

Index

A

- Abbreviations, 455–457
- Abrahams, Sergeant First Class Keith, 433
- Abrams, General Creighton, 18
- Absent without leave
- racial factors, 297
 - rates during Vietnam War, 26, 177
- Acronyms, 455–457
- Acute situational reactions, 277–278
- ADAPCP. *See* Alcohol and Drug Abuse Prevention and Control Program
- Administrative discharges, 276–277
- Agency for International Development, 341
- Agreement on Ending the War and Restoring Peace in Vietnam, 22
- Air ambulances, 15, 35, 77–78
- Alcohol abuse
- career soldiers and, 327
 - complications of, 88, 301
 - pre-Vietnam prevalence of, 322–323
 - prevalence during Vietnam War, 323–324
 - psychological and physical dependency, 324–326
 - reports from the field, 325–326
 - risk factors, 326–327
 - survey of patterns, 363–366
 - treatment of, 327–329
 - younger enlisted soldiers and, 326–327
- Alcohol and Drug Abuse Prevention and Control Program, 350
- Alcoholics Anonymous, 327
- Alessi, Captain Larry E, 90–91, 238
- Allerton, Lieutenant Colonel William S, 45, 163, 221, 263
- Americal Division, 89–91
- American Psychiatric Association
- Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition, xiii, 62, 131, 155
 - Introductory Textbook of Psychiatry*, 62
 - view on US role in Vietnam, 28, 402–403
- American Servicemen's Union, 27
- Amnesty program. *See* Drug amnesty/rehabilitation program
- Anderson, Lieutenant Colonel Jack R, 47, 114
- Anomic anxiety, 283
- Antabuse, 327
- Antiwar movement
- demonstration in Washington, DC, spring of 1971, 1
 - effect on Army psychiatrists, 395–396
 - effect on troops, 440, 442–444
 - protest petition, 27
- Anxiety disorders, 273, 312
- Armed Forces Medical Diagnosis Nomenclature and Statistical Classification System*, 322–323
- Armed Forces Physicians' Appointment and Residency Consideration Program, 80, 135
- Armed Forces Qualification Test, 279
- Army Amnesty Center, 58
- Army Digest*, 215–216
- "Army Disease," 329
- Army psychiatry. *See also* Combat stress reaction
- allocation of resources, 40
 - asset planning for combat-committed soldiers, 35–36
 - assignment types, 74
 - base camps, 76–77
 - buildup phase care, 13–16, 43–48
 - challenge to reconcile ethical dilemmas, 407–411
 - combat division services, 71–98
 - command consultation, 373–389
 - criticism of, 398–399, 403–405
 - defending, 403
 - deployment of, 73–74
 - direct influences on troops, 438–439
 - disputes between civilian and military psychiatrists concerning troop treatment, 399–400, 405–407
 - disqualifying psychiatric conditions, 262–263
 - division headquarters, 75–76
 - division medical battalions, 74–97
 - division psychiatrists, 74–97
 - drawdown phase care, 52–61
 - dual agency, 395
 - echelons of care, 39–40, 75–77, 215–219, 221–232, 243–246
 - effect of guerrilla warfare, 36
 - ethical conflicts during the war, 28, 395–403, 411–424

ethical foundation for, 394–395
 expected neuropsychiatric casualties among troops, 41
 hospital-based services, 101–123
 hospitalization rates, 50, 56
 human resource management and, 265
 incidence of psychiatric conditions and behavior
 problems, 262–265
 indirect influences on troops, 437–438
 Medical Field Service School, 41, 166–167, 215, 377, 398
 mental health risk factors, 439–444
 mission of, 72
 number of psychiatrists in Vietnam, 71–74
 one-session counseling, 92–93
 operational frustrations during Vietnam War, 396–403,
 411–424
 organization of, 72–78
 post-Vietnam conflicts among professionals, 405–407
 preventive social psychiatry, 373–389
 psychiatric and behavioral findings, 435–437
 psychiatric evacuation rate, 56–57
 psychiatric legacy, 434–435
 psychiatric treatment and rehabilitation centers, 39–40
 psychiatrist burnout, 420–421
 psychiatrist reports, 46, 48, 51, 59, 93–97
 psychiatrist training, xviii–xix, 80–81, 97, 128–135,
 265–267, 412–416, 441–442
 Psychiatry Consultants, 117–122, 381, 423
 psychosis rates, 57
 psychotropic medication use, 64
 reactions of organized psychiatry, 402–403
 retrospective critique, 444–445
 role requirements in maintaining the force, 261–262
 schedule for administrative elimination of noneffective
 enlisted soldiers, 263
 social psychiatry and, 261
 structure of, 72–73
 theater leadership, 101–123
 transition phase care, 47–52
 veteran readjustment problems, 62–63
 Vietnam psychiatrist survey, xxxvi, 59, 125–142, 194–196,
 243–253, 305–311
 Army Race Relations Conference, 297
 Army Technical Manual 8-244, 215–219
 Army-trained psychiatrists, 80–81, 128–135, 413–416
 Army's Medical Field Service School, 41
 Arthur, Ransom J, 117, 399–400
 AWOL. *See* Absent without leave

