

## CHAPTER 11



# Survival, Evasion, Resistance, and Escape (SERE) Training

## *Preparing Military Members for the Demands of Captivity*

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*This chapter is dedicated to former SERE instructor GYSGT Ronald Baum, who is remembered as a valued friend, a dedicated family man, a talented SERE instructor, a leader, and a warrior. GYSGT Baum was killed in Iraq in May 2004 after having served the United States Marine Corps for 18½ years.*

Becoming a prisoner of war (POW) has historically meant that a service member may experience brutality, torture, coercion, loneliness, and isolation, among many other forms of deprivation and exploitation. Each of these experiences is designed to accentuate human dependence on captors and, through these deprivations, achieve maximum exploitation. The immediate and lifelong effect of these experiences cannot be overstated. Service personnel captured and detained as POWs have significantly higher rates of emotional and physical trauma than service members not so detained (Babic & Sinanovic, 2004; Solomon, Neria, Ohry, Waysman, & Ginzburg, 1994), exhibiting as a group the highest rates of posttraumatic stress disorder (PTSD) and other mental health conditions (Sutker & Allain, 1996).

During World War II (WWII) roughly half of the military members captured in Germany and Japan developed PTSD (Goldstein, van Kammen, Shelly, Miller, & van Kammen, 1987; Zeiss & Dickman, 1989), which remained symptomatic throughout their lifetimes (Port, Engdahl, & Frazier, 2001; Tennant, Fairley, Dent, Sulway, & Broe, 1997). Sutker and Allain (1996) suggest that between 88 and 96% of Korean War POWs experienced a mental health condition related to their captivity. It has also been reported that POWs from WWII had extremely high mortality rates (Cohen & Cooper, 1954) and cognitive difficulties, such as visuospatial and memory deficits, decreased planning abilities, and impulse control problems (Sutker, Allain, & Johnson, 1993). In later life, surviving POWs who developed dementia were found to have higher rates of paranoia (Verma et al., 2001). Some of these problems are presumed to be related to the severe malnutrition often experienced by POWs; those who lost 35% or more of their body weight during captivity have had the greatest degree of verbal and visual learning and memory deficits (Sutker, Allain, Johnson, & Butters, 1992; Sutker, Vasterling, Brailey, & Allain, 1995). Also, in comparison with non-POW veterans, POWs have more adjustment disorders (Hall & Malone, 1976; Ursano, Boydston, & Wheatley, 1981), alcohol abuse (Rundell, Ursano, Holloway, & Siberman, 1989), depressive disorders (Page, Engdahl, & Eberly, 1991), anxiety disorders (Hunter, 1975; Query, Megran, & McDonald, 1986), binge eating (Polivy, Zeitlin, Herman, & Beal, 1994), relationship difficulties (Cook, Riggs, Thompson, Coyne, & Sheikh, 2004), gastrointestinal and musculoskeletal disorders (Creasey et al., 1999), and premature aging (e.g., Russell, 1984).

### **HISTORY OF SURVIVAL SCHOOLS**

The military has long recognized the need for training programs to help service members effectively deal with survival in harsh environments, evasion from an enemy, and capture by a hostile force. The earliest survival schools focused on the use of life rafts, taught stereotyped

traits of the Japanese, and provided the admonition, if captured, to disclose only the “Big Four” (name, rank, service number, and date of birth). Following WWII, when the Air Force was created in 1947, basic survival schools were set up in Nome, Alaska; Thule, Greenland; and Goose Bay, Labrador. Since the primary Air Force mission at that time was defending Alaska and preventing attacks over the North Pole, these schools were subsequently created to prepare service members for cold weather environments and taught such skills as building makeshift airstrips for rescue (J. Rankin & M. Wilson, personal communication, February 2002).

It was the Korean conflict, however, that dramatically changed the focus of the survival schools. Although the Korean War has been referred to as the “forgotten war” (caught between WWII and the Vietnam War), this description marginalizes the physical and psychological injuries suffered by many of the POWs of this war. Forty percent of the over 7,000 POWs in Korea died in captivity. The only POW death rate that was higher was American POWs held by the Japanese during WWII. Following the Korean War, 21 service members agreed to stay in Korea, having signed false confessions. Many interrogation experts and consultants believe that these confessions were the result of physical and psychological torture. Following these events, former POWs and senior military leaders began to take a long and serious look at how to better prepare our service men and women in survival training (Carlson, 2002).

