

CHAPTER 1

Contexts of the Vietnam War and US Army Psychiatry: A Debilitating War Fought a Long Way From Home

What has been called a strategy of containment is designed to bring about peace and reconciliation in Asia as well as in Europe. In the U.S. view, only if violence is opposed will peace and reconciliation become possible. If aggression succeeds [in Vietnam], the Asian Communists will have shown that [Chinese Communist Chairman] Mao [Tse-tung] is right: The world can only be reshaped by the gun.^{1(p5)}

Why We Fight In Viet-Nam
US Department of State Pamphlet
June 1967

A war protest demonstration in Washington, DC, in the spring of 1971. The antiwar movement in the US, which was expressed through increasingly larger and louder protest rallies, marches, and demonstrations, was. For the troops fighting in Vietnam it signified growing opposition to the war and was a prominent if not the overriding contextual factor responsible for their steady demoralization of the troops fighting in Vietnam
Photograph courtesy of Sydney Fleischer Camp.



The US ground war in Vietnam (1965–1973) began on 8 March 1965, when over 3,500 men of the 9th Marine Expeditionary Brigade made an unopposed amphibious landing on the northern coast of the Republic of South Vietnam. This was in response to intensification in the fighting between the military forces of South Vietnam—an ally of the United States—and indigenous communist forces as well as those from South Vietnam’s neighbor to the north, the Democratic Republic of Vietnam (commonly referred to as North Vietnam). In early May the first US Army ground combat troops, the 173rd Airborne Brigade, arrived in South Vietnam, landing at the mouth of the Saigon River at Vung Tau. In time, service members from all branches of the US military became part of a multinational effort by the United States and other free world allies that sought to block the spread of communism in Southeast Asia.

FIGURE 1-1. Aerial view of the rugged terrain in Vietnam. Most combat operations in Vietnam occurred away from the urban areas and in the mostly unpopulated four-fifths of the country. In this challenging and unforgiving countryside US troops encountered formidable impediments to movement over the ground, extraordinary heat and humidity, and monsoonal rains for months at a time. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



The insertion of American ground forces in Southeast Asia followed a 15-year period of escalating US commitment of financial aid and military advisors whose purpose was to support the government and military of South Vietnam in defending itself against a takeover sponsored by North Vietnam. More than 8 exhausting years of warfare followed. American involvement ended following mounting public protest in the United States, the “Vietnamization” of the allied war effort (assisting South Vietnamese forces to assume the primary combat role), and the drawdown of US military forces and civilian advisors. But just 2 years after the negotiated truce that resulted in the withdrawal of the remaining American military personnel (29 March 1973), North Vietnam violated the truce and overran South Vietnam, which surrendered on 30 April 1975.

The war became far wider, longer, and costlier than predicted—the United States and its allies had become intractably ensnared in Vietnam’s simultaneous and protracted social revolution, civil war, and nationalistic opposition to foreign domination. The war also assumed a central role in a decade of social and political upheaval in the United States—a nightmare that threatened its most basic institutions, including the US military. In the second half of the war (1969–1973), as Americans came to disown and denounce the war in Southeast Asia, an increasing and ultimately huge proportion of US troops assigned in Vietnam came to question their purpose there. They expressed in every way short of collective mutiny, including psychiatric conditions, their inability or unwillingness to accept

the risks of combat, acknowledge military authority, or tolerate the hardships of an assignment in Vietnam. Yet this all occurred in a setting where combat objectives were still in effect, weapons were ubiquitous, violence was adaptive, and narcotics and other drugs were effectively marketed and widely used by US troops.

This chapter summarizes especially salient aspects of the historical, military, and sociopolitical context of the war that add meaning to the role challenges and ethical issues faced by the Army psychiatrists and allied mental health professionals who served in Vietnam.

VIETNAM: ITS LAND, PEOPLE, CULTURE, AND HISTORY

Throughout the war, it was the rare US soldier who had much understanding of where he was fighting (beyond knowing he was in Southeast Asia) and why (beyond “stopping communism”).^{2,3} The following offers a condensed description of Vietnam and selected historical features bearing on those questions. Especially useful as sources for this review have been the multivolume series, *The Vietnam Experience*, by The Boston Publishing Company,⁴ and *The Vietnam Guidebook*,⁵ written by Barbara Cohen, MD, a psychiatrist who served with the Army in Vietnam.

