such as bank accounts, stocks and bonds. Residents may deduct Washington sales tax on their federal tax returns if they itemize deductions. The state tax rate is 6.5 percent and local additions can increase that to 9.5 percent in some areas.

Write: Washington State Department of Revenue, Taxpayer Ser-

vices, P.O. Box 47478, Olympia WA 98504-7478.
 Phone: toll-free 1 (800) 647-7706.
 Email: Link through the website's "Contact Us" tab.
 Website: www.dor.wa.gov

WEST VIRGINIA

There is no tax liability for out-of-state income if the individual has no permanent residence in West Virginia, has a permanent residence elsewhere and spends no more than 30 days of the tax year in West Virginia. However, non-resident domiciliaries are required to file a return on Form IT-140 for all income derived from West Virginia sources. Tax rates rise in four steps from 4 percent of taxable income over \$10,000 for all filers, to 6.5 percent of taxable income for all filers over \$60,000.

Write: Department of Tax and Revenue, The Revenue Center, 1001 Lee St. E., Charleston WV 25337-3784.

Phone: toll-free 1 (800) 982-8297, or (304) 558-3333.

Email: TaxHelp@wv.gov

Website: www.wvtax.gov

WISCONSIN

Individuals domiciled in Wisconsin are considered residents and are subject to tax on their entire income regardless of where the income is earned. Wisconsin's 2015 tax rate ranges from 4 percent on income up to \$11,090 for single filers or \$14,790 for joint filers, rising in four steps to a maximum of 7.65 percent on income over \$244,270 for single filers or \$325,700 for joint filers.

Write: Wisconsin Department of Revenue, Individual Income Tax Assistance, P.O. Box 8906, Madison WI 53708-8906.

Phone: (608) 266-2772.

Email: DORIncome@revenue.wi.gov

Website: www.dor.state.wi.us

WYOMING

There is no state income tax and no tax on intangibles such as bank accounts, stocks or bonds. State sales tax is 4 percent. Local jurisdictions may add another 4 percent.

Write: Wyoming Department of Revenue, Herschler Building, 122 West 25th St., Cheyenne WY 82002-0110.

Phone: (307) 777-5200.

Email: dor@wyo.gov

Website: <http://revenue.wyo.gov> ■



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STATE PENSION AND ANNUITY TAX

The laws regarding the taxation of Foreign Service annuities vary greatly from state to state. In addition to those states that have no income tax or no tax on personal income, there are several states that do not tax income derived from pensions and annuities. Idaho taxes Foreign Service annuities while exempting certain categories of Civil Service employees. Several websites provide more information on individual state taxes for retirees, but the Retirement Living Information Center at www.retirementliving.com/taxes-by-state is one of the more comprehensive and is recommended for further information.

ALABAMA

Social Security and U.S. government pensions are not taxable. The combined state, county and city general sales and use tax rates range from 7 percent to as much as 10 percent. See also www.revenue.alabama.gov/taxpayerassist/retire.pdf.

ALASKA

No personal income tax. Most municipalities levy sales and/or use taxes of between 2 and 7 percent and/or a property tax. If over age 65, you may be able to claim an exemption.

ARIZONA

Up to \$2,500 of U.S. government pension income may be excluded for each taxpayer. There is also a \$2,100 exemption for each taxpayer age 65 or over. Arizona does not tax Social Security. Arizona state sales and use tax is 5.6 percent, with additions depending on the county and/or city.

ARKANSAS

The first \$6,000 of income from any retirement plan or individual retirement account is exempt (to a maximum of \$6,000 overall). Social Security is not taxed. There is no estate or inheritance tax. State sales and use tax is 6.5 percent; city and county taxes may add another 5.5 percent.

CALIFORNIA

Pensions and annuities are fully taxable. Social Security is not taxed. The sales and use tax rate varies from 7.5 percent (the statewide rate) to 11 percent in some areas.

COLORADO

Up to \$24,000 of pension or social security income can be excluded if individual is age 65 or over. Up to \$20,000 is exempt if age 55 to 64. State sales tax is 2.9 percent; local additions can increase it to as much as 9.9 percent.

CONNECTICUT

Pensions and annuities are fully taxable for residents. Social Security is exempt if federal adjusted gross income is less than \$50,000 for singles or \$60,000 for joint filers. Statewide sales tax is 6.35 percent. No local additions.

DELAWARE

Pension exclusions per person: \$2,000 is exempt under age 60; \$12,500 if age 60 or over. There is an additional standard deduction of \$2,500 if age 65 or over if you do not itemize. Social Security income is excluded from taxable income. Delaware does not impose a sales tax.

DISTRICT OF COLUMBIA

Pension or annuity exclusion of \$3,000 is applicable if 62 years or older. Taxable income excludes Social Security. Sales and use tax is 5.75 percent, with higher rates for some commodities (liquor, meals, etc.).

FLORIDA

There is no personal income, inheritance, gift tax or tax on intangible property. The state sales and use tax is 6 percent. There are additional county sales taxes which could make the combined rate as high as 9.5 percent.

GEORGIA

Individuals who are 62 years or older or totally disabled may exclude up to \$35,000 of retirement income. Up to \$65,000 of retirement income is excludable for taxpayers age 65 or older. Taxable income excludes Social Security. Sales tax is 4 percent statewide, with additions of up to 3 percent depending on jurisdiction.

HAWAII

Pension and annuity distributions from a government pension plan are not taxed in Hawaii. Social Security is not taxed. Hawaii charges a general excise tax of 4 percent instead of sales tax.

IDAHO

In 2015, Civil Service Retirement System and Foreign Service Retirement and Disability System pensions qualify for a deduction of up to \$31,956 for a single return and up to \$47,934 for a joint return if the individual is age 65 or older, or age 62 and disabled. Federal Employees' Retirement System or Foreign Service Pension System pensions do not qualify for this deduction. The deduction is reduced dollar for dollar by Social Security benefits. Social Security itself is not taxed. Idaho state sales tax is 6 percent; some local jurisdictions add as much as another 3 percent.