Survival, evasion, resistance, and escape (SERE) training schools in their current form were the brainchild of the surviving Korean POWs and were first implemented by the Air Force in 1961. The Air Force Survival school is presently located in Spokane, Washington. The Navy SERE schools came online in 1962 (desert survival in Coronado, California and cold weather survival in Brunswick, Maine), followed by the Army in 1963 (Fort Bragg, North Carolina). The Marine Corps initially developed a SERE school at Cherry Point, North Carolina, but eventually chose to use the Navy schools and began augmenting their personnel in 1985 (J. Rankin & M. Wilson, personal communication, February 2002).

The Air Force initially used the term “survival” training to encompass everything from preparing for evasion and capture through recovery periods. The Navy coined the term “SERE” in the 1970s, according to the manner in which instructors divided the tasks to be taught (survive, evade, resist, and escape). The Army later followed the Navy, and the Air Force survival school became standardized with the other services, incorporating SERE in the 1980s (J. Rankin & M. Wilson, personal communication, February 2002).

Prior to the Korean conflict, the training for those at high risk of capture was to give only the Big Four, as taught during WWII. Because of the formidable task of enduring years of interrogation without revealing something other than name, rank, service number, and date of birth, other strategies were devised to help POWs manage interrogation without betraying their country and/or antagonizing their interrogators (Ruhl, 1978). After the Vietnam POWs returned in 1972, a number of them aided their SERE schools by teaching students about their experiences with torture, lengthy interrogations, threats of execution disease, and physical injuries, communications with fellow POWs, and most important, the means to keep hope alive. The most significant recommendation from the Vietnam veterans was to standardize training across the services, and subsequently the Joint Personnel Recovery Agency (JPRA) was established (J. Rankin & M. Wilson, personal communication, February 2002).

In 1982, the Air Force was assigned to be the executive agent for SERE and Military Code of Conduct training. Director’s conferences have been held since that time as forums to adjust and provide standardized guidance to all of the SERE schools. At the start of the 21st century, the SERE schools continue to develop and evolve. The Army has initiated plans for developing a SERE university to train thousands in survival techniques. The Marine Corp has begun initiatives to reestablish a school for tailored training, and the Navy and Air Force continue to develop

training programs to better meet the needs of today's fighting force.

## **OVERVIEW OF CURRENT SERE TRAINING**

SERE instructors provide survival training to those military personnel designated as "high risk of capture" (e.g., aviation personnel, snipers, members of Special Forces, and intelligence gatherers). The course is designed to give students the skills to survive and evade capture or, if captured, to resist interrogation and exploitation and ultimately plan an escape if feasible. Given its sensitive nature and content, only an overview of the unclassified portion of the training may be provided here.

The first week of SERE training is conducted in an academic setting, where students review survival skills involved in successfully evading and resisting an enemy force. Following the academic week, students move to the field to learn land--navigation skills through unknown territory and how to locate potable water, hunt and trap small animals, build small shelters, and differentiate edible from poisonous plants. During this time, students are forced to deal with hunger, uncertainty, fatigue, and discouragement in an experiential manner rather than in an academic format. In the field phase, students officially begin the live evasion portion of their training. Their primary task initially is to reach various navigation objectives (i.e., make contact with friendly forces) several miles away by successfully moving through hostile territory. At some point during this evasion phase, students are captured by simulated hostile forces, where they are transported to a mock POW camp. This is indeed the most memorable, and ultimately the most physically and psychologically demanding, aspect of the training.

## **THE SERE PSYCHOLOGIST**

The roles of the SERE psychologist are varied and demanding. The environment alone ranges from the Maine wilderness (-20° to 90°), to the Southern California desert (0° to 125°), to the temporary comfort of an office or classroom. The operational psychologist must be flexible and dynamic in providing both psychological intervention and instruction in any environment necessary. To be assigned as a SERE psychologist, the prospective staff member must first complete the training as a student. By providing an experience of the emotional and physical strain in being taken prisoner and the pressures of countering interrogation efforts, as well as generally being able to observe how the school operates from a student's point of view, the psychologist is able to achieve far greater empathy and understanding of what is necessary for survival in captivity.

