

Psychosomatic Research at the Margins of Morality—War as a Stressor

I sit at my desk writing this editorial on Memorial Day—trying to strike some balance between the intellectual demands of commenting on Joseph Boscarino's important article (1), which demonstrates a broad pattern of adverse health effects among Vietnam veterans with posttraumatic stress disorder (PTSD), and the lingering emotional response to a war which three decades later continues to haunt us. Although the recent opening of a United States Embassy in Vietnam is a sign of healing for some, for many the wounds are still raw.

Studying the impact of war on combatants and noncombatants represents stress research at the margins of human morality. This inquiry moves far beyond the scope of life events or daily hassles. The examples of Bosnia, Somalia, El Salvador, and others aside, the Vietnam War represented an unprecedented military operation with more bombs dropped on Vietnam than in all of World War II. United States (US) casualties numbered approximately 58,000 dead and 300,000 injured; casualties in North and South Vietnam were more than an order of magnitude larger with, perhaps, 2 to 3 million dead and more than 4 million wounded.

The damage to the social infrastructure of Vietnam and the United States goes uncounted in such estimates. One could argue that the declines in social capital and civic society in the United States (2) are related to both the political climate that generated the US involvement in Vietnam and to the experience of fighting a war in which so few came to believe. This damage is not likely to be healed by former US Defense Secretary Robert S. MacNamara's recent admission describing his stewardship of the War—"We were wrong, terribly wrong" (3).

How should psychosocial researchers approach the issues of war and disease? It would be tempting to speculate on why *only* approximately 30% or so of the US military suffered PTSD. This would be in keeping with the individual differences approach that has characterized much stress/illness research, asking what are the individual characteristics that allow some to survive unscathed whereas others do not. Following the biomedical tradition, stress researchers have often focused on the pathophysiological pathways that allow stressors to get "under the skin," and Boscarino presents some interesting speculation concerning the role of immunologic and neuroendocrine mechanisms. Any adequate explanation will need to accommodate the elevated risks for circulatory, digestive, musculoskeletal, endocrine-nutritional-metabolic, nervous, and nonsexually transmitted infections and respiratory disorders found in veterans who were PTSD positive. Boscarino's suggestions regarding the necessity of linking endocrine, immunologic, aversive conditioning and cognitive pathways is testimony to the level of complexity that will likely be necessary to fully understand this broad pattern of elevated disease risk associated with war-generated PTSD.

However, from a public health point of view, these per-

spectives are somewhat limiting. At its best the public health approach is devoted to prevention, and our ability to prevent the health effects of war is unlikely to be informed by knowledge of the individual characteristics that buffer exposures to the stressors of war, or the biological pathways that connect such exposures to disease. The publication of a landmark volume entitled *War and Public Health*, edited by Levy and Sidel (4), represents a different approach to war and disease, an approach to the promotion of peace. In their introduction, Levy and Sidel propose:

"The prevention of war needs to become an integral part of public health education, research, and practice. It needs to be integrated into the curriculum of schools of public health, other schools for health workers, and other academic institutions. It needs to become a focus for research into ways that war and its effects on public health can be prevented. And it needs to become a greater part of the practice of public health professionals."

Such an agenda may seem grandiose or foolhardy to hardened biopsychosocial scientists. However, without taking such a long view we risk interpreting Boscarino's results as just yet another example of the impact of severe stress on disease etiology and progression, thereby decontextualizing the nature of the "exposure." A broader view would require attention to the upstream determinants of disease, including an examination of the distribution of power, privilege, and resources and how they contribute to both ordinary aspects of everyday life as well as the extraordinary conditions found in war.

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REFERENCES

1. Boscarino JA: Disease among men 20 years after exposure to severe stress: Implications for clinical research and medical care. *Psychosom Med* 59:000-000, 1997
2. Putnam RD: Tuning in, tuning out: The strange disappearance of social capital in America. *Political Science and Politics* December:664-683, 1995
3. MacNamara RS: *In Retrospect: The Tragedy and Lessons of Vietnam*. New York, Random House, 1995
4. Levy BS, Sidel VW: *War and Public Health*. New York, Oxford University Press, 1997