ILLINOIS

Illinois does not tax U.S. government pensions or Social Security. State sales tax is 6.25 percent. Local additions can raise sales tax to 10.5 percent in some jurisdictions.

INDIANA

If the individual is over age 62, the adjusted gross income may be reduced by the first \$2,000 of any pension, reduced dollar for dollar by Social Security benefits. There is also a \$1,000 exemption if over age 65, or \$1,500 if federal adjusted gross income is less than \$40,000. There is no pension exclusion for survivor

annuitants of federal annuities. Social Security is not taxed in Indiana. Sales tax and use tax in Indiana is 7 percent.

IOWA

Annuities and pensions are generally taxable. A married couple with an income for the year of less than \$32,000 may file for exemption, if at least one spouse or the head of household is 65 years or older on Dec. 31. Single persons who are 65 years or older on Dec. 31 may file for an exemption if their income is \$24,000 or less. The same income tax rates apply to annuities as to other incomes. As of 2014, Social Security benefits are not subject to taxation. Statewide sales tax is 6 percent, with no more than 1 percent added in local jurisdictions.

KANSAS

U.S. government pensions are not taxed. There is an extra deduction of \$850 if the individual is over age 65. Social Security is exempt if federal adjusted gross income is under \$75,000. State sales tax is 6.3 percent, with additions of between 1 and 4 percent depending on jurisdiction.

KENTUCKY

Government pension income is exempt if the individual retired before Jan. 1, 1998. If retired after Dec. 31, 1997, pension/annuity income up to \$41,110 remains fully excludable for 2015. Social Security is exempt. Sales and use tax is 6 percent statewide, with no local sales or use taxes.

LOUISIANA

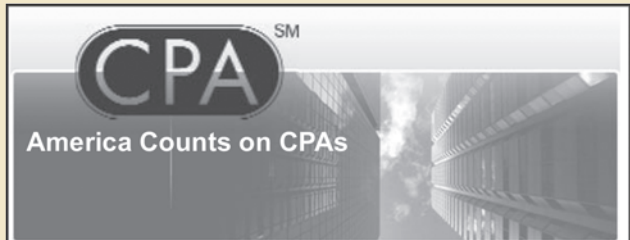
Federal retirement benefits are exempt from Louisiana state income tax. There is an exemption of \$6,000 of other annual retirement income received by any person age 65 or over. Married filing jointly may exclude \$12,000. State sales tax is 4 percent with local additions up to a possible total of 10.75 percent. Use tax is 8 percent regardless of the purchaser's location.

MAINE

Recipients of a government sponsored pension or annuity who are filing single may deduct up to \$10,000 (\$20,000 for married filing jointly) on income that is included in their federal adjusted gross income, reduced by all Social Security and railroad benefits. For those age 65 and over, there is an additional standard deduction of \$1,450 (single), \$1,150 (married filing single) or \$2,200 (married filing jointly). General sales tax is now 5.5 percent, 8 percent on meals and liquor.

MARYLAND

Those over 65 or permanently disabled, or who have a spouse who is permanently disabled, may under certain conditions be eligible for Maryland's maximum pension exclusion of \$29,000. Also, all individuals 65 years or older are entitled to an extra \$1,000 personal exemption in addition to the regular \$3,200 personal exemption available to all taxpayers. Social Security is exempt. See the worksheet



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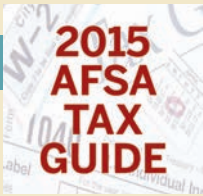
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and instructions in the Maryland Resident Tax Booklet. General sales tax is 6 percent, 9 percent on liquor.

MASSACHUSETTS

Federal pensions and Social Security are excluded from Massachusetts gross income. Each taxpayer over age 65 is allowed an additional \$700 exemption on other income. Sales tax is 6.25 percent.

MICHIGAN

In 2012 and subsequent years, pension benefits included in adjusted gross income from a private pension system or an individual retirement account are deductible for those born before 1946, to a maximum of \$47,309 for a single filer, or \$94,618 for joint filers; public pensions are exempt. If born after 1946 and before 1952, the exemption for public and private pensions is limited to \$20,000 for singles and \$40,000 for married filers. Those born after 1952 are ineligible for any exemption until age 67. Social Security is exempt. Full details at: www.michigan.gov/documents/taxes/PensionBenefitsChart_479546_7.pdf. Michigan's state sales tax rate is 6 percent. There are no city, local or county sales taxes.

MINNESOTA

Social Security income is taxed by Minnesota to the same extent it is on your federal return. If your only income is Social Security, you are not required to file an income tax return. All federal pensions are taxable,

but single taxpayers who are over age 65 or disabled may exclude some income if federal adjusted gross income is under \$33,700 and non-taxable Social Security is under \$9,600. For a couple, the limits are \$42,000 for adjusted gross income and \$12,000 for nontaxable Social Security. Statewide sales and use tax is 6.875 percent; some local additions may increase the total to 9.53 percent.

MISSISSIPPI

Social Security, qualified retirement income from federal, state and private retirement systems, and income from individual retirement accounts are exempt from Mississippi tax. There is an additional exemption of \$1,500 on other income if over 65. Statewide sales tax is 7 percent.

MISSOURI

Public pension income may be deducted if Missouri adjusted gross income is less than \$100,000 when married filing jointly or \$85,000 for single filers, up to a limit of \$36,442 for each spouse. The maximum private pension deduction is \$6,000. You may also deduct 100 percent of Social Security income if over age 62 and federal adjusted gross income is less than the limits above. Sales tax is 4.225 percent; local additions may add another 2 percent.

MONTANA

There is a \$3,980 pension income exclusion if federal adjusted gross income is less

than \$33,200. Those over age 65 can exempt an additional \$800 of interest income for single taxpayers and \$1,600 for married joint filers. Social Security is subject to tax. Montana has no general sales tax, but tax is levied on the sale of various commodities.