## **PRIMARY ROLES OF THE SERE OPERATIONAL PSYCHOLOGIST**

Little has been written about the varied roles of a SERE psychologist. Although Executive Order 10631 initially created the Code of Conduct in 1955, and several Department of Defense Directives (DoDD) and Instructions articulate some of the roles and training requirements of the SERE psychologist (DoDD 1300.7, 2000a; DoDD 2310.2, 2000b; DoDI 2310.4, 2000, and DoDI 1300.21, 20001), nowhere are they clearly defined in a comprehensive fashion. However, the role and training requirements of SERE psychologists will best be delineated in a new JPRA instruction, presently being reviewed (JPRA, 2005) and outlined here. The roles include evaluator, safety observer, educator, consultant and researcher, and operational psychologist during repatriation efforts.

### **Evaluator**

A key function of the SERE psychologist is the performance of screening assessments to evaluate a military member's suitability as a SERE instructor. Given that one of the most important and potentially dangerous roles of the SERE instructor is playing a mock captor, guard, or interrogator, this evaluative screening becomes paramount in importance. Many of the procedures at the SERE school for the selection and training of instructors are a direct result of

the prison experiment conducted at Stanford University (Haney, Banks, & Zimbardo, 1973). This study examined the behavior of 24 individuals who had been carefully evaluated and selected for emotional stability. They were randomly assigned to either a “guard” or “prisoner” group. The experiment was initially designed to last 2 weeks, but it was discontinued after 6 days because of increasing and arbitrary antisocial behavior in the role–playing environment. The subjects who were pretending to be guards became overly “negative, hostile, affrontive, and dehumanizing” (p. 80) in effect, ceasing to perceive the prisoners as research participants. The subjects pretending to be prisoners became overly compliant, docile, and conforming, and five of them had to be released prior to the premature end of the experiment because they developed “extreme emotional depression, crying, rage, and acute anxiety” (p. 81).

A reevaluation of this -decades-old experiment tells us that these lessons continue to have just as much merit today. Haney and Zimbardo (1998) suggest that prison environments must be carefully evaluated and regulated, and they warn that social contexts with significant power differentials left unchecked can interact to produce dehumanizing environments. They further suggest that psychological assessment for prison personnel must include situationally sensitive models that tap specific situations likely to occur in a prison environment. Essentially, an intrinsically problematic social context can significantly affect the behavior of normal individuals and contribute to their participation in behavioral drift (consciously or unwittingly). More recent events at Abu Ghraib continue to support the fact that when certain factors come into play (e.g., combat stressors, inadequate training, and role immersion) ordinary people placed in the role of prison guards can perform unforeseen acts of cruelty (Fiske, Harris, & Cuddy, 2004).

Since it is clear that individuals who are screened for emotional stability still exhibit pathologic behavior (Haney, Banks, & Zimbardo, 1973), selection as a SERE instructor necessarily entails an arduous and extensive process, with months of -follow-up training. A general profile of the SERE instructor indicates that the average individual is over 30 years of age (approximately 10 years older than the college students used in the prison study), has more than 15 years of military service, is married, has numerous personal awards, was their previous command’s top performer, and has no legal, substance abuse, or disciplinary history. For screening purposes, a comprehensive psychological evaluation is provided, consisting of an in-depth clinical interview, medical record review, reports from previous supervisors, and psychological testing (e.g., Minnesota Multiphasic Personality Inventory, 2nd ed. [MMPI-2]). Psychologically the SERE instructor has a high need for achievement, has a high frustration tolerance, enjoys being part of a group (Doran, 2002), and is able to tolerate the intense scrutiny of not only the evaluation process but, more important, the constant observation and oversight that is undergone throughout a tour at the SERE school.

### **Safety Observer**

Perhaps the most important lesson from the prison experiment in relation to SERE training is the necessity of maintaining the physical and psychological health of participants through consistent monitoring of individuals and systematic evaluation of the process itself. SERE training necessarily incorporates certain levels of emotional and physical distress to maintain the integrity and efficacy of the training experience, essentially integrating many of the lessons learned from prior POW experiences. For example, captors (e.g., Germans and Japanese in WWII and North Koreans and Vietnamese during these respective conflicts) have generally utilized four tactics with captured personnel: isolation, deprivation, abuse, and interrogation (Sherwood, 1986). Isolation consists of not only physical separation from other prisoners but also a more general isolation strategy of breaking ties with family, country, and most significantly, a former identity of oneself. Deprivation consists of withholding food, water, adequate clothing and shelter, sleep, access to constructive physical and cognitive activity, medical care, and adequate means of

maintaining personal hygiene. Psychological abuse, such as threatening to harm or kill prisoners, and coercive physical abuse have been commonly reported historically. Last, interrogations for the purpose of gathering military intelligence have been routinely performed, often utilizing combinations of the first three tactics.