The Land

Located in Southeast Asia and halfway around the world from the United States, Vietnam (a term that will



FIGURE 1-2. A street scene in downtown Saigon. Saigon, the capital of the Republic of Vietnam, commonly referred to as South Vietnam, was a large, bustling, urban city during the war. Following the surrender of South Vietnam to North Vietnam in 1975, it was renamed Ho Chi Minh City. Until 1973, when US military personnel were withdrawn from Vietnam, many troops assigned in the Saigon area found ways to interact with the Vietnamese outside of military boundaries, despite the lack of authorization, often for illicit commercial purposes such as prostitution, drug acquisition, and black marketeering. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).

be used in this section to represent both the northern and southern halves) shares the Indochinese peninsula with the countries of Laos, Cambodia, Thailand, Burma (now Myanmar), and Malaysia. Indochina projects south from the continent of Asia into the South China Sea, and Vietnam hugs its eastern side. Vietnam lies in the tropical zone, its long, thin “S” shape oriented in a north–south direction. Its area approximates that of the state of California, and it extends roughly 1,200 miles from its northern border with China to its southern border on the Gulf of Thailand. Vietnam is a lush country that contains two large, fertile river deltas—the Red River in the north and the Mekong River in the south. These comprise roughly 25% of the country and are linked by a backbone of rugged mountains (Figure 1-1). The northern urban centers of Hanoi and Haiphong lie in the Red River delta, and Ho Chi Minh City (formerly Saigon) is in the Mekong River delta in the south (Figure 1-2). About half of the country is jungle, with roughly 80% covered by tropical vegetation.

The People

Vietnam is one of the world’s most densely inhabited countries. During the war the population was estimated to be 40 million people⁶; however, the first scientifically conducted census, which was taken in 1979, 4 years after the fall of the Saigon government, calculated Vietnam’s population at 53 million.⁵ More than half of the population lives in the coastal plains and the lowlands formed from the two river deltas.

Rural villages are home to 85% of the Vietnamese population⁵; their lives are centered on subsistence farming—mostly rice growing—or fishing. Family life and that of the village are the basic units of Vietnamese culture. As suggested by the name “Indochina,” the countries that share the peninsula have arisen from the convergence of the two great civilizations nearby—India and China. Furthermore, because of its geographic circumstance of hugging the coast, Vietnam in particular has served as the crossroads of Southeast Asia.

Over the years of prerecorded history, Indian and Chinese traders, missionaries, and especially immigrants came there and extended their cultures and technologies throughout the area. Its mountainous spine meant that the Chinese influence from the north would eclipse that of India from the west. Most of today’s Vietnamese (88%),⁵ called the Viet (or Kinh), descended from those who emigrated southward from their ancient homelands in China’s southern provinces and mixed with the indigenous people to form the dominant culture. The racial ancestors of the Viet Vietnamese are a mix of Chinese and non-Chinese people of Mongolian descent, as well as those of Indo-nesian and Filipino heritage.⁵ At least 54 minority ethnic groups comprise the remaining population,⁵ all of which made the American understanding of Vietnam more complicated (Figure 1-3).

The Vietnamese language has elements of Cambodian, Thai, and Chinese and, although it is written in Roman characters, a heritage that dates back to Portuguese missionaries, it is especially challenging for

FIGURE 1-3. A Vietnamese peasant woman from a fishing village on the coast near Nha Trang. At the time of the war roughly 85% of Vietnamese lived in rural villages, and their lives centered on subsistence farming—mostly rice growing—or fishing, and family and village life. The war was not fought as much for territorial control as for the allegiance of these people. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



Westerners to speak because it is a tonal language.⁶ A syllable may have as many as six inflections, each of which carries a different meaning.

Cultural Identity

Throughout its long history, the national identity of the Vietnamese people has been forged by violent struggles against foreign domination, civil wars, and their own aggressive expansionist ambitions. Indeed, the national borders of Vietnam were not defined until the late 18th century. By then the Vietnamese had incorporated the southernmost areas—the land of the Hindu Cham people who were descended from Hindu and Polynesian cultures.⁵ The tumultuous history of the Vietnamese greatly contributed to their tenacity in fighting the United States and its allies in South Vietnam. For them, especially those living in the north, the Vietnam War (1965–1973) merely represented the most recent chapter in a centuries-old resolve to establish territorial claims and self-determination.