NEBRASKA

U.S. government pensions and annuities are fully taxable. Social Security is taxable. State sales tax is 5.5 percent, with local additions of up to 2 percent.

NEVADA

No personal income tax. Sales and use tax varies from 6.85 to 8.1 percent, depending on local jurisdiction.

NEW HAMPSHIRE

No personal income tax. There is no inheritance tax. There is a 5-percent tax on interest/dividend income over \$2,400 for singles (\$4,800 married filing jointly). A \$1,200 exemption is available for those 65 or over. No general sales tax.

NEW JERSEY

Pensions and annuities from civilian government service are subject to state income tax, with exemptions for those who are age 62 or older or totally and permanently disabled. However, see this link for the distinction between the "Three-year method" and the "General Rule method" for contributory pension plans: www.state.nj.us/treasury/taxation/njit6.shtml. Singles and heads of households can exclude up to

\$15,000 of retirement income; those married filing jointly up to \$20,000; those married filing separately up to \$10,000 each. These exclusions are eliminated for New Jersey gross incomes over \$100,000. Residents over 65 may be eligible for an additional \$1,000 personal exemption. Social Security is not taxed. State sales tax is 7 percent.

NEW MEXICO

All pensions and annuities are taxed as part of federal adjusted gross income. Taxpayers 65 and older may exempt up to \$8,000 (single) or \$16,000 (joint) from any income source if their income is under \$28,500 (individual filers) or \$51,000 (married filing jointly). The exemption is reduced as income increases, disappearing altogether at \$51,000. New Mexico has a gross receipts tax, instead of a sales tax, of 5.125 percent; county and city taxes may add another 6.625 percent in some jurisdictions.

NEW YORK

Social Security, U.S. government pensions and annuities are not taxed. For those over age 59½, up to \$20,000 of other annuity income (e.g., Thrift Savings Plan) may be excluded. See New York state's Publication 36 at www.tax.ny.gov/pdf/publications/income/pub36.pdf for details. Sales tax is 4 percent statewide. Other local taxes may add up to an additional 5 percent.

NORTH CAROLINA

Pursuant to the “Bailey” decision (see www.dorn.com/taxes/individual/benefits.html), government retirement benefits received by federal retirees who had five years of creditable service in a federal retirement system on Aug. 12, 1989, are exempt from North Carolina income tax. Those who do not have five years of creditable service on Aug. 12, 1989, must pay North Carolina tax on their federal annuities. As of 2014, the \$4,000 deduction is no longer available. For those over age 65, an extra \$750 (single) or \$1,200 (couple) may be deducted. Social Security is exempt. State sales tax is 4.75 percent; local taxes may increase this by up to 3 percent.

NORTH DAKOTA

All pensions and annuities are fully taxed. Social Security is exempt. General sales tax is 5 percent, 7 percent on liquor. Local jurisdictions impose up to 3 percent more.

OHIO

Retirement income is taxed. Taxpayers 65 and over may take a \$50 credit per return. In addition, Ohio gives a tax credit based on the amount of the retirement income included in Ohio adjusted gross income, reaching a maximum of \$200 for any retirement income over \$8,000. Social Security is exempt. State sales tax is 5.75 percent. Counties and regional transit authorities may add to this, but the total must not exceed 8.75 percent.

OKLAHOMA

Individuals receiving Federal Employees’ Retirement System, Foreign Service Pension System or private pensions may exempt up to \$10,000, but not to exceed the amount included in the federal adjusted gross income. Since 2011, 100 percent of a federal pension paid in lieu of Social Security (i.e., Civil Service Retirement System and Foreign Service Retirement and Disability System—“old system”—including the CSRS/FSRDS portion of an annuity paid under both systems) is exempt. Social Security included in federal adjusted gross income is exempt. State sales tax is 4.5 percent. Local and other additions may bring the total up to 9.5 percent.

OREGON

Generally, all retirement income is subject to Oregon tax when received by an Oregon resident. However, federal retirees who retired on or before Oct. 1, 1991, may exempt their entire federal pension; those who worked both before and after Oct. 1, 1991, must prorate their exemption using the instructions in the tax booklet. If you are over age 62, a tax credit of up to 9 percent of taxable pension income is available to recipients of pension income, including most private pension income, whose household income was less than \$22,500 (single) and \$45,000 (joint), and who received less than \$7,500 (single)/\$15,000 (joint) in Social Security benefits. The credit is the lesser

of the tax liability or 9 percent of taxable pension income. Oregon does not tax Social Security benefits. Oregon has no sales tax.

PENNSYLVANIA

Government pensions and Social Security are not subject to personal income tax. Pennsylvania sales tax is 6 percent. Other taxing entities may add up to 2 percent.

PUERTO RICO

The first \$11,000 of income received from a federal pension can be excluded for individuals under 60. For those over 60, the exclusion is \$15,000. If the individual

receives more than one federal pension, the exclusion applies to each pension or annuity separately. Social Security is not taxed.

RHODE ISLAND

U.S. government pensions and annuities are fully taxable. Sales tax is 7 percent; meals and beverages are taxed at 8 percent.

SOUTH CAROLINA

Individuals under age 65 can claim a \$3,000 deduction on qualified retirement income; those 65 years of age or over can claim a \$10,000 deduction on qualified retirement income. A resident of South

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Carolina who is 65 years or older may claim a \$15,000 deduction against any type of income (\$30,000 if both spouses are over 65), but must reduce this figure by any other retirement deduction claimed. Social Security is not taxed. Sales tax is 6 percent plus 1 percent in some counties. Residents aged 85 and over pay 5 percent.

SOUTH DAKOTA

No personal income tax or inheritance tax. State sales and use tax is 4 percent; municipalities may add up to an additional 2 percent. Residents who are age 66 and older and have a yearly income of under \$10,250 (single) or in a household where the total income was under \$13,250 are eligible for a sales tax or a property tax refund.

