
Reviewed by Stephen N. Xenakis

“All wars are different; war is always the same”.
Anthony Swofford, *Jarhead: A Marine’s Chronicle of the Gulf War and Other Battles*

Lessons from the Vietnam War paradoxically have not figured prominently since 9/11. Perhaps it is just coincidental that the Secretary of Defense in 1975 when the US withdrew its last forces for Vietnam was also the SECDEF when the first invasion of Afghanistan was launched 26 years later in 2001, but it seems imprudent to overlook it. He, and the senior leadership of the country, reiterated a recurring theme that “this war [Iraq and Afghanistan] is different” and that the fighting will not be prolonged or drag out, obvious references to legacies from the Vietnam War. No doubt that there are clear differences in both the country and the military forces over the 40 years since our military withdrew from Southeast Asia, but we have witnessed tragic replays as well. A careful reading of Colonel (M.D., Ret.) Camp’s *US Army Psychiatry in the Vietnam War* unpacks valuable historical lessons, a generation later, for psychiatrists and mental health professionals that were largely unheeded as the nation became immersed again in the latest long war.

Colonel Camp’s book is the most detailed and authoritative account of psychiatry and mental health of the Vietnam War from 1965 to 1972. He has kept his focus on the psychiatrists and other mental health professionals. He does not digress into comparisons or implications to current conflicts or expand on the broader issues of mental health problems he observed. The book provides a sharp and exhaustive account of the assignments, roles, and functions of psychiatrists and other mental health professionals stationed in Vietnam during the years of combat from the formal initiation of hostilities in 1965 until the withdrawal of the last contingent of mental health personnel in 1972. The country did not officially withdraw from Vietnam until 1975, but the emotional and psychiatric problems persisted well after the last psychiatrist left the combat theater and returned home.

The volume is organized chronologically, starting with the decision to build up forces after the Gulf of Tonkin Resolution. Throughout the book, Dr. Camp inserts biographical sketches and writing from psychiatrists who served in Vietnam during those years. The entire book is enriched by the photographs and commentary by then-Major Richard D. Cameron, M.D., a psychiatrist who served with the 1st Cavalry Division and later retired as a Major General and highly respected senior Army medical officer. The book artfully combines the narrative and personal reflections of the psychiatrists of their combat tours and scholarly review and analysis of their clinical practices.

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Upon returning from Vietnam, Dr. Camp accepted an assignment at the Walter Reed Institute of Research (WRAIR) and personally set out to collect papers from psychiatrists during the Vietnam War. Systematic documentation of Army psychiatry in Vietnam had been neglected up to that point, and he rightfully felt that there needed to be a dedicated effort to capture the history, particularly considering the shattering impact the War had on American society. The mental health professions, and particularly psychiatry in the 1960’s and 1970’s, occupy a unique space in healthcare. The psychiatrists witnessed the war from the multiple views of frontline combat, drug and alcohol problems, social tension that suffused American society, and political turmoil that upended two American presidents. The clinical practice of psychiatrists serving in Vietnam became a microcosm of the country at large. In other words, the history of Army psychiatry in Vietnam enriches the history of that period and the mental health professions. The book should be read carefully to appreciate the larger contribution to our understanding of this era.

Dr. Camp judiciously documents the practice guidelines for military psychiatry, the organization of the healthcare delivery, narratives of challenging cases, and the conflicts that psychiatrists experienced as they endeavoured to perform their duties. The details are invaluable as a reference to psychiatrists looking back on issues that continue to confront the profession. It is axiomatic that war is transformative and disruptive to societies, and impacts the healthcare professions embedded in them. The Vietnam War seeded fundamental issues confronting mental health care that continue to manifest in policies and practices today. The reader can discern the germs of social and community psychiatry, best practices for treating drug and alcohol problems, puzzling over classification and diagnosis, and understanding the connections between biologic, social, and emotional contributions to states of health. The impact of the Vietnam War and the vast shifts on American society during those years influenced concomitant movements in mental health practices. The mental health professions witnessed drastic changes in clinical practices and perspectives in the subsequent decades after the Vietnam War. Psychoanalytic theory faded away from the mainstream, empirical and descriptive models dominated diagnosis and classification, psychopharmacological and protocol-driven treatment became standards of care, and managed care seized control of financing and allocation of resources. Dr. Camp does not link these changes explicitly in his volume, but he does document the history of US Army psychiatry that foreshadows the changes.

As I reviewed this book, I recalled a poignant reminder of history being overlooked that unfolded in 2008. The then-Secretary of the Army and Vice Chief of Staff convened a meeting to discuss the rising numbers of suicides among soldiers. I was invited to attend with Dr. David Marlowe, the former Chief of Psychiatry at WRAIR.1 Dr. Marlowe, highly respected in the field, offered a wealth of background and research that had been collected and analyzed by Dr. Camp and his colleagues over the preceding 40 years. Sadly, the Army leadership effectively dismissed the relevance and decided to launch a long

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epidemiologic study by the National Institute of Mental Health (NIMH). Dr. Marlowe and I argued for parallel and adjunctive endeavours of reviewing and analyzing the history of US Army psychiatry in Vietnam and the extensive data that had been analyzed in the intervening years on suicides to guide the programmes and initiatives for the Army in managing its current crisis. We observed that the combat in Iraq and Afghanistan was recycling fundamental lessons from the Vietnam War. The NIMH research team has produced multiple studies and solid science, but too few outputs that have saved lives.

The US Army could have benefited from the documentation and analysis in *U.S. Army Psychiatry in the Vietnam*. As Dr. Camp has illustrated in his volume, the history of military psychiatry and the challenge of treating soldiers in combat has common themes that cross time and space. The hands-on medical care is inextricably linked to social, political, and economic issues that directly affect the mentality of the soldiers and their healers. For thousands of years, soldiers have used and abused drugs and alcohol, returned home confused and unhinged, committed suicide, wrestled with the morality of what they saw and did, and struggled to move on to a normal life – exactly the stories narrated in this volume. The clinicians know that the art of healing is as important as the scientific evidence behind it. Dr. Camp has collected the most complete and detailed narrative of Army psychiatry in combat and the stories that are most helpful to any military physician. I recommend getting this book and keeping it as a reference.

**Stephen N. Xenakis, M.D.**
Brigadier General (Ret.)
United States Army