Because these imprisonment strategies are brutal in and of themselves, and approximating them for learning purposes in training scenarios is an extremely sophisticated task, the existence of stringent guidelines and protocols is basic for effective functioning. The above--mentioned issues illuminate the need for in-depth training of staff in positions of power, as well as in regimented safety procedures. The safety observer position was implemented to ensure that "captors and guards" do not cross the line and that "prisoners" do not become unduly traumatized by their experience. Consequently, the role of safety observer is one of the key responsibilities of the SERE psychologist.

During SERE training, there are at least three to five personnel whose sole responsibility is to be safety observers, ensuring the well-being of those participating in training. Although all SERE personnel at times act as safety observers, the psychologist's specific duty in this role is to monitor the instructors for cues that a "guard" or "captor" might be taking the role too seriously or too far. Other than the obvious scenario of a too--aggressive instructor, the psychologist looks for subtle changes in instructors' typical mode of operating, which may indicate that they are having some difficulties. Some instructors might become more outspoken when they are typically quiet, become too gentle during an interrogation, exhibit real affect during or after an exercise, or even subtly or unconsciously target a specific student. Some of the more general indicators of behavioral drift include observed diffusion of responsibility, dehumanizing tendencies, or reliance on anonymity for decreased accountability. A key concept in training for instructors is "performing" the role versus "becoming" the role.

In addition to the monitoring in the training environment, instructors are also monitored outside of it. Accepting a job at SERE places a strain on even a healthy marital relationship, as much of the job cannot be discussed at home because of its classified nature. The combination of possibly bringing power roles home to spouses and children and being unable to discuss workday occurrences and stressors can be difficult on these military families. SERE personnel are taught how to monitor each other for warning signs, such as increases in irritability or alcohol consumption, decreased military bearing, or any new shifts in behavior that might affect their ability to perform. The SERE psychologist formally and informally encourages instructors to decompress from the training environment through the use of healthy stress management techniques (such as physical exercise, relaxation strategies, and humor). Also, the SERE psychologist is one of many personnel who help ensure that SERE instructors are rotated from position to position. This not only helps to promote cross--training but also helps to move SERE instructors out of power roles for extended periods of time.

Although a main thrust of the safety observer's role is to closely monitor the instructors, the observers are ultimately there to maintain the integrity and realism of the training experience for the benefit of the students. Not unexpectedly, some students have strong, maladaptive reactions to certain aspects of the training. Given the nature of the highly dedicated and trained SERE students (e.g., Special Forces members, air crew and pilots, and intelligence operators), they are not always amenable to psychological intervention or performance direction. Although significant anxiety, irritability, and even hallucinations are considered normal, interventions may be initiated when they arise. Generally this early intervention and assessment of psychological status is best done by a corpsman or senior instructor to reduce stigma, although still under the supervision of the psychologist. Having a psychologist immediately intervene may create the perception that the SERE student is incapable of completing training or that his or her reaction is not normal (True &

Benaway, 1992).

### **Educator**

The SERE psychologist provides multiple types of education for both staff and student trainees. All SERE personnel receive training in the dangers of role-playing situations in which individuals have power over others. The psychologist reviews in-depth information related to role immersion, the prison study findings, and the ethics involved in the mock imprisonment described earlier (Zimbardo, 1973). All personnel must exhibit a comprehensive understanding of the concepts raised by this research in order to work at SERE. In addition, the operational psychologist teaches the safety observers what signs to look for, in both the instructors and the students, that would indicate a problem so that appropriate intervention can be initiated.

In addition to regular training, the SERE psychologist also educates the trainees. In this role as educator, the operational psychologist explains the normal reactions to severe uncontrollable stress—including fear, anger, negative self-statements, crying, illusions and hallucinations, dissociation, somatic complaints, and memory problems—and how long they are expected to last (Dobson & Marshall, 1997; Engle & Spencer, 1993; Mitchell, 1983; Sokol, 1989; Yerkes, 1993). This education has proven to be an integral part of the success of captured service members. A number of factors help individuals to be more resilient under stress (Morgan et al., 2000). From Korea and Vietnam POWs to the more recent EP-3 crew detained in China, service members reported that whereas their military training aided in the survival of a particular incident, it was the experiential nature of SERE training that facilitated their survival in captivity (Doran, 2001).