TENNESSEE

Social Security, pension income and income from individual retirement accounts and Thrift Savings Plans are not subject to personal income tax. Most interest and dividend income is taxed at 6 percent if over \$1,250 (single filers) or \$2,500 (married filing jointly). However, for tax year 2015 and subsequently, those over age 65 with total income from all sources of less than \$37,000 for a single filer and \$68,000 for joint filers are completely exempt from all taxes on income. State sales tax is 5 percent on food, 7 percent on other goods, with between 1.5 and 2.75 percent added, depending on jurisdiction.

TEXAS

No personal income tax or inheritance tax. State sales tax is 6.25 percent. Local options can raise the rate to 8.25 percent.

UTAH

Utah has a flat tax rate of 5 percent of all income. For taxpayers over age 65, there is a retirement tax credit of \$450 for single filers and \$900 for joint filers. This is reduced by 2.5 percent of income exceeding \$25,000 for single filers and \$32,000 for joint filers. See the state website for details. State sales tax is 4.7 percent; local option taxes may raise the total to as much as 9.95 percent.

VERMONT

U.S. government pensions and annuities are fully taxable. State general sales tax is 6 percent; local option taxes may raise the total to 7 percent (higher on some commodities).

VIRGINIA

Individuals over age 65 can take a \$12,000 deduction. The maximum \$12,000 deduction is reduced by one dollar for each dollar by which adjusted gross income exceeds \$50,000 for single, and \$75,000 for married, taxpayers. All taxpayers over age 65 receive an additional personal exemption of \$800. Social Security income is exempt. The estate tax was repealed for all deaths after July 1, 2007. The general sales tax rate is 5.3 percent (4.3 percent state tax and 1 percent local tax,

with an extra 0.7 percent in northern Virginia).

WASHINGTON

No personal income tax. Retirement income is not taxed. State sales tax is 6.5 percent; rates are updated quarterly. Local taxes may increase the total to 9.5 percent.

WEST VIRGINIA

Up to \$2,000 of any civil or state pension is tax exempt. Social Security income is taxable only to the extent that the income is includable in federal adjusted gross income. Taxpayers age 65 and older or surviving spouses of any age may exclude the first \$8,000 (individual filers) or \$16,000 (married filing jointly) of any retirement income. Out-of-state government pensions qualify for this exemption. State sales tax is 6 percent with additions of between 0.5 and 1 percent in some jurisdictions.

WISCONSIN

Pensions and annuities are fully taxable. Those age 65 or over may take two personal deductions totaling \$950. Benefits received from a federal retirement system account established before Dec. 31, 1963, are not taxable. Social security is not taxable. Those over age 65 and with a federal adjusted gross income of less than \$15,000 (single filers) or \$30,000 (joint filers) may exclude \$5,000 of income from federal retirement systems or individual retirement accounts. Those over age 65 may take an additional personal deduction of \$250. State sales tax is 5 percent; most counties charge an extra 1.5 percent.

WYOMING

No personal income tax. State sales tax is 4 percent. Local taxes may add another 4 percent. ■

—James Yorke, Senior Labor Management Advisor



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■ **Arija Bianka Ozolins Hutson**, 74, the wife of retired FSO Thomas R. Hutson, died on Nov. 4 in Nebraska City, Neb., after a courageous battle with pancreatic cancer.

Arija Hutson was born Sept. 7, 1941, on the eve of World War II, in the Latvian countryside. Her family fled the country in 1944, following the Soviet invasion and occupation of Free Latvia, spending six years as refugees and in camps in Germany.

The family finally found safety and hope in the American sector of divided Berlin, where they remained as “displaced persons” until 1950, when a Lutheran church in Hanover, Kan., sponsored them to live in an unoccupied farmhouse (with the handsome income of \$1/day plus all the food they could raise).

With this move, the family was finally able to begin a new life. This arrangement was followed by a similarly impoverished one near Mead, Neb., before they settled more permanently in Lincoln, Neb., where two Latvian churches and a strong Latvian community thrived. Mrs. Hutson’s father supported the family as a laborer in a flour mill, and longed to return to his home country until his death in 1979.

She attended the University of Nebraska in Lincoln, where she studied architecture, and where she met her future husband, Thomas Raymond Hutson. They were married for more than 52 years.

Mrs. Hutson joined her husband in postings to Tehran, Belgrade, Winnipeg, Moscow, Lagos, Taipei and Bridgetown, particularly enjoying the close, lifelong friendships and associations she developed overseas. She was an avid collector, bowler, biker, hiker, animal lover and gardener.

Family members recall that she was a magnificent mother, ensuring that her

children had no choice but to succeed, and was stalwart in living her own way as a Foreign Service wife. Indeed, like many FS spouses, she was the anchor of the family in any and all strange ports of call and in both memorable and challenging times.

Mrs. Hutson also was a PIT (Part-Time Intermittent, Temporary) accountant in Moscow, where she worked to resolve retirement accounts for FSOs.

The tragic murder of the Hutsons’ oldest child, Elizabeth Maren “Bessie” Hutson (1964-1993), in Washington, D.C., changed the family forever. Mrs. Hutson honored her daughter’s memory by devoting much of her time thereafter to saving animals on a small acreage near Thurman, Iowa. There she tended bounteous flower gardens and meticulously manicured lawns until the very end with her large riding mower!

Mrs. Hutson’s triumphant battle against ovarian cancer 30 years before her passing, as well as her inner strength and courage, continue to serve as a source of inspiration for her family and close friends.

She is survived by her daughter, Amy Marie Hutson; her son, Peter Martin Hutson; husband, Thomas Raymond Hutson; two sisters, Edite Biruta Ozolins Evans and Elizabete Gundega Ozolins; one brother, John (Janis) Vikskonts Ozolins; and six grandchildren (Julia Averill Hutson, James Matthew Dayton Hutson, Karoline Arija Anderssen Hutson, Esmija Laima Hutson, Sasha Rovinsky and Max Rovinsky).

Her oldest daughter (Elizabeth Maren Hutson) and oldest grandchild (Benjamin Thomas Hutson) predeceased her.