B

Baker, Captain Stewart L, Jr, xi, 109, 151, 163, 176, 267, 345
 Baker, Captain William L, 83
 Balser, BH, 236
 Barbiturates, 335–336
 Battalion Aid Stations, 221–223
 Battle of Dau Tieng, 205–209
 Battle shock. *See* Combat stress reaction
 Behavior problems
 behavior disorder diagnosis, 274–277
 incidence of, 262–265
 mislabeling of, 404
 morale and discipline problems during drawdown phase,
 52–61, 295–305, 314–315, 436, 441
 professional involvement with, 305–308
 rates among troops, 264
 survey of disorder patterns, 140–141
 symptoms among combat troops, 177–180, 262, 313–314
 Bender, Specialist 5th Class Paul A, 89–90, 92–93, 225–227
 Berry Plan, 80, 135
 Bey, Major Douglas R, 52, 86–89, 95–96, 174, 269, 298, 337,
 382, 403, 407
 Binocet, 336
 Black-pride movement, 25–26
 Black syphilis, 292
 Blank, Captain Arthur S, Jr, 46–47, 104–105
 Bloch, Captain H Spencer, 46–47, 101, 111–113, 117,
 232–233, 283–284, 400
 The Boston Publishing Company, 53
 Bostrom, Captain John A, 82, 94, 228, 379–380
 Bourne, Major Peter G, xi, 42, 267–269, 399
 Bowen, Colonel Clotilde D, xxiii, xxvi, 120–121, 342, 378
 Bowman, Major John A, 110–111, 117, 162, 171, 231–232,
 383, 397–398
 Buildup phase (1965–1967)
 challenges for Army psychiatry, 43–48
 Johnson Administration, 11–17
 psychiatrist reports, 46, 48, 51, 94
 substance abuse, 45, 330–334
 troop numbers, 43
 Bureau of Narcotics and Dangerous Drugs, 341
 Byrd, Captain Harold SR, 45–46, 71, 80–82, 94, 162,
 238–239, 373

C

CACCF. *See* Combat Area Casualties Current File
 Calley, Second Lieutenant William, 21, 89
 Cameron, Major Richard D, 393

- Camp, Major Norman M, 115–116
- Carden, Norman L, 274
- Casper, Major Edmund, 90, 92, 334–335
- Cavett, Dick, 132–134
- Chapman, RE, 403
- Char, Major Jerome, 91
- Character disorders, 274–277
- China
 relations with Vietnam, 5
- Chloral hydrate, 249–250
- Chlorpromazine, 337
- Chronic combat stress reaction, 176–177
- Civil Rights Movement, 25–26
- Civilian-trained psychiatrists, 81, 128–135, 412–415
- Classical combat fatigue. *See* Combat stress reaction
- Clum, George A, 184
- Coben and Palinkas study, 242
- Cobra helicopters, 14
- Cohen, Major Barbara, xx
- Cohen, Major Nathan, xx, 116, 125
- Colbach, Captain Edward M, 42, 107, 268, 335, 405
- Combat and Operational Behavioral Health*, 407
- Combat and Operational Stress Control Manual for Leaders and Soldiers*, 36
- Combat and operational stress reactions, 36.
 See also Combat stress reaction
- Combat Area Casualties Current File, 299–300, 304
- Combat breakdown. *See* Combat stress reaction
- Combat division services
 combat stress reaction diagnoses, 167–169
 psychiatric services, 71–98
 psychiatrist assignments, 137–138
- Combat exhaustion. *See also* Combat stress reaction
 classification of, 153–154
 counseling soldiers, 226
 definition, 37
 incidence of, xx–xxii, 82, 154–156
 psychiatrist training, 41
 stages of, 167
 treatment of, 88
- Combat fatigue. *See* Combat stress reaction
- Combat neurosis. *See* Combat stress reaction
- Combat psychiatry. *See* Army psychiatry
- Combat stress reaction. *See also* Post-traumatic stress disorder
 behavior problems and, 194–195
 behavioral and psychosomatic symptoms, 177–180
 biopsychosocial etiologic model for, 148–151
 chronic reaction, 176–177
 conservation of the fighting force, 37
 counseling soldiers, 226–227
 diagnosis of, 147–148, 167–169
 difference between combat and civilian stress casualties, 151–153, 155
 documentation difficulties, 162–164
 duration of symptoms, 243–244
 echelons of care, 39–40, 75–77, 215–219, 221–232, 243–246
 effect of 1-year, individual, troop replacement system, 174, 294–295, 440
 ethical conflicts of treatment, 411
 excessive combat aggression and, 161–162, 185–188, 191–194
 expected neuropsychiatric casualties among troops, 41
 first echelon of care, 216–217, 221–223, 245
 forward treatment doctrine, 38–39, 211–215
 group factors, 196
 history of, 260–261
 impact of, 162–164
 incidence of, 42, 162–167
 individual factors, 196
 interpersonal treatment, 247–248
 intrapsychic conflicts, 181–184
 management of, 38–39
 measuring treatment outcomes, 219–220
 military classification system, 153–154
 missing information regarding treatment, 238–239
 observation and interpretation in Vietnam, 220–239
 organization of Army psychiatry, 39–40
 pathogenesis of, 148, 195–196
 pharmacotherapy, 64, 81–84, 88, 197–198, 219, 236–242, 248–255
 pre-Vietnam guidelines for treatment, 215–219
 preparation for treating large numbers of casualties, 39–42
 presentation and pathogenesis of, 167–174
 preventive psychiatry, 234–235
 psychiatric reports, 162–194
 psychiatric survey findings, 194–196, 243–253
 research and analysis, 239–243
 research in Vietnam, 180
 role of demoralization and psychological conflict, 180–181
 second echelon of care, 217–218, 225–231, 245
 severity of symptoms, 243
 short-timer's syndrome and, 174–175
 stages of, 146–147
 stressors during Vietnam War, 154–162, 196–199, 205–209, 279–295
 symptom prevalence, 194
 third echelon of care, 218–219, 231–232, 245–246