In addition to successfully completing SERE training, individuals who functioned well in captivity possessed several characteristics, including a strong faith in their country, in each other, and in God. Those who focused on factors under their internal control, such as thinking about future plans (e.g., designing their dream house, down to the smallest detail) or developing a personal exercise program in their cell, were also much more successful (Ursano & Norwood, 1996). Successful former POWs had a tremendous sense of humor (Henman, 2001), were older and had higher levels of education at the time of their imprisonment (Gold et al., 2000), and had an ability to reframe their situation even under the most dire circumstances. Research on former POWs from the Vietnam War has consistently demonstrated that this group is fairly resilient (Coffee, 1990) and that SERE training provided experiential anchors and cues to help them effectively cope with the demands of captivity. An example of the ability to reframe events comes from the comments of a commanding officer who kept a piece of shrapnel on his desk and would explain to the curious: “That is a piece of shrapnel that flew over my head during the Vietnam War when I was serving as a corpsman. When I am having a bad day, I realize things could be a lot worse” (CAPT A. Shimkus, personal communication, November 2003).

### **Consultant and Researcher**

Acquainted with the results of stress research (Meichenbaum, 1985), the U.S. military designs training to be physically and psychologically demanding and lifelike in stress intensity.

Challenging and realistic training develops trainees' ability to perform on the battlefield, and exposure to realistic levels of stress is intended to inoculate them from the negative effects of operational stress. The concept of stress inoculation (Meichenbaum, 1985) is very much akin to the concept of preventing illness through vaccination. Like a vaccine, stress inoculation occurs when training stress is high enough to activate the body's psychological and biological coping mechanisms but not so great as to overwhelm them. When stress inoculation occurs, an individual's performance is likely to improve when stressed again. In the roles of consultant and researcher, the SERE psychologist explores a wide variety of research topics related to the effects that severe stress has on humans. SERE offers a unique opportunity to validate training

parameters, establish predictors of superior performance, and develop new tools and techniques for the war on terrorism. These topics have particular military relevance, and a brief synopsis of some of this research follows.

### *Validation of Training Parameters*

Over the past 4 years, a team of researchers from Yale University, the Army, and the Navy have assessed the impact of stress on the students in survival school from a psychological, physiological, and biological perspective (Morgan et al., 2001, 2002). The purpose of this research was to detect whether or not the stress level was within the range of real-world stress (Morgan et al., 2001). The investigators examined the overall impact of each phase of SERE training (classroom, evasion, and detention), as well as several specific components. The results of these studies provide the following evidence:

1. SERE stress is within the range of real-world stress and of a magnitude necessary for stress inoculation (Morgan et al., 2001, 2002).
2. Students who undergo SERE training recover normally and do not show a negative effect from training (i.e., stress sensitization; Morgan et al., 2001, 2002).
3. Students' physiology and biological measures indicate a normal recovery from the various physical interrogation aspects of SERE training (Morgan et al., 2001, 2002).

### *Establishment of Predictors of Superior Performance during Stress*

The SERE research conducted to date has also provided clues to why and how some students perform better under stress than others. More specifically, this team of investigators has examined why and how some students remain mentally clear and experience fewer -stress--induced cognitive deficits when the stress increases. The researchers evaluated specific capacities such as resistance techniques, simple and complex -problem--solving abilities during stress, and visual and verbal memory capacity (Morgan, Hazlett, et al., 2004). The results of this line of research indicate the following:

1. Specific psychological and biological differences at baseline predict objective performance during stress. For example, students who exhibit high heart-rate variability, low levels of neuropeptide Y (NPY)—a 36-amino-acid peptide that is related to the release of norepinephrine and is involved in the regulation of noradrenergic system functioning (Morgan, Wang, Southwick, et al., 2000)—and baseline symptoms of dissociation do significantly worse under stress (Morgan et al., 2001, 2002).
2. There are specific biological differences in circulating hormones during stress that explain why some students are more focused, more clear--headed during stress, and show more accuracy in cognitive and memory tests after stress. For example, students who do well release greater levels of dehydroepiandrosterone (DHEA, a -steroid hormone that can convert into estrogen and testosterone) and of NPY during stress than those who do poorly. These individuals are more accurate in descriptions of what they encountered during stress. These studies can help us develop specific interventions to enhance operational abilities (Morgan, Southwick, et al., 2004).