In Arija Hutson’s memory, contributions may be sent to Hearts United for Animals, Box 286, Auburn NE 68305 (www.hua.org).

■ **Douglas Ralph Keene**, 71, a retired Foreign Service officer, died on Oct. 7, at the Pine Point Center in Scarborough, Maine.

Born in Malden, Mass., in 1944, Mr. Keene graduated from Reading High School in 1962, and went on to earn a B.A. degree from Colby College in Waterville, Maine in 1966. A civil rights advocate from a young age, he spent a semester of his junior year as an exchange student at Fisk University in Nashville, Tenn.

Mr. Keene worked briefly for the IRS before joining the Foreign Service in 1967 for a 35-year diplomatic career spent mostly in the Middle East.

His first posting was Vietnam, in 1968, where he served as district senior adviser for the Civil Operations and Revolutionary Development Support program in Go Cong Province.

Next he was posted to Warsaw (1971-1973) and Karachi (1973-1975). After five years in Washington in the Bureau of Political Military Affairs, he served as the first political-military officer at Embassy Cairo (1980-1983). There he was present at the military parade during which Anwar Sadat was assassinated.

Mr. Keene served as deputy principal officer at the U.S. Consulate in Jerusalem from 1983 to 1986, and then deputy chief of mission (DCM) in Muscat from 1986 to 1989. He came back to Washington to attend the Foreign Service Senior Seminar, and was then named director of Arabian Peninsula affairs during the first Gulf War.

He returned to the Middle East as DCM in Amman (1991-1994) and attended the Middle East Peace Conference in Madrid as liaison to the Jordanian and Palestinian delegation.

Mr. Keene spent the next year at the Center for National Security Studies at Los Alamos National Laboratory and

then acted as a senior adviser for Middle East affairs in the U.S. delegation to the United Nations General Assembly every fall from 1995 to 2000.

Mr. Keene retired in 2002, after serving in the Historian's Office and the Office of Press Relations. During his career, he received the Vietnam medal, two Superior Honor Awards, three Meritorious Honor Awards and his favorite, a Cross of Merit of the Order of the Brotherhood of the Holy Sepulchre.

In retirement, Mr. Keene divided his time between homes in McLean, Va., and Ocean Park, Maine. With his wife, Beth, he indulged his continuing desire to travel, with trips to China, Russia, Machu Picchu, Galapagos, Vietnam, Turkey, Greece, Croatia, Spain, Portugal and many other places.

In Virginia, he developed his wine cellar and enjoyed fine dining and theater in the Washington, D.C., area. A history lover, he also undertook to follow the major Civil War campaign trails in chronological order, from First Manassas to Appomattox. The Vicksburg Campaign and Sherman's March, in particular, involved fascinating two-week trips across the back roads of the South.

During summers in Ocean Park, he played tennis, loved his beach naps and cultivated his garden. Serving as the community archivist, he authored a booklet "Ocean Park, Maine, 1981-2006" for the town's 125th anniversary. His greatest pleasure was the time spent with family and grandchildren at the beach, on the shuffleboard court or around the Chinese Checkers board.

Mr. Keene is survived by his wife, Beth Adams Keene; two sons, Garrett Merrill Keene of McLean, Va., and Sterling Douglas Keene (and his wife, Heidi Schlecht) of Los Gatos, Calif.; grandsons Taylor Michael of Portsmouth, N.H.,

Dylan Keene of South Portland, Maine, and Ryan McKean of Cape Elizabeth, Maine; granddaughter Shani Keene of Los Gatos, Calif.; great grandson Treyton Tyler Keene of Saco, Maine; brother David Stanley Keene (and his wife, Vicki) of Andover, Mass.; sisters-in-law Stephanie Blecharczyk and Nancy Adams of East Boothbay, Maine; and beloved nieces and nephews.

Donations in Mr. Keene's memory may be sent to the AFSA Scholarship Fund, 2101 E St. NW, Washington DC 20037.

■ **William Randall Salisbury, 75**, a retired Foreign Service officer, died on Nov. 14, in Woodbridge, Conn.

Mr. Salisbury earned a bachelor's degree in classical studies at St. John's College in Annapolis. A Root-Tilden Scholar at New York University School of Law, he also held a bachelor of laws degree and an LL.M. in international law.

He entered the Foreign Service in 1967, specializing in political affairs, and worked with the Office of the Legal Adviser at the State Department on negotiations for the Law of the Sea Treaty, and with the Office of Legal Counsel to the U.S. Arms Control and Disarmament Agency on negotiations for treaties banning chemical and biological weapons.

Mr. Salisbury served in India and the Bahamas—where he helped set up the new embassy after the country's independence. He also served in Germany, the Netherlands and Finland, but worked on issues throughout Europe, particularly U.S.-European Union political relations.

He also served as chairman of AFSA's Legal Committee and chairman of the Secretary of State's Open Forum Panel, at which time he was instrumental

in obtaining recognition for Foreign Service wives as private individuals not subject to inclusion in their husband's efficiency reports.

During his retirement, Mr. Salisbury worked as an actor in Washington, D.C.-area theaters and in TV and film. Always a serious scholar, and an avid reader of classical literature, he regularly attended classes in philosophy and classical history at Yale University after his 2003 move to Connecticut.

Mr. Salisbury is survived by his ex-wife, Diane, also a Foreign Service officer; a son, Randall; and a daughter, Avery.

■ **Jack Morgan Smith Jr., 89**, a retired Foreign Service officer, died on April 20 at West Hills Hospital in West Hills, Calif., of lung cancer.

Born in Atlanta, Ga., and graduated from Atlanta Boys' High School in 1944, Mr. Smith began undergraduate studies at Georgia Tech before his education was interrupted by service in the U.S. Army during World War II.

Returning from the Philippines, he received a B.A. in political science from Emory University in 1948 and then started graduate studies at The George Washington University in Washington, D.C.