- treatment of, 184–185, 221–232, 243–253
 - treatment outcomes, 235–236
 - unresponsive cases, 217, 218, 219
 - Combat theater deployment stress reaction, 36
 - Command consultation. *See also* Social psychiatry
 - case-centered, 378–381
 - challenges of, xxx
 - by division psychiatry personnel, 382
 - factors interfering with efforts, 386–387
 - frequency of efforts, 384–386
 - obstacles in providing, 377–378
 - principles of, 376
 - program-centered, 381–384
 - psychiatrist preparation, 377
 - psychiatrist survey findings, 384–387
 - reports from the field, 379–381
 - by social work/psychology technician, 380
 - by specialized psychiatric detachment personnel, 383
 - success of efforts, 384–386
 - Compazine, 240
 - Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, 323, 350
 - Congressional Medals of Honor, 11
 - Consultation. *See* Command consultation
 - Conte, Captain Louis R, 115–117, 171, 397–398
 - Conversion reaction, 273–274
 - Cooke, Lieutenant Colonel Edwin T, 145
 - Copen, Major Estes, 71, 103
 - Corson, Lieutenant Colonel William, 55–56
 - COSR. *See* Combat and operational stress reactions
 - Counseling therapy
 - one-session, 92–93
 - for soldiers with combat stress reaction, 226–227
 - Counterinsurgency/guerrilla warfare, 36, 433–436, 439–440
 - Court-martial rates, 264
 - Crane, David, 132–134
 - Crossroads program, 344–345
 - Crowe, RR, 335
 - CSR. *See* Combat stress reaction
 - Cushman, Phillip W, 300
 - Custis, Donald L, 15
- D**
- Daily Form, Multiple Affect Adjective Check List, 180
 - DART. *See* Drug Abuse Rehabilitation Therapy
 - Date expected return overseas, 174–175, 283, 294–295, 347–348
 - Datel, William E, 239–242, 273
 - Datel and Johnson Survey, 239–242, 324
 - Dauerschlaf*, 82, 232, 337
 - Davis, Dave M, 271
 - Demoralization. *See* Morale problems
 - Department of Veterans Affairs
 - Readjustment Counseling Centers, 63
 - Deployment stress reaction, 36, 60–61.
 - See also* Combat stress reaction
 - Depressive disorders, 273, 312–313
 - DEROS. *See* Date expected return overseas
 - Desertion rates. *See* Absent without leave
 - Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition
 - diagnoses revision, xiii, 62, 131, 155
 - post-traumatic stress disorder diagnosis, 156–157
 - Diem, Ngo Dinh, 6
 - Discharges, administrative, 276–277
 - Discipline problems. *See also* Behavior problems
 - during drawdown phase, 52–61, 295–305
 - Disqualifying psychiatric conditions, 262–263
 - Disulfiram, 327
 - DMAACL. *See* Daily Form, Multiple Affect Adjective Check List
 - Dowling, Captain Jerome J, 45, 280, 283
 - Drawdown phase (1969–1973)
 - demoralization and alienation issues, xxii–xxviii, 52–61, 295–305, 314–315
 - Nixon Administration, 18–22
 - psychiatric care, 52–61
 - psychiatrist reports, 59, 96–97
 - psychosocial stressors, xxxi–xxxvii, 19–22
 - troop numbers, 52
 - “Dropper-outers,” 47
 - Drug Abuse Prevention and Control*, 343–344
 - Drug Abuse Rehabilitation Therapy, 352
 - Drug Abuse Task Force, 342
 - Drug amnesty/rehabilitation program
 - adaptation of, xxvi–xxviii, 336
 - challenges in implementing program, 343–345
 - Drug confinement facilities, 349–350
 - Drug Treatment Centers, 349–350
 - Drug use. *See* Substance abuse
 - DSM-III. *See* *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition
 - DVA. *See* Department of Veterans Affairs