### *New Tools and Techniques for Intelligence in the War on Terrorism*

The SERE platform offers a unique opportunity to evaluate old and new assessment techniques under conditions that are more realistic than traditional laboratories. Investigators have recently completed a study designed to test the accuracy (sensitivity and specificity) of the traditional polygraph in detecting concealed knowledge. Analysis of the data indicates that traditional measures of the polygraph did no better than chance in detecting the guilty subjects. However, a new approach, using heart-rate variability, accurately identified 50% of the guilty subjects, and no innocent subjects were identified as guilty (no false positives). The next phase of this research

is designed to enhance the sensitivity of the test (Morgan, Hazlett, Doran, Steffian, & Southwick, 2005b).

Another line of research at SERE involves a low-tech methodology to find the identity of an undercover operative that some members of the group of students are attempting to conceal. Preliminary analysis suggests that this new technique is not only effective at uncovering the information suspects are trying to hide but also capable of detecting which subjects possess the sensitive information. The next phase is designed to assess whether the technique can be used to find a cell of "terrorists" hidden in a group of suspects. The SERE training environment affords the military services the opportunity to collaborate with various other government agencies in exploring old and new techniques in gathering human intelligence (Morgan, Hazlett, Doran, Steffian, & Southwick, 2005a).

One future direction of SERE stress research is to look at differences between men and women. It has been shown that women, like men, who report previous trauma from which they thought they might die tend to experience greater levels of dissociation. Women with higher levels of dissociation tend to report more somatic complaints ( $r = .86$ ;  $p < .001$ ). Further research will determine if the stress response mechanism is similar to males or controlled by different brain and neurohormone mechanisms (Morgan, Hazlett, Doran, Steffian, & Southwick, 2005c). Ultimately all of this research is geared toward enhancing our understanding of stress and improving the performance of our sailors, soldiers, air crews, and Marines during combat.

### **Repatriation**

A critical role for the SERE psychologist is the repatriation process. Verifying both the applicability and efficacy of SERE training to real-world situations can be a difficult task, given the significant hurdles or confounds of validation research of POW occurrences. However, one of the primary vehicles utilized by the Department of Defense (DoD) for assessment of individual performance and SERE training in general is the process of repatriation. DoDI 2310.4 (2000), concerning personnel recovery, indicates that preserving the life and well-being of personnel who are placed in harm's way is one of the highest priorities. It states that "personnel recovery is a critical element in the DoD ability to fulfill its moral obligation to protect its personnel, prevent exploitation of U.S. personnel by adversaries, and reduce the potential of captured personnel being used as leverage against the United States" (p. 2).

In general, there are four basic types of personnel recovery. First and foremost, isolated individuals have an obligation to evade potential captors and, if captured or detained, to effect their own escape within the parameters of the Military Code of Conduct and Geneva Conventions (in essence, to facilitate their own recovery). The term "isolated" here is used to describe personnel who are supporting a military mission and are temporarily separated from their units in an environment requiring them to survive and evade capture or to resist and escape if captured. The second form of personnel recovery is characterized as conventional combat search and rescue (CSAR), wherein trained military forces on land or sea recover the isolated individual. An example would be the recovery of a downed pilot, in danger of being captured, but not yet detained. The third form of recovery, typically a far more fluid and dangerous proposition, is described as an unconventional assisted recovery. In this situation, trained Special Forces might be inserted into the equation to contact, authenticate, and extract detained U.S. personnel. In essence, the CSAR mission becomes an armed recovery from enemy forces, with the goal of returning detainees to U.S. control. Certainly, this can be fraught with danger, for both the detainees and recovery forces, and will have important implications in the repatriation process debriefings. The fourth method of personnel recovery involves a negotiated release, typically with diplomatic initiatives between governments. Of course, these four methods are general descriptions and contain a number of variants and convergences as the situation dictates.