Mr. Smith joined the Foreign Service in 1950, beginning a 35-year diplomatic career with a particular focus on facilitating American trade in Latin America.

On his first Foreign Service assignment, in Frankfurt, he met and married the former Gabriele (Gaby) Wioska. During the 1950s, he served in Frankfurt, Karachi and Rome.

Returning to Washington from 1960 to 1964, he worked on export licensing policy for Soviet Bloc countries in the Office of East-West Trade. He was

then assigned as chief of the economic section in Bern, a time the whole family remembers as halcyon years of European travel and regular visits with a sister and cousins on the German side of the family.

Back in Washington, D.C., from 1968 to 1976, Mr. Smith served as deputy director and economic officer for Spain and Portugal, and later for Argentina, Paraguay and Uruguay, making recommendations for a program of economic aid to the new revolutionary government in Portugal—which then-Secretary of State Henry Kissinger accepted—and helping navigate the change in relations following the military coup in Argentina.

He went on to serve as counselor for commercial affairs in São Paulo and in Brasília, and as counselor for commercial affairs in Mexico City, where he was responsible for the American export promotion program. He next became Latin American trade coordinator for the Los Angeles District Office of the U.S. Department of Commerce.

On retiring in 1985, Mr. Smith continued his public service, as president and membership chair of the Topanga Symphony for the next 30 years.

He is survived by his wife of 62 years, Gaby, of Woodland Hills, Calif.; four children, son Raymond Smith (and his wife, Suzy) of Newport Beach, R.I., son Mark Smith (and his wife, Tammy) of Spring, Texas, daughter Sylvana Smith of Mebane, N.C., and daughter Diana Smith Merville (and her husband, Brad) of Thousand Oaks, Calif.; and five grandchildren, Leah Merville, Caleb Smith, Braden Merville, Ryan Smith and Travis Merville.

Mr. Smith was preceded in death by his parents, Jack and Dee, and one sister, Janet Smith DeMille of Atlanta, Ga.

■ **Christopher Donald Ward, 60**, a retired Foreign Service officer with the State Department and the U.S. Information Agency, died on Oct. 19 at his home in Washington, D.C., of sudden cardiac arrest.

Born in Evanston, Ill., in 1955, the son of a Congregational minister and a stage and TV actress, Mr. Ward spent his early years in Yankton, S.D. There his father was president of Yankton College, founded by his great-grandfather, Joseph Ward.

Mr. Ward was very proud of his family heritage, and often told people of Joseph Ward's statue in the U.S. Capitol and the fact that Ward Circle in northwest Washington, D.C., was dedicated to his great-great-great-grand-uncle, Major General Artemas Ward (1727-1800).

Mr. Ward met his wife, Saaraliisa Ylitalo, at Lawrence University in Appleton, Wis., before he transferred to Northwestern University in Evanston, Ill. One of the first homes they made together was in Madison, Wis., where he was voted the best DJ in the city on WORT, a listener-sponsored community radio station.

In 1985, Mr. Ward began a 24-year career in the Foreign Service, traveling the world with his growing family. He served in Costa Rica twice (1986-1989, 2000-2004), Japan (1990-1995), Peru (1997-2000) and South Africa (2004-2007), in addition to Washington, D.C.

After retiring from the Service in 2009, Mr. Ward taught in the Arlington Public Schools as a full-time substitute teacher at Kenmore Middle School.

He was extremely proud of his three children: Vanessa, a Peace Corps Volunteer in Kyrgyzstan; Heather, who holds a PhD in Marine Biology and studied sexual selection in octopuses at the Uni-

versity of Hawaii at Manoa; and Seth, who studied art and graphic design, and now works in the Hollywood film industry.

Family members cherish their memories of the passion and spirit of adventure with which Mr. Ward lived every day to its fullest, absorbing the world in every way he could. He had a deep love of knowledge, irony and the absurd in all of the arts, and loved his family above all else.

Along the way, he was named "most romantic man" by *Isthmus*, an alternative weekly paper in Madison, Wis., and was a five-time Jeopardy! champion in 1998. He was also said to bear an uncanny resemblance to Mark Twain.

Mr. Ward is survived by his wife, Saaraliisa; three children, Vanessa (and her husband, Tim) of Washington, D.C., Heather of Hawaii, and Seth of Los Angeles, Calif.; and two grandchildren, Sonia and Evelyn of Washington, D.C.

The family asks that in lieu of flowers donations in Mr. Ward's memory be made to Blue Ventures, a Marine Life Conservation Association working to create sustainable fisheries in international communities (www.virginmoneygiving.com/SomeoneSpecial/ChrisWard) or to Kenmore Middle School's Library (200 S. Carlin Springs Rd., Arlington VA 22204). ■

The Journal publishes obituaries of members of the Foreign Service community on receiving a request to do so from an immediate relative or colleague. Write to Journal@afsa.org for more information.

Diplomacy Across the Pond

Our Man in Charleston: Britain's Secret Agent in the Civil War South

Christopher Dickey, Crown Publishers, 2015, hardcover, \$27, 325 pages.

REVIEWED BY STEPHEN H. MULLER

Robert Bunch, Great Britain's consul in Charleston, South Carolina, from 1853 to 1863, had what a contemporary Foreign Service officer would likely consider a dream assignment. He was on his own at a post of critical importance during a time of earthshaking events, and his reports went directly to the British Foreign Secretary.

But as the saying goes, be careful what you wish for!

Our Man in Charleston tells several stories. First and foremost, it recounts Bunch's remarkable life and career. But it also offers insights into the British Foreign Office of the time, on relations between the United States and Great Britain in the period before and during the Civil War, and on developments in the South leading up to secession.

Amanda Foreman's *A World on Fire: Britain's Crucial Role in the American Civil War* covers the bilateral relations of this era much more comprehensively, but Dickey's book reviews the main developments and issues in sufficient detail for readers who don't want to tackle Foreman's 800-page volume. (Bunch rates four mentions in Foreman's work and, spoiler alert, U.S. Secretary of State William H. Seward does not come off well in either book.)