E

Echelons of care, 39–40, 75–76, 215–219, 221–232, 243–246
 Edmondson, Lieutenant Commander Stephen W, 184
 Ego psychology, 181
 8th Field Hospital (Nha Trang), 103–104, 281
 80th Combat Support Group, 286
 11th Light Infantry Brigade, 89–90
 Engel, George, 150
 Entertainment activities, 288, 290–291
 Erikson, Erik, 149–150
 Evacuation hospitals
 combat stress reaction diagnoses, 171
 demoralization and alienation issues, xxiii–xxiv
 locations of, 73
 95th Evacuation Hospital, xix–xx, xxiii–xxiv, 290, 338
 number of, 101–102
 psychiatric services, 101–123
 psychiatric treatment and rehabilitation centers, 39–40
 psychiatrist assignments, 137–138
 67th Evacuation Hospital, 337
 solo psychiatrist staffing, 102–103
 staffing of, xix–xx
 Evacuations, psychiatric, 56–57, 77–78
 Evans, Lieutenant Colonel Norman, 321
 Excessive combat aggression, 161–162, 185–188, 191–194

F

Fidaleo, Raymond A, 332
 Field hospitals
 combat stress reaction diagnoses, 171
 8th Field Hospital (Nha Trang), 103–104, 281
 locations of, 73
 number of, 101–102
 psychiatric services, 101–123
 psychiatric treatment and rehabilitation centers, 39–40
 psychiatrist assignments, 137–138
 solo psychiatrist staffing, 102–103
 Finkelstein, Captain Frank, 401
 Fire support base, 12
 1st Cavalry Division (Airmobile), 80–82, 158–159, 282, 290
 1st Infantry Division, 85–89, 337
 Fisher, Lieutenant Commander Howard W, xxix, 59
 Fixed, one-year, individual assignments, 174, 294–295, 440
 Forrest, David V, 336
 Fort, Joel, 329
 Fort Leavenworth Disciplinary Barracks, 297

Forward treatment doctrine

 challenge to reconcile ethical dilemmas, 407–411, 410
 combat performance and, 242
 combat stress reaction treatment by social work/
 psychology technicians, 223–225
 force conservation and, 212–213
 post-Vietnam challenges, 446–447
 pre-Vietnam rationale for, 212–215
 purpose of, 211–212
 traditional psychiatry and, 213–215
 Foster, Captain Hugh, 54–55
 4th Infantry Division, 84–85, 336
 Fox, Richard P, 192
 Fraggling
 definition of, xx
 early war years baseline, 302–304
 incident rates, 58
 increased incidence during drawdown phase, 52–56,
 303–305
 threats to noncommissioned officers, xxv, 304
 threats to psychiatrists and physicians, xxiii–xxiv

G

Gault, William B, 191–192
 Glass, Colonel Albert J, x, 129, 136–137, 149–150, 375
 Glasser, RJ, xxiv
 Goffman, Erving, 279
 Goodwill programs, 16
 Gordon, Captain Edward L, 86
 Gordon, Lieutenant Colonel John, 118
 Grant, Major Dennis, 71–72
 Grater, Harry A, 96
 Green, Major Ralph, 122
 Green machine, 330
 Gross stress reaction. *See* Combat stress reaction
 Grossman, Dave, 151–152
 Guerrilla warfare, 36, 433–436, 439–440

H

Harrison Narcotic Act, 329
 Hashish
 use during buildup phase, 330–334
 Hauschild, Colonel Thomas B, 339
 Hays, Frank W, 49, 269–270
 Heiman, Elliot M, 271–272

Helicopters

- air ambulances, 15, 35, 77–78
- gunships, 14

Heroin. *See also* Substance abuse

- addictive potential, 359
 - Air Force programs, 351–352
 - challenges of epidemic, 341–343
 - containment and countermeasures, 340
 - drug abuse prevention and control program, 343–345
 - drug confinement facilities, 349–350
 - Drug Rehabilitation/Amnesty Program, xxvi–xxviii
 - epidemiologic studies, 340–341
 - increased use of, 321–322
 - investigative visit by Zinberg, 349
 - law enforcement approach, 350–351
 - Marine Corps data, 351
 - military deaths in Vietnam attributed to, 342–343
 - Navy data, 351
 - pre-Vietnam use of, 355
 - prevalence of use in Thailand, 352–353
 - psychiatric evacuation rates, 56–57
 - public alarm concerning, 345
 - rates of use, 28
 - reports from the field, 345–348
 - social dynamics of use among enlisted soldiers, 360–351
 - soldier impairment and, 356–357
 - urine screening, 348
 - use as expression of opposition to war and military authority, 361–362
 - use during drawdown phase, xxv–xxvi, 19, 52, 338–351
- Hixon, Brigadier General, xxix
- Ho Chi Minh, 5–6
- Holloway, Colonel Harry C, xi, 345, 360, 433
- Homosexuality, 293–294
- Hospital-based services, 101–123, 137–138
- Hospitalization rates, 50, 56, 264, 266
- Hospitals. *See* Evacuation hospitals; Field hospitals
- Howard, Lieutenant Stephen, 43, 160, 188–189
- Huey helicopters, 14
- Huffman, Captain Robert E, 104, 108, 171
- Hughes, H Stuart, 24
- Human Relations Branch, 297
- Human relations councils, xxix, 297–298