Once isolated or detained personnel are recovered and returned to U.S. control, the work of repatriation begins. Repatriation can be thought of as an established process that bridges two entirely different contexts, the readjustment from captivity back into life as a U.S. citizen and/or service member. The repatriation of recovered DoD personnel is an extraordinarily important process for the well-being of the individual and for U.S. government interests. Certainly, one of the primary aims is to restore the health of formerly isolated personnel through a process of psychological decompression. Other critical concerns include the lessons learned from recovery incidents or methods, the tactical and strategic intelligence that may have been gleaned from or transferred to enemy combatants, and the applicability or efficacy of the SERE training course. DoDI 2310.4 (2000) explicitly states, "The well-being and legal rights of the individual returnee shall be the overriding factors when planning and executing repatriation operations. Except in extreme circumstances of military necessity, they must take priority over all political, military or other considerations" (p. 3). Subsequently, the operational aspects of each stage of the repatriation process will be carried out in accordance with thoughtful consideration of the hardships endured and the physiological, psychological, and spiritual needs of the returnee. Other inclusive aims involve the recovery of personal dignity and pride that may have been affected by captivity and the restoration of confidence in one's person and country. Repatriation is accomplished in three phases. Phase I begins when recovered personnel are returned to U.S. control. If possible, they are met by an operational psychologist, a medical officer, a carefully selected key unit member, a chaplain, a public affairs officer (PAO), and a legal officer. At times, because of logistical complications, the presence of the entire repatriation team is not possible during Phase I and instead becomes available during Phase II. An essential component of the first phase is the immediacy of medical and psychological stabilization for the returnees. The initial medical and psychological triage of the individuals involved and the subsequent assessment of their health will significantly influence their handling and processing in each phase. Of course, these assessments will differentiate between actual detainment status and being isolated behind enemy lines, and they will also consider the duration and treatment in captivity, along with the type of recovery method utilized (conventional vs. unconventional). Another key component in Phase I repatriation is transportation to a designated secure area nearby. This secure area can be in the same theater of operations and is intended to allow for safe and efficient repatriation. Also, in the event of a relatively short period of isolated experience or evasion, and if no medical, psychological, or operational contraindications exist, the individual might very well return to duty from this location. There is a greater degree of flexibility in assessing recovered personnel who have been isolated but not detained. The decision to return to duty from this secure area is consistent with the BICEPS concept of combat stress control: *B*revity of treatment, *I*mmediacy of the response, *C*entrality of the treatment area, *E*xpectancy of recuperation, *P*roximity of treatment near the incident location, and *S*implicity of the interventions (see Chapter 10, this volume). Since the returnees are not considered in need of psychological services, the focus can be directed at transitioning them back to duty unless their condition suggests otherwise. They would still complete critical operational and/or intelligence debriefings for immediate dissemination but then would be allowed to return to their primary duty. If the returnees have experienced a prolonged period of evasion from or detention by hostile forces, then the Phase I secure area will probably be a short transition point enroute to a Phase II -location—typically, a major regional medical center near that theater of operation. General duties of the operational psychologist during this phase may include initial and ongoing psychological assessment to address the needs and psychological status of the returnees, which will subsequently direct future interventions and debriefing operations for them; education of the returnees (and their chain of command) about what they may expect in the near future; and

the moderation of their activities and public or familial exposure to aid in decompression and transition. These factors will continue to be revisited and adjusted as needed while the SERE psychologist accompanies the returnee to the Phase II location.

In general, most returnees continue on to Phase II of the repatriation, where more thorough medical and psychological assessment takes place. Also, most of the formal debriefing occurs during this time. A variety of debriefings occur in Phase II and often carry over into Phase III. These might include operational or intelligence debriefs, SERE training debriefs, or psychological decompression debriefs. They are carried out separately to avoid convergence of details or facts and are generally moderated by an operational psychologist in accordance with the psychological condition of the returnees. The operational psychologist would monitor for situations that detract from the returnees' readjustment and advocate for protocols that maximize the accuracy of recalled information. Each of these debriefs are part of a larger decompression effort formulated to allow returnees maximum reintegration success in their military and civilian lives. The minimum time frame to complete these processes is 3 days.

Operational and intelligence debriefs are oriented toward the re-turnee's mission. Military members in general are routinely asked to complete postmission debriefs with superiors, often focusing on successes and failures, lessons learned, intelligence gleaned from the enemy or given away (if contact was made), or changes in standard operating procedures (should the situation warrant it). These military debriefs are carried out in a professional manner, are behaviorally or factually focused, and are tactical or strategic in nature. Operational and/or intelligence debriefers in a repatriation context try to mirror routine, typical debriefs. There is an important decompressing element as well, since returnees are able to obtain relevant feedback from authorities who can answer nagging concerns or questions they may have about their own performance. In this manner, returnees are allowed conceptually to "complete the mission." The relevant information from these debriefs is immediately disseminated to the appropriate commanders for tactical purposes.