Bunch was an avid abolitionist, and he sent a steady stream of reports to the Foreign Office's Anti-Slavery Department on the U.S. slave trade. In one such report,

"Observations on the Price of Negroes," he presciently predicted that the opening of new territory to cotton cultivation would require more slaves than could be found in the South, and that the Southern states would inevitably need to procure new sources from abroad.

This kind of reporting gave Bunch direct access to the Foreign Secretary, but that turned out to be a mixed blessing for Bunch's career. The consul was very much a Foreign Office outsider: he had no title, no family, university or political connections, and no military career.

In fact, he apparently never even lived in Great Britain. He was born in Colombia to a British adventurer father and lived in

women who held frightful opinions and committed atrocious acts, and yet he wished them to think of him as a sympathetic friend."

In fact, he did such a good job of disguising his personal feelings that not only his Charleston contacts believed he was pro-South—but the U.S. government did, too. Bunch even came to the attention of William H. Seward, who had become Secretary of State in 1861 and withdrew Bunch's authorization to serve as a British consular agent.

Following secession, however, Seward's writ did not extend to South Carolina, and the British kept Bunch in Charleston until early 1863 when it looked

Given his personal feelings on slavery, Bunch had to walk a fine line to maintain access and influence in Charleston.

like the city could be attacked by Union forces.

New York City. He had an American wife, and served as deputy consul in New York City before his transfer to Charleston.

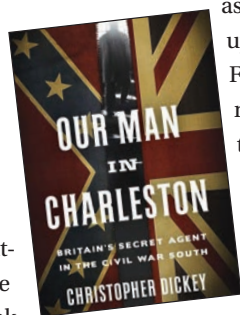
To many of his colleagues Bunch was, as the British say, "a jumped-up nobody," and many in the Foreign Office bureaucracy resented his direct access to the Foreign Secretary. Even Dickey, a sympathetic biographer, calls Bunch a "careerist" and "a man of relentless ambition" who occasionally lobbied for promotions and pay increases at inopportune times.

Despite this, the British minister (as London's ambassador was titled) in Washington, D.C., and the Foreign Office both relied on his reporting at critical periods.

Given his personal feelings on slavery, Bunch had to walk a fine line to maintain access and influence in Charleston. As Dickey notes, he led a double life: "He found himself mingling with men and

Bunch's contemporary reporting on the events of 1860-1861 is important in light of the recent controversy over the Confederate battle flag and the reasons behind secession. He leaves no doubt that the leaders of the South Carolina secession movement—the "Fire Eaters"—sought to secede to protect slavery as an institution, expand it to new territory in the United States and possibly elsewhere in the Western Hemisphere, and reopen the African slave trade.

Few mid-level diplomats have the opportunity to influence events at the highest political level. Bunch had this chance, and he made the best of it. His reporting on conditions and attitudes in the South was instrumental in convincing the British government not to recognize the Confederacy, thereby denying it access to British markets and making the Civil War unwinnable for the South.



Stephen H. Muller spent 26 years as a Foreign Service economic officer, serving in Quito, Brasilia, Mexico City, Ottawa, London and

Washington, D.C. After retiring in 2000, he worked for 12 years as a writer and editor for a group of newsletters serving the electric utility industry. He currently lives in Troy, New York, where he does freelance writing and serves on the boards of several nonprofits.

A Proud History Finally Receives Its Due

African-Americans in U.S. Foreign Policy: From the Era of Frederick Douglass to the Age of Obama

Linda Herwood, Allison Blakely, Charles Stith and Joshua C. Yesnowitz, editors; University of Illinois Press, 2015; \$25/ paperback, \$14.87/Kindle; 264 pages.

REVIEWED BY CHARLES A. RAY

The concept of this book, a survey of African-American involvement in U.S. foreign policy throughout our nation's history, originated at a conference on "African-Americans and U.S. Foreign Policy" held at Boston University in October 2012. Organized by editors Linda Herwood

These contributions are of value not just to our minority diplomats, but to every individual involved in the conduct of American diplomacy.

and Charles Stith, a former ambassador, the event drew more than 350 scholars, former diplomats, State Department officials, students and members of the general public.

Students of American diplomatic history are indeed fortunate that the conference organizers decided to gather the papers delivered there for publication as a book that outlines the significant, though often ignored or marginalized, role African-Americans have played in the development of the country's foreign policy.

With an introduction by Walter C. Carrington and an epilogue by Charles Stith, both distinguished African-American diplomats, the essays in *African-Americans in U.S. Foreign Policy* examine how the role of black elites, as well as the rest of the African-American community, has evolved over the past century into a central policymaking role on the global stage.

While this volume is not all-encompassing and, in places, is extremely academic in tone, it does fill in a lot of gaps in U.S. diplomatic history. These contributions are of value not just to our minority diplomats, but to every individual involved in the conduct of American diplomacy. After all, a fuller understanding of our past will help Foreign Service members effectively execute our overseas missions today.

As the early essays in this volume recount, the first wave of black U.S. diplomats came during the administration of



Ulysses Grant (1869-1877). Republicans appointed black supporters to diplomatic and consular positions, primarily in African or Caribbean posts, to appeal to newly enfranchised black voters.

Later sections trace the effects of the Rogers Act's merging of the diplomatic and consular services in 1924, detail the emergence of the "New Negro" (exemplified by Ralph Bunche and Alain Locke) during the period between World War I and the beginning of the Cold War, and remind us of the (often schizophrenic) road African-American diplomats had to

walk during the civil rights era.

Of particular interest to me was the section on Carl Rowan, which highlighted the balancing act African-Americans faced during the height of the Cold War.

During those years any criticism of domestic issues, such as segregation and discrimination, was often met with accusations of disloyalty or communist sympathies.

Having begun my government career in 1962, when I enlisted in the Army, I am intimately familiar with the difficulties African-Americans serving the country abroad faced.