I

- ICD-8. *See International Classification of Disease*, 8th edition
- ICD-9-CM. *See International Classification of Disease*, 9th edition, *Clinical Modification*
- Imahara, Captain John, 51–52
- International Classification of Disease*, 8th edition, 155
- International Classification of Disease*, 9th edition, *Clinical Modification*, 62
- Intrapsychic conflicts, 181–184
- Introductory Textbook of Psychiatry*, 62
- Inverted morale, 59, 64
- Ives, John, 342

J

- Janacek, James, 334–335
- Johnson, Lieutenant Colonel Arnold W, Jr, x, 118–119, 162–163, 223–225, 228, 239, 324
- Johnson, Lyndon
- buildup phase of Vietnam War, 11–17, 43–48
 - Kerner Commission, 296
 - peace talks, 49
 - retaliatory bombing of North Vietnam, 7–8
- Jones, Major Franklin Del, 79–80, 94, 131–134, 280, 295
- The Jones-Dr A Correspondence, 132–134
- Joseph, Brian S, 347

K

- Kaplan, Captain Joel H, 115–116, 338–340
- Kattar, Lieutenant Colonel Richard, 54–55
- Kenny, Captain William F, 105–106
- Kerner Commission, 296
- Khe Sanh, 184
- Kilpatrick, Lieutenant Ted D, 96
- King, Reverend Martin Luther, Jr, 25
- KO Teams. *See* Neuropsychiatric Medical Specialty Detachments
- Kormos, Harry R, 180–181
- Kroll, J, 297
- Kruzich, David J, xxiii, 303–304, 347

L

- Landeen, Captain Robert, 55, 91, 93, 303
- Langner, HP, 189–190
- Leary, Timothy, 53

Letterman General Hospital
 preparation of psychiatrists for treating combat stress,
 40–41
 Levin, EC, 399–400
 Librium, 81, 239–240, 249–250
 Lifton, Robert J, 399
 Limited Privilege Communication, 351
 Linden, E, 303, 361
 Livingston, Major Gordon S, 401–402
 LLRP. *See* Long-range reconnaissance patrols
 Long Binh Jail, 25, 51, 296, 349
 Long-range reconnaissance patrols, 241, 288

M

MACV. *See* Military Assistance Command, Vietnam
 Mahan, Jack L, 184
 Maier, T, 400
 Manning, Frederick J, 259
 Mansfield, Mike, 304
 Marijuana
 clinical observations on effects of, 332–335
 marijuana psychosis, 333
 pre-Vietnam use of, 355
 soldier impairment and, 356
 use during buildup phase, 45, 330–334
 use during transition phase, 334–336
 Marriages, Vietnamese-American, 292–293
 Marshall, Brigadier General SLA, 43, 205–209
 Martinell, Hugh, Jr, 334–335
 Master, Frank D, 337
 McNamara's 100,000, 61, 279, 296
 MEDCAP. *See* Medical Civilian Action Program
 Medical care, 13–16
 Medical Civilian Action Program, 16
 Medical Field Service School, 41, 166–167, 215, 377, 398
Medical Services: Mental Health and Neuropsychiatry, 72,
 95, 376
Medical Services: Neuropsychiatry, 72, 220, 374, 376
Medical Support of the US Army in Vietnam 1965-1970, 312
 Medication use. *See* Pharmacotherapy
 Mellaril, 238, 248, 250
Men, Stress, and Vietnam, 399
 Menard, Specialist 6th Class Dennis L, 17, 86, 228–229,
 292, 380
 Menninger, Brigadier General William C, 260, 375, 394
 Mental Hygiene Consultation Service, xx, 109, 376

Meshad, Captain Floyd (Shad), xxiii, 402
 Methedrine, 336
 MFSS. *See* Medical Field Service School
 MHCS. *See* Mental Hygiene Consultation Service
 Military Assistance Command, Vietnam, 297, 341
Military Psychiatry, 215, 221, 262
 Military Public Health Action Program, 393
 Military-trained psychiatrists, 80–81, 128–135, 413–416
 MILPHAP. *See* Military Public Health Action Program
 Minnesota Multiphasic Personality Inventory, 358–359
 Mitchell, Lieutenant Colonel George, 120
 MMPI. *See* Minnesota Multiphasic Personality Inventory
 Mobile Riverine Force, 83–84
 Morale problems
 alienation from Army and, 310
 during drawdown phase, 52–61, 295–305, 314–315,
 436, 441
 isolation and loneliness issues, 310–311, 434–435
 perceived causes of, 307–311
 societal issues, 310
 Morphine, 355
 Motis, Captain Gerald, 85, 94–95, 223
 Movement for a Democratic Military, 27
 Mulvihill, Major Francis J, Jr, 121
 Murray, Colonel Thomas “Brick,” 120–121
 My Lai massacre, 21, 89

N

Nadelson, Theodore, 182–184, 444
 Nalline, xxvii–xxviii
 Narcotics. *See* Substance abuse
 National Advisory Commission on Civil Disorders, 296
 National Vietnam Veterans Readjustment Study, 62, 404
 Neel, Major General Spurgeon, 50, 78, 268–269
 Neller, Gary K, 193–194, 289, 292
 Neuroleptic medications. *See* Pharmacotherapy
 Neuropsychiatric Medical Specialty Detachments
 assignments to, 73, 101
 challenges for, xxviii–xxx
 combat stress reaction diagnoses, 171
 combat stress reaction treatment, 231–234
 command consultation, xxx
 heroin problem, xxv–xxvi
 inpatient service, xxviii
 mission, staffing and structure of, xix–xx
 model presentation of enlisted soldiers, xxiv–xxv
 model presentation of noncommissioned officers, xxv