Psychological debriefing primarily provides decompression for the returnees through a guided process of "telling their story." This process can be particularly helpful when there is more than one returnee, as experiences are shared and each recipient receives a fuller understanding of the situation and experiences. Furthermore, since returnees are not necessarily considered psychologically impaired as a result of their experiences, much effort is expended to educate and normalize their psychological reactions to the situations they encountered. The returnees generally find significant comfort in understanding their past and/or current reactions as "normal human responses to abnormal events" and the knowledge that these reactions will improve over time. Some of the typical psychological reactions to release from captivity are sleep disruption (nightmares, insomnia, or hypersomnia), changes in concentration (memory deficits or disorientation), mood fluctuations (irritability, hostility, depression, guilt, anxiety, or euphoria), and reevaluation of life goals and convictions. The extent of these symptoms largely depends on the preexisting traits of the individual, the level of sleep and sensory deprivation or isolation experienced, the type of duress and coercive attempts endured, and possibly the duration of captivity. Much of the psychological decompression occurring in Phase II involves the operational psychologist's ability to (1) educate and normalize the returnees' reactions to the events they experienced and (2) clarify the context in which their actions occurred, with the goal of providing meaning and connectedness to their actions.

A reciprocal benefit of SERE debriefs is the ability to provide feedback to the SERE training institutions in a research and development continuum. In other words, clarifying difficulties encountered with personnel recovery, learning about the enemy's interrogation methods or aims of exploitation, or assessing the treatment of captives is directly applicable to the validation efforts

of the current training methodologies and course of instruction. It is important in this educative process that returnees are able to ask direct questions and receive direct feedback about their own performance. Since military members are held to the standards of the Military Code of Conduct, it is often part of their psychological decompression to know that they have comported themselves well and “returned with honor.”

In Phase II, reintegration with the returnee’s family also begins. Generally, the initial contact with family is by telephone, as personal visitation in Phase II has been found to be problematic in the past. Although this principle would seem to be counterintuitive in some ways, experience has shown that the returnees’ immediate integration with their families can be conflictive with their own long-term psychological decompression needs, as well as with the general efforts of a repatriation operation. For instance, there may have been significant shifts in family roles during detention, or family issues may have already existed, making it difficult for the returnees to receive assistance in decompressing while engaged in familial needs. Accordingly, a PAO and legal officer are also assigned to the returnee to assist with any information or interview requests, as well as any relevant legal concerns caused by the detention. Again, with the returnee’s needs foremost, the operational psychologist will generally work closely with the PAO to jointly decide on the appropriate level of media exposure. A “key unit member” also aids the decompression process by providing familiarity to pre-detention life, liaison assistance between the returnee and the unit, and assistance with any other administrative or logistical concerns.

Phase III occurs in the continental United States (CONUS) and is the opportunity for the returnees to be physically reunited with their families, unit members, and friends. Despite the probable desire to be immediately sheltered away by family, loved ones, or friends, it is equally important for returnees to maintain some form of contact with their military unit or captivity peers upon returning home, particularly for returnees who had been held in group captivity and were repatriated together. Generally speaking, there may have been some unique experiences and psychological reactions that are best worked through with the same repatriated peers or with guides familiar with the psychology of captivity. Continued affiliation with groups that have experienced traumatic or difficult events together has proven to be helpful in the past. If significant changes occurred in the family structure because of the returnee’s absence, a period of transition or adaptation may be indicated. Furthermore, if family members wish to address their own needs or concerns related to the returnee’s absence, it can be provided by contact with the military unit or through JPRA and SERE psychologists.

For the returnee’s aftercare, medical needs will continue to be attended to as necessary, along with follow-up by the affiliated SERE psychologist for any ongoing psychological needs. By protocol, the SERE psychologist will continue to be available and provide aftercare as indicated throughout the following year. Also, all detainees and POWs are eligible for annual screenings and continued medical and psychological services through the Robert Mitchell Center for Repatriated POW Studies in Florida.

## **SUMMARY**

SERE training aids and equips service members to cope with the unthinkable demands of captivity. Although SERE training may induce temporary psychological changes and demands while being held captive by a simulated enemy for several days, the psychological and physical effects of truly being held prisoner can result in permanent damage. One of the key functions of SERE training, and the experiential learning and preparation therein, is to give service members the tools needed to mitigate problematic future effects of the demands of captivity.

The operational psychologist plays a vital role in this training environment as a safety observer, educator, researcher, and consultant. When service members are recovered, the SERE psychologist functions as a consultant and clinician during the repatriation process. The SERE

environment is a laboratory of realistic stress, and over time the research conducted can provide far greater understanding of how to enhance performance under severe stress.

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