Relevant History

China, Vietnam's Colossal Neighbor

The Vietnamese people identify their prehistoric roots as deriving from the ancient, some say legendary, kingdom of Au Lac, a thriving culture that is said to have inhabited land north of Hanoi in the Red River valley. However, between 500 BCE and 300 BCE Chinese emigration into northern Vietnam had begun⁶ and, over time, set the stage for almost a thousand years of Chinese rule and assimilation (111 BCE–938 CE).⁶ Because of its geographic proximity, Vietnam has always had close political ties with China; moreover, this protracted history of subjugation by the Chinese in the first millennium guaranteed close cultural ties as well. The ultimate defeat of the Chinese in the Battle of the Bach Dang River in 938 CE initiated over 800 years of Vietnamese self-rule before colonization by the French in the mid-19th century.

100 Years of French Colonialism

Western influence in Vietnam began in the middle of the 16th century, when Catholic missionaries arrived from the Portuguese possession of Macao.⁵ By the 17th century, French missionaries became even more prominent and helped to open up Vietnam to commerce with the West (French, Portuguese, Dutch). However, these Westerners were regarded with suspicion by Vietnamese emperors as potentially leading to unwelcome foreign influence. Gradually, these nations

insinuated themselves in the politics and often violent struggles in Vietnam as they sought to establish exclusive trade rights.

In 1802 Nguyen Anh united by force the southern part of Vietnam with the northern part with the help of a mercenary army raised by the Bishop of Adran, a French missionary.⁵ The newly proclaimed emperor named his kingdom Vietnam and established a new capital in Hue. He also granted commercial concessions to French merchants as reward for the military support he had received. Over time, however, the involvement of both native and French Catholic priests in internecine struggles of the Vietnamese led to executions of French priests.⁵ These executions stirred the French to intervene through “gunboat diplomacy.” The French demanded trade agreements and religious tolerance, but in reality found a pretext for colonization as a means to compete with the British, who were opening up Burma and China to colonial exploitation.⁵

A French naval attack on Da Nang⁵ in 1858 began the period of their conquest and colonization of Vietnam, which, except for the period of Japanese control during World War II, continued for almost 100 years. This poorly administered and often brutally governed French colony stirred increasing resistance among the Vietnamese and spawned the formation of the Indochinese Communist Party (1930) by Ho Chi Minh, the revolutionary leader.⁵

America had expressed interest in Vietnam as far back as 1832, when President Andrew Jackson dispatched an envoy,⁶ seeking to establish trade agreements. However, they encountered the emperor's policy of isolation with the West and failed to make contact. Fifty years later, when France was pressing its imperialistic ambitions, the United States tried again, this time to broker a peace between France and Vietnam,⁶ but France refused to agree to American mediation. Once France had successfully secured its colonial possession, the United States became one of the leading trading partners with French Indochina.

The Period of Japanese Domination

Early in World War II Germany attacked France, and in June 1940 the government of France surrendered to Germany. In September of that year, Japan, Germany's ally, encountered little resistance from the French in Vietnam and began its 5-year occupation.⁵ However, over most of that time the French colonial government collaborated with the Japanese and continued to rule the country. Japan mostly exploited

the region for labor and materials to supply the war effort, but the occupation intensified opposition against the French and Japanese by Ho Chi Minh and the Viet Minh guerrillas.⁵ An ironic note: during this period American representatives met with Ho Chi Minh—the man who would later become an inspirational leader to America’s enemy—and offered to provide training and arms to advance their objective of defeating the Japanese.⁵

The surrender of Japan to the Allies in August 1945 created a political vacuum in Vietnam, which led to great instability and fighting. British and Chinese forces sought to take control of the southern and northern halves of Vietnam respectively as stipulated in the post-World War II Potsdam Conference⁵; Ho Chi Minh and the Viet Minh proclaimed their sovereignty over the “Democratic Republic of Vietnam”; and the French attempted to reestablish their colonial system. When the Chinese Communists consolidated their power in China in 1949, they provided weapons and training to the Viet Minh to use against the French.⁵