- 935th KO Team, 108–114, 231–234
 98th KO Team, 108–109, 114–117
 outpatient service, xxviii–xxx
 redeployment, xxx–xxxix
- Neuropsychiatric specialists
 command consultation, 380
 deployment of, 73
 forward treatment of combat stress reactions, 223–225
 outpatient counseling, xxix–xxx
 responsibilities of, 88–89, 92–93
 supervision of, 77
 training of, 211
- Neuropsychiatry Consultant to the Commanding General, US
 Army Republic of Vietnam, 117–122, 381, 423
- Nha Trang Field Hospital, 103–104, 281
- Niklaus, Colonel JA Keller, 121–122
- 935th Neuropsychiatric Medical Specialty Detachment
 combat stress reaction treatment, 231–234
 psychiatrist reports, 108–114
- 98th Neuropsychiatric Medical Specialty Detachment
 challenges for, xxviii–xxx
 command consultation, xxx
 heroin problem, xxv–xxvi
 inpatient service, xxviii
 mission, staffing and structure of, xix–xx
 model presentation of enlisted soldiers, xxiv–xxv
 model presentation of noncommissioned officers, xxv
 outpatient service, xxviii–xxx
 psychiatrist reports, 108–109, 114–117
 redeployment, xxx–xxxix
- 95th Evacuation Hospital
 demoralization and alienation issues, xxiii–xxiv
 drug abuse problems, 338
 recreation activities, 290
 staffing of, xix–xx
- 9th Infantry Division, 82–84
- Nixon, Richard
 drawdown phase of war, 18–22
 drug abuse prevention program, 328
 troop withdrawal intent, 49
- Noncombat troops, 43–44, 284–289
- Noncommissioned officers
 fragging threats to, xxv, 304–305
 model presentation of, xxv
 psychosocial stressors during drawdown years, xxxv–xxxvi
- Noneffectives, 262–263
- Normal combat syndrome, 82
- North Vietnamese Army
 strategy of terror, 7, 156–160
- NVVRs. *See* National Vietnam Veterans Readjustment Study
- O**
- Obesitol, 336
- Officers, noncommissioned
 fragging threats to, xxv, 304–305
 model presentation of, xxv
 psychosocial stressors during drawdown years, xxxv–xxxvi
- On the Detection and Suppression of Marijuana and Illegal
 Drugs*, 337
- 101st Airborne Division, 91, 93
- One-session counseling, 92–93
- One-year, individual, troop replacement system, 174,
 294–295, 440
- Opiates, 45
- Opium, 330–334
- Overdose rates, 58
- Overflying, 40, 78
- P**
- Palinkas and Coben study, 242
- Paris Accords, 22
- Parrish, Colonel Matthew D, 42, 49, 118–119, 135, 156–157,
 225, 268, 393
- Personality disorders, 274–277
- Pettera, Lieutenant Colonel Robert L., 19, 83–84, 94–95
- Phantom fighter/bomber, 14
- Pharmacotherapy, 64, 81–84, 88, 197–198, 219, 236–242,
 248–255
- PIES principles, 213, 253, 375
- Platner, Donald J, 184
- Political activism, 23–24
- Post-traumatic stress disorder. *See also* Combat stress reaction
 damage caused by early return to duty, 404
 post-Vietnam Era and, 156, 444, 446
 prevalence and incidence of, 62–63
- Postel, Wildred B, 334
- Pre-combat syndrome, 82
- Preventive social psychiatry. *See* Social psychiatry
- Project 100,000, 61, 279, 296
- Prostitution, 289, 292
- Protest demonstrations. *See* Antiwar movement
- Prugh, Major General George S, 45, 330–332, 334, 341, 348
- Psych techs. *See* Neuropsychiatric specialists
- Psychiatric care. *See* Army psychiatry
- Psychiatric hospitalizations, 50, 56, 262, 264

Psychiatric issues. *See also* Army psychiatry; Combat stress reaction

- acute situational reactions, 277–278
- behavior disorders, 274–277
- character disorders, 274–277
- disqualifying psychiatric conditions, 262–263
- epidemiology of major diagnostic groups, 267–270
- incidence of, 262–265
- personality disorders, 274–277
- psychoneuroses, 272–274
- psychotic disorders, 270–272
- rates among troops, 57, 264
- stressors during the drawdown years, 19–22, 295–305

