

BUMED Oral History Interview Synopsis and Key Words
LCDR Justin S. Campbell, Ph.D., MSC, USN, Senior Analyst, Office
of Deployed Mental Health, BUMED, Washington, D.C.

Date and Location of Interview: 17 November 2010, BUMED, Washington, D.C.

Interviewers: COL Richard V.N. Ginn, USA, Ret. and André B. Sobocinski, Deputy Medical Historian

SYNOPSIS

LCDR Campbell describes an "eclectic" background of a childhood in southern Alabama where he was raised with a family history of military service, including a grandfather with WWII and Korean War service who retired as a Chief Warrant Officer in the Air Force, his great uncle CAPT Ed "Pappy" Sims (USNA Class 41') who was on the USS Lexington when it was sunk in the Battle of the Coral Sea, and his father, a Vietnam veteran who served in-country with the 101st Airborne Division in 1969. He was greatly influenced by their wartime experiences, especially his grandfather who in large measure raised him in a home replete with mementos and stories of his service in far-away lands. Campbell describes having an intense interest in what combat was really like and the "great mystery" of what putting on the uniform is like. His father was decidedly reticent about discussing his Vietnam experience, and Campbell would in time discover he had returned from Vietnam as a totally changed person with a classic case of PTSD who self-medicated as a form of avoidance.

Campbell's high school years were highlighted by football, and a dream of playing for the University of Alabama Crimson Tide. That wouldn't come to pass, although he played college ball at Mississippi College until he was injured. He wanted to fly, but had no aspirations of military service during college or graduate school. That interest would be sparked following completion of his Ph.D. in educational psychology at the University of Northern Colorado. While a postdoctoral fellow at the University of South Florida, he learned of a Navy program in aerospace experimental psychology that included Navy flight school in Pensacola. In the ensuing years his youthful fascination with the military, his desire to fly, his training in psychology, his father's PTSD, and the seminal event of the 9/11 attack on the United States came together in a career in the Navy focused on combat stress control and deployment mental health.

In particular, LCDR Campbell's current focus is on the Navy's individual augmentee (IA) population in which active and

reserve sailors are mobilized and deployed for duties in their Navy specialty, or in some cases in fields outside their specialty (for example, mortuary affairs or detainee operations). Unlike their active duty Navy peers who deploy with their assigned units, thereby going to and returning from a combat or operational deployment with their buddies, the IAs deploy and return by themselves, which is similar to the Army's individual replacement system during the Vietnam War. As a lieutenant, Campbell was recruited by CAPT Robert Koffman, MC, who he met in 2006, to participate in ongoing initiatives to address this problem. With considerable passion, Campbell describes his experience pursuing this effort in several deployments to Iraq and Afghanistan with Navy and Marine units.

Campbell has formed some well-defined guidelines for those efforts.

- The most important of these is the recognition that PTSD is not always the result of combat itself or a single dramatic incident. Rather it can also result from constant stress exposure, which he describes as "wear and tear, being away from family, unable to sleep, and returning to a place where no one appreciates you."
- He argues that more than anything, enlisted Marines and Sailors want someone who will listen to them. "Enlisted people will walk through hell in gasoline pants, but they want respect; they want someone to listen."
- To be effective, it helps when the mental health provider is part of the unit, who is seen by the unit members as one of their own, and is immersed in the unit's daily life. As in PIES, proximity and immediacy are important. Rule #1 is to embed with the unit. All the PowerPoint slides, email, tweets, and so on, are tangential and ineffective therapeutically.
- While some individuals will self-identify themselves as need help, many, if not most, will not. Checking a block on a form ("Do you need help?") is of little value. However, unit members and leaders can and will identify individuals in their unit who are having problems to a mental health professional who is part of their unit, who is known to them, and in whom they have confidence.

- Implicit in the above is inclusion of mental health professionals in the operational and tactical units, including the combat training that prepares them for those roles.
 - Campbell is disdainful of "subject matter experts" in combat stress who talk the talk but have never deployed to a war zone, nor immersed themselves in operational units, or in other words, have not walked the walk.
 - The hardest part can be the return home and integration into civilian life.
 - Caregivers, including mental health professionals, also need help with the stress they encounter in treating sailors and Marines with combat stress.
 - The results of exposure to combat stress are not all negative. Some people grow from their experience and become stronger.
 - The Marines have it right with their OSCAR (Operational Stress Control and Readiness) program.
 - A scene that sticks in his memory was diving into a bomb shelter by the pool at the U.S. embassy in the Green Zone during a rocket attack: observing luxurious surroundings so totally at odds with the reality of the deployed military units.
- Some observations:

2007 - Iraq

- He went through the IA pre-deployment training process, including NIACT, prior to his deployment to the detention facility at Camp Bucca in 2007, as part of the process of immersing himself in the experience of the sailors he would be surveying. At Camp Bucca he found a "dire need" for mental health support. The sailors assigned there were performing twelve hour shifts (not including 1½ hours of pre- and post-shift duties) six days a week, dealing with a dangerous detainee population from different tribes who would employ anything they could find as weapons, from rocks to fencing to any metal objects they could find; along with the smells, lack of privacy, inadequate sleep, and a failed commander. Campbell's mental health surveys turned a light on the conditions in the unit, and although his purpose was to conduct the surveys, he also ended up treating members of the unit. While there, he met his future wife, Annie Waltman, a USAF JAG officer who coordinated the detainee review board, the CRRB.

- He also conducted BHNAS surveys for a month traveling through Camp Adder, Tallil Air Base, to Baghdad and various bases such as Camp Cropper, Camp Victory, and the American Embassy.
- He experienced a rocket attack on Camp Victory in Baghdad on 11 September.
- His first experience "outside the wire" came when he volunteered for a 12 hour mounted patrol around Camp Bucca and into the town of Safwan He recalls the experience as being physically exhausting, and notable for the juxtaposition between monotonous boredom and the need to remain vigilant.

2008 - Washington, D.C.

- CAPT Koffman got him on orders to the Office of Deployment Health, BUMED.
- He deployed to the Bagram Detainee Facility, Afghanistan where he conducted mental health surveys as well as counseling and research. The Navy component was a "stepchild" of the Army; Army/Navy relations were bad, and all in all it was "a terrible situation."
- LT Campbell volunteered to remain in Afghanistan where, by himself, he executed the first country-wide mental health assessment of Navy assets in the OEF Theater. This mission, in which he combined surveys, consultation, and in-theater utilization of survey findings to support leadership decision-making, formed the template for the Mobile Care Teams that would follow.
- LT Campbell created the operational configuration and mission doctrine for the first Mobile Care Team based on his deployments to Iraq and Afghanistan.
- 2009/2010: His third deployment was to Afghanistan December 2009- June 2010 as a member of an MCT with CAPT Koffman to conduct mental health surveys of the IAs throughout the country. He was able to take advantage of his flight status to travel all over Afghanistan.
- June 2008: LT Campbell traveled to collect BHNAS surveys at FOB Sharana, Afghanistan. There, LT Campbell encountered a Provincial Reconstruction Team that had just suffered two KIAs, including a Navy Hospital Corpsmen (HM2 Marc A. Retmier). The entire unit was affected by the trauma and had little support. After returning to CONUS and seeing the severity of the unit's

posttraumatic stress disorder risk data, he realized there needed to be a better mechanism for providing in-theater support, and further still, long-term support for this unit after returning home. This was another impetus for the design of the Mobile Care Team.