In 1950, President Truman responded by granting US aid to the French military⁷ and sending the first of the American advisors to South Vietnam (which, in time, grew to become US Military Assistance and Advisory Group [MAAG]) to aid the French against the Viet Minh rebels. This was the beginning of the American advisory period. By 1953, the United States was providing 80% of the French military costs in Indochina in the effort to oppose the spread of communism. However, despite this aid, their defeat at Dien Bien Phu ended French claims in Vietnam (7 May 1954).⁵

AMERICA’S SLIDE INTO WAR IN VIETNAM

The Communist Threat and the American Advisor Years

In July 1954, government representatives of France, Britain, the then-Soviet Union, and the United States convened in Geneva and signed an agreement⁸ dividing Vietnam at the 17th parallel with the intention of holding national elections in 2 years. The northern part was to be temporarily under the control of Ho Chi Minh and the Viet Minh as a communist regime, and the southern part controlled by Premier Ngo Dinh Diem and his government. However, the Eisenhower Administration soon became convinced that the increasingly repressive and unpopular Diem

regime could not stand up to the combined forces of the communist regime in the north and the indigenous communist opposition in South Vietnam (the National Front for the Liberation of South Vietnam [NLF or Viet Cong]), and their ideological partners, Soviet Russia and Communist China, who indicated their intention to “liberate” the peoples in the south.¹⁷ Thus began a US policy of providing direct economic aid and military advisors to train South Vietnamese forces and a decade of escalating tensions, military incursions by both sides, and anticipations of war.

In November 1961, increasing North Vietnam-sponsored guerrilla activities in South Vietnam led President Kennedy to conclude that an even larger commitment would be necessary to bolster the fledgling democracy in South Vietnam. The first official American battlefield casualty was that of Specialist 4th Class James T Davis, who was killed on 22 December 1961, when the Army of the Republic of Vietnam (ARVN) unit he was accompanying drove into a guerrilla ambush a few miles west of Saigon.⁵ This policy of increasing troop strengths continued under President Lyndon Johnson, Kennedy’s successor. By December 1964, shortly before the first US Marines were inserted into Vietnam, the number of US military personnel had risen to over 23,000.⁹

The War’s Rationale and Provocation

To understand how the US government could reach a point where it would expend American lives and resources to fight a counterinsurgency in Vietnam, one must remember that these events arose during the post-World War II Cold War period. World affairs had become extremely tense in the 1950s and 1960s following the defeat of Germany and Japan. Soon after Japan surrendered in 1945, America and its allies found themselves again in an epic struggle against the menace of totalitarianism—this time, Soviet-sponsored communism. Relations between the two ideological camps often approached the flash point, and a catastrophic nuclear war seemed frighteningly possible. For example, between 1950 and 1953 the United States waged a costly war in support of South Korea’s defense against a communist takeover by North Korea. Even closer to home, in 1962 the United States came perilously close to nuclear war with the Soviet Union when it learned that the communist regime of Fidel Castro in Cuba was allowing the construction of nuclear missile sites on that nearby Caribbean island.

EXHIBIT 1-1. THE VIET CONG STRATEGY OF TERROR

The terrorism practiced by the Viet Cong [VC] . . . took every conceivable form: harassment, kidnapping, assassination, execution, and massacre. VC terrorists mortared refugee camps, mined village roads, and hurled grenades into crowded city streets. . . . The war that U.S. combat troops encountered when they first arrived in South Vietnam already contained an element of ferocity that few Americans could readily comprehend.

Some of the bloodletting was wholly indiscriminate but much of it was part of a calculated campaign of fear and intimidation. . . . Striking at individuals of authority—hamlet chiefs, religious figures, schoolteachers—the VC eliminated virtually an entire class of Vietnamese villagers. In the process they isolated the peasants from the government that had promised them protection, leaving them only three alternatives: active support of the VC, passive neutrality, or death.

The men and women who carried out such acts were well trained, heavily indoctrinated, highly motivated, and willing to take great risks. . . . [Although they operated in every province in South Vietnam] the infamous F-100 [operating out of a secret base in the jungles of Binh Duong Province] carried the campaign of fear and disruption to Saigon and other urban areas. . . .

When American soldiers began to arrive in South Vietnam in force, the VC turned their strategy of terror on U.S. military personnel and civilians. . . .

But if the Communists were willing to enforce their discipline on defenseless villagers. . . , they found it even more useful to employ the Americans for the same purpose. Their technique was simple, cold-blooded, and chillingly effective: Occupy a village, provoke [an American] attack, then blame the death and destruction on the foreigners. . . .