We were regularly confronted by foreigners who challenged America's right to criticize other countries for their human rights records while denying civil rights to 20 percent of the U.S. population on the basis of race. As a diplomat in China in 1985, for instance, I constantly had to balance my awareness that America was not without problems against my sworn duty to support national policy.

Though some of the essayists recount the numerous injustices many African-American diplomats have suffered while serving their country over the past 150 years (and continue to experience in some cases), others remind us of the gains that have been made in recent years—and their very real contributions to formulating and implementing U.S. foreign policy.

For all these reasons, *African-Americans in U.S. Foreign Policy* is a valuable resource for anyone seeking a fuller understanding of minority participation in American foreign policy since the Civil War. ■

Charles A. Ray retired from the Foreign Service in 2012 after a 30-year career that included ambassadorships to Cambodia and Zimbabwe.

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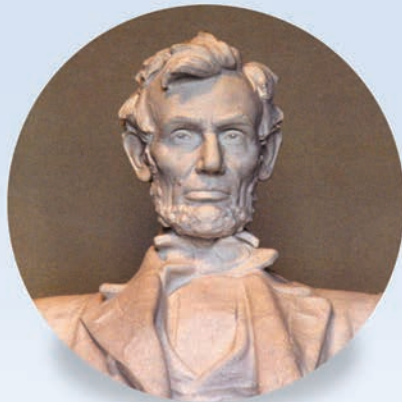
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The Foreign Service and a Girl Named Alex

BY JIM PATTERSON

The 25th anniversary of the Americans with Disabilities Act last year was an important occasion for all Americans. When he signed the ADA into law on July 26, 1990, former President George H.W. Bush declared that the shameful wall of exclusion for the disabled should come down.

My daughter Alexandra was born at Arlington Hospital in 1989. When a nurse recognized Alex had a circulatory problem, she was quickly transferred to Georgetown University Hospital.

The surgeon explained that Alex's arteries were transposed and she needed immediate heart surgery.

Based on the enormity of the cardiac problem and the smallness of Alex, I could not believe she would survive. She survived surgery that early March morning in 1989, as well as several other surgeries, but required a long recovery period.

I was in the Foreign Service, which by law required that not only diplomats be "able bodied," but our children as well. Alex's health was not an immediate problem, however.

Meanwhile, the ADA became law, and Congress amended the Rehabilitation Act of 1973 to include all of its legal protections for the disabled, including protection from associational discrimination,



Jim Patterson, a retired FSO and AFSA life member, is a contributor to TheHill.

com and writes on technology from his San Francisco office. He is a member of DACOR, the Society of Historians of American Foreign Relations and the California State Society. He blogs at www.JEPDiplomacy.blogspot.com.

The ADA and Alex were born about the same time. Both made important contributions to disability rights.

on Oct. 30, 1992.

In February 1993 senior diplomats moved to force me out of the Foreign Service and into the Civil Service. Their reason was Alex. Fighting for her life, Alex was, they said, an insurance burden to the Foreign Service.

Later, as I looked at Alex lying in her small hospital bed with tubes, monitors and 24-hour nurses, I determined to fight my dismissal from the Foreign Service. I thought Alex would grow to be an adult with a disability who might face less discrimination if, as her father, I refused to accept associational discrimination and my dismissal.

I fought like hell for three years, until senior diplomats changed their "final," "non-appealable" and "irreversible" discriminatory decision the day after a 1,000-word article on Alex appeared in the *New York Times*. I went from being a workplace pariah to being an accepted disability rights activist, but at a heavy personal toll. While fighting disability discrimination, I became disabled with depression.

In a 1997 letter, State's disabled Assistant Secretary of Equal Employment Opportunity and Civil Rights Deidre Davis told me the department had delinked medical clearances of dependents from an applicant's appointment to the Foreign Service. No qualified candidate with a disability or disabled child could be rejected from serving America regardless of the

severity of the disability.

Alex died in 2006. She was a brave and beautiful young woman.

Early in 2015, I sent Alex's picture and a letter to former President George H.W. Bush and to President Barack Obama explaining how the ADA helped Alex during her brief 17 years. I included a quote from actress Helen Hayes: "Childhood is a short season."

A response from former President Bush, himself the father of a disabled child who passed away too soon, came in late July. "I particularly enjoyed the picture of Alex. What a lovely young girl," Pres. Bush said. "I do think [the ADA] made a difference in many lives."

It sure did. So did my little girl Alex, forever 17.

A few days later, I received a response from the Obama White House: "Your words and Alex's story will remain in my thoughts. Her life is a testament to the belief that all people—regardless of physical ability—have something special to contribute to the American story, and her legacy is a part of our journey toward greater access, opportunity and inclusion for all people."

Time and chance make people and can change cruel policies and hearts. The ADA and Alex were born about the same time. Both made important contributions to disability rights for future Foreign Service children. ■

These Sudanese women, who live in the Iridimi refugee camp in eastern Chad, have been constructing simple solar cookers for distribution to refugee families for years. In a region where there are few trees but abundant year-round sunshine, this method of cooking can dramatically reduce the need to burn wood and animal dung. Although the United Nations High Commissioner for Refugees in Chad is considering a variety of more expensive and durable solar cooking devices for possible distribution in the camps, for the moment these simple panel solar cookers are boiling water for tea, cooking beans and simmering the local staple sorghum meal almost every day of the year using nothing but sunshine. ■

Patricia McArdle is a retired Senior Foreign Service officer, who has been promoting solar cooking technology since her 2005 tour of duty with a British Army Provincial Reconstruction Team in northern Afghanistan. She is also the author of the award-winning novel Farishta (now an audiobook), which was inspired by her year in Afghanistan. She took this photo with her I-Pad mini while conducting a survey of solar cooker use in two refugee camps in eastern Chad.

Please submit your favorite, recent photograph to be considered for Local Lens. Images must be high resolution (at least 300 dpi at 8" x 10") and must not be in print elsewhere. Please include a short description of the scene/event, as well as your name, brief biodata and the type of camera used, to localens@afsa.org.



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