Psychiatric Specialty Detachment. *See* Neuropsychiatric

Medical Specialty Detachments

Psychiatrist survey

- attitude about being sent to Vietnam, 412–414, 416–417
- behavior problems prevalence, 194–195
- clinical challenges for psychiatrists, 139–141
- combat stress disorder reports, 194–196, 243–253
- command consultation, 384–387
- conclusions concerning training, 414–415
- data analysis, 127
- difference in views during different phases of war, 59, 416–417
- distinctions among psychiatrists, 127–139
- drug and alcohol abuse patterns, 50, 140, 363–366
- ethical conflicts during war, 411–424
- importance of, xxxvi
- limitations of, 127
- noncombat psychiatric challenges in Vietnam, 305–311
- operational frustrations during war, 411–424
- perceived causes of troop morale problems, 307–311
- perceptions of counterparts, 415–416
- professional involvement with behavior problems, 305–308
- psychiatrist burnout, 420–421
- questionnaire, 126
- rationale and objectives of, 126
- reactions to survey, 411–412
- response rate, 127
- social psychiatry activities, 384–387
- survey population, 126–127
- symptom prevalence, 194
- uncommon syndromes, 191

Psychiatry Consultant, 117–122, 381, 423

Psychology technicians. *See* Neuropsychiatric specialists

Psychoneuroses, 272–274

Psychosis rates, 57

Psychosomatic disorders, 177–180

Psychotic disorders, 270–272

Psychotropic medication. *See* Pharmacotherapy

PTSD. *See* Post-traumatic stress disorder

Q

Qui Nhon Field Hospital, 106–107

R

Racial issues

- in Long Binh Jail, 51
- tensions during the drawdown years, xxiii, 25–26, 52–56, 296–299
- violence toward military leaders, 304

Ramos, Frank, 347

Ratner, Major Richard A, 58, 339–340, 344–347

Readjustment Counseling Centers, 63

Readjustment problems, 62–63

Rear echelon troops, 43–44, 284–289

Recreation activities, 288, 290–291

Recruit selection and training, 279–284

Renner, Lieutenant Commander John A, Jr, 50–51, 190, 276

Rest and recuperation, 291

Robinson, Henry, xx

Roffman, Captain Roger A, xi, 331–332, 405–406

R&R. *See* Rest and recuperation

S

Saigon Field Hospitals, 104–106

Salmon, Major Thomas W, 39, 211

Sapol, Captain Ely, xi

Schell, Jonathan, 21

Schneider, Chris McGinley, 443

Schramel, Douglas J, 274

Schwartz, Harvey J, 182

Scurfield, Second Lieutenant Raymond M, 406–407

Secrest, Captain Leslie, xx

Senate Judiciary Committee to Investigate Juvenile Delinquency, 345

Senior theater psychiatrist, 117–122

17th Field Hospital (Saigon), 105–106

Sexual behavior, 289, 292–294

Shaw, Jon A, 149

Shell-shock. *See* Combat stress reaction

Short-term counseling, 92–93

Short-timer's syndrome
 as cause of tension among troops, 259
 description of, 45–46, 80
 effect of, 174–175, 294–295
 prevention of, 82

Siegel, Major Arthur J, 352

67th Evacuation Hospital, 337

67th Field Hospital (Qui Nhon), 106–107

Sleep therapy regimen, 82, 232, 337

Smith, Lieutenant Colonel Benjamin E, 297

Smith, Specialist 5th Class William E, 89

Social psychiatry. *See also* Command consultation
 Army psychiatry and, 261
 combining community and military psychiatry, 375–376
 military populations and, 374–375
 psychiatrist preparation, 377

Social work/psychology specialists. *See* Neuropsychiatric specialists

Southeast Asia Treaty Organization, 7

Special Subcommittee to Investigate Alleged Drug Abuse in the
 Armed Services

Spector, Ronald H, 323–324

Stanton, Captain M Duncan, xi, 50

Stanton, Shelby, 52–53, 350

Steinbeck, John IV, 330–331

Stelazine, 248, 250

Stern, Specialist 5th Class David B, 84

Stralka, Louis, 88

Strange, Robert E, 117, 173–174, 399–400

Stress reaction. *See* Combat stress reaction; Post-traumatic stress disorder

Student activism, 24

Substance abuse. *See also* Alcohol abuse
 Army Amnesty Center, 58–59
 during the buildup phase, 45, 330–334
 combat performance effects, 357–358
 during drawdown phase, xxv–xxvi, 19, 52, 338–351
 drug amnesty/rehabilitation program, xxvi–xxviii, 336
 drug confinement facilities, 349–350
 effects on soldiers, 27–28
 fatal cases, 329, 342–343
 increased use of heroin, 321–322
 marijuana use during the buildup phase, 45
 narcotic overdose death rates, 58
 pre-Vietnam prevalence of, 329–330
 prevalence of addiction, 354–356
 prevalence of use, 353–354

 psychiatric evacuation rate, 56–57
 rates of heroin use, 28
 risk factors for, 358–363
 as self-medication, 362–363
 soldier impairment and, 356–358
 survey of drug use patterns, 50, 140, 363–365
 during transition phase, 334–338
 urine screening, 348
 violence and, 51–52, 304

Suicides, 299–302

Survey of psychiatrists. *See* Psychiatrist survey

T

Talbott, Captain John A, 105, 113–114, 117, 132–134, 171, 332–333, 384

Terry, Wallace, 25, 296

Tet offensives, 17–18, 49

Thailand
 prevalence of heroin use by Army troops, 352–353

3rd Field Hospital (Saigon), 104–105

Thorazine, 81–82, 84, 88, 239, 248, 250

Ticket punching, 56

Tiffany, Colonel William J, 45

Tilting at Myths: A Marijuana Memoir, 406

Tischler, Captain Gary L, 45, 106–108, 280, 283, 295

Tofranil, 249–250

Tranquilizing medications. *See* Pharmacotherapy

Transition phase (1968–1969), 47–52, 95–96, 334–338

Troop replacement system, 174, 294–295, 440

25th Infantry Division, 78–80

23rd Infantry Division/Americal, 89–91

U

Uniform Code of Military Justice, 344

United States Disciplinary Barracks, 297, 304

Urine screening program, 348

US Agency for International Development, 341

US Air Force
 heroin use problems, 351–352

US Army Republic of Vietnam
 drug rehabilitation/amnesty program, xxvi–xxviii
 Human Relations Branch, 297
 Installation Stockade, 25, 51

US Army Republic of Vietnam Surgeon, 72

US Army Vietnam Medical Bulletin, xii, 58

US Marine Corps

- combat stress disorder cases, 173–174, 184, 188–191
 - diagnostic groupings for psychiatric admissions, 119
 - heroin use problems, 351
 - psychiatric challenges, 96–97, 117
 - US Navy
 - combat stress disorder cases, 173–174, 184, 188–191
 - diagnostic groupings for psychiatric admissions, 119
 - heroin use problems, 351
 - psychiatric challenges, 96–97, 117
 - USARV. *See* US Army Republic of Vietnam
- V**
- Valium, 249–250
 - Van Creveld, Martin, 29
 - Venereal disease, 289, 292–294
 - Veteran readjustment problems, 62–63
 - Viet Cong
 - ambush during Battle of Dau Tieng, 205–209
 - strategy of terror, 7, 156–160
 - Vietnam
 - aerial view of terrain, 2
 - city of Da Nang, 285–287
 - Communist threat, 6
 - cultural identity, 5
 - French colonialism, 5
 - history of, 5–6
 - land description, 2–3
 - people of, 3–5
 - period of Japanese domination, 5–6
 - relations with China, 5
 - street scene of downtown Saigon, 3
 - Vietnam combat reaction, 83
 - Vietnam psychiatrist survey. *See* Psychiatrist survey
 - A Vietnam Trilogy: Veterans and Post Traumatic Stress: 1968, 1989, 2000*, 406
 - Vietnam Veterans Against the War, 21, 27
 - Vietnam Veterans Against the War: Vietnam Veterans, Stand Up and Be Counted*, 398–399
 - Vietnam War. *See also* Army psychiatry; Drawdown phase (1969–1973)
 - American advisor years, 6
 - battle death rate, 57
 - beginning of, 1
 - buildup phase, 11–17, 43–48, 51, 94
 - combat casualties, 10, 11
 - cost of war for US, 11
 - counterinsurgency/guerrilla warfare, 433–436, 439–440
 - cultural polarization in America, 22–28
 - direct influences on troops, 438–439
 - enemy Tet offensives, 17–18
 - excessive combat aggression, 161–162
 - expected neuropsychiatric casualties among troops, 41
 - full Army divisions deployed, 74
 - hostile deaths, 9
 - immersion shock, 280–284
 - indirect influences on troops, 437–438
 - medical and psychiatric support, 13–16
 - mental health risk factors, 439–444
 - military personnel strength, 10
 - numbers serving in all branches, 9
 - provocation for, 6–8
 - psychiatric and behavioral findings, 435–437
 - psychiatric legacy, 434–435
 - public opposition to, 23–24
 - ratio of combat to noncombat troops, 8, 75
 - recruit selection and training, 279–284
 - retrospective critique, 444–445
 - stress-inducing features of, 279–295
 - theater casualties, 9
 - transition phase, 47–52, 95–96
 - troop living conditions in the field, 17
 - US support of South Vietnam, 8
 - veteran readjustment problems, 62–63
 - Viet Cong strategy of terror, 7
 - Violence. *See* Fraggging; Racial issues
- W**
- Walter Reed Army Institute of Research
 - combat stress disorder reports, 194–196
 - predeployment psychiatric training, xviii–xix
 - preparation of psychiatrists for treating combat stress, 40–41
 - psychiatric research following Vietnam War, x, xi
 - Vietnam psychiatrist survey, xxxvi, 59, 125–142, 194–196, 243–253, 305–311, 363–366, 384–387, 411–424
 - War crimes, 161–162, 185–188, 191–194
 - War protest demonstrations. *See* Antiwar movement
 - Weiner, Colonel Jerome, xxiii–xxiv
 - Westmoreland, General William C, 18, 43, 378
 - Whisky Mountain Task Force, 53

White, Captain Eugene J, Jr, 54
 Wilson, Scott M, 335
 Winter Soldier Investigation, 21
 Woolridge, William O, 215–216
 World Health Organization, 62, 155
 World War II
 psychiatric casualties, 37
 Wounded in action
 rates of, 264
 WRAIR. *See* Walter Reed Army Institute of Research

Y

Yager, Joel, 191
 Youth activism, 24

Z

Zecchinelli, Vincent, 88
 Zinberg, Norman E, xi, 349–350