. . . Communist terror grew more intense as the war went on and was largely directed at civilians without connection to the government. It was often indiscriminate and generally in violation of the principles of military necessity, discrimination, proportionality, and humanity that are the basis of the law of war. The VC strategy of terror, in short, was a systematic, deliberate attack on the civilians of South Vietnam resulting in the death or injury of tens of thousands of noncombatants.

But the Vietnamese were not the only victims. The barbarity of VC terror, the seeming indifference of the enemy to the lives of their own countrymen, had a profound effect on the Americans who came to fight in Vietnam. The cruelty of the VC toward the peasants reinforced the mistaken belief [among US troops] that life was cheap in the countryside. At the same time the inability of the peasants to defend themselves contributed to the contempt with which some GIs regarded them. Their refusal to risk their lives and those of their families by informing on the [Viet Cong] helped nurture the idea that they were themselves the enemy.

Reproduced with permission from Doyle E, Weiss S, and the editors of Boston Publishing Co. *The Vietnam Experience: A Collision of Cultures*. Boston, Mass: Boston Publishing Co; 1984: 156–157.

The growing perception among Americans was that without vigorous opposition by the United States and its allies, democracy could be obliterated by a cascade of communist revolutions (the “domino theory”) throughout the developing nations of the world such as those in Southeast Asia.¹⁰ Because the United States was a signatory of the 1954 Southeast Asia Treaty Organization (with France, Great Britain, Thailand, Pakistan, Australia, New Zealand, and the Philippines),¹ South Vietnam’s struggle to defend itself against armed aggression from North Vietnam (in violation of the 1954 Geneva Agreement that brought an end to the First Indochina War)¹ presented a compelling opportunity to draw the line with respect to the perceived threat.

Matters coalesced on 2–4 August 1964. South Vietnamese naval commandos had raided two islands in

the Gulf of Tonkin claimed by North Vietnam, and in response, North Vietnamese torpedo boats allegedly^{8,11,12} attacked two US destroyers—the USS *Maddox* and the USS *Turner Joy*. President Johnson reacted by ordering retaliatory bombing of North Vietnamese gunboats and support facilities. On 7 August, the US Congress approved the Tonkin Gulf Resolution.^{8,13} Although not a formal declaration of war, this provided the administration the legal option of committing military forces in Vietnam and set the stage for the war to begin in earnest.⁸

The Marine landing on 8 March 1965 followed a Viet Cong mortar attack in Pleiku in the central highlands, which killed eight and wounded over 100 American advisors, and another attack on the US barracks at Qui Nhon, which killed 21 Americans and wounded 22.¹³ President Johnson ordered additional air

strikes on targets in North Vietnam, and the objective for the Marines was to provide security for the US warplanes based at Da Nang.

THE SCOPE OF AMERICA'S WAR IN VIETNAM

America's Enemy in South Vietnam

In support of the Republic of South Vietnam and its armed forces, America's enemies in Southeast Asia were twofold: (1) indigenous guerrilla forces (Viet Cong) who operated in South Vietnam and who used the tactics of harassment, terrorism, and ambush in an attempt to destabilize the government of South Vietnam (Exhibit 1-1), and (2) the allies of the Viet Cong, the regular units of the North Vietnam Army (NVA), who staged more conventional attacks on the South Vietnamese military forces and those of its allies in an effort to take over the country.

America's Challenges and Costs

The ground war spanned almost 8 years, and by the time the remaining military personnel were withdrawn in 1973, 3.4 million US military men and women had served in the theater. Between March 1965, when the Marines landed in South Vietnam, and 31 December 1973, 2.6 million service personnel had been deployed within the borders of South Vietnam (including approximately 7,500 women,¹⁴ roughly 85% of whom were nurses¹⁵)—typically for a single, 1-year assignment. Another 50,000 had served there between 1960 and 1965 during the advisor years before the arrival of American ground forces. Finally, approximately 800,000 served in the Southeast Asia theater outside of South Vietnam (in Laos and Cambodia, as well as sailors serving offshore with the US Navy and US Air Force personnel stationed at bases in Thailand and Guam).¹⁵ (See Figure 1-4 comparing military personnel mobilization and casualties through the Vietnam War with earlier American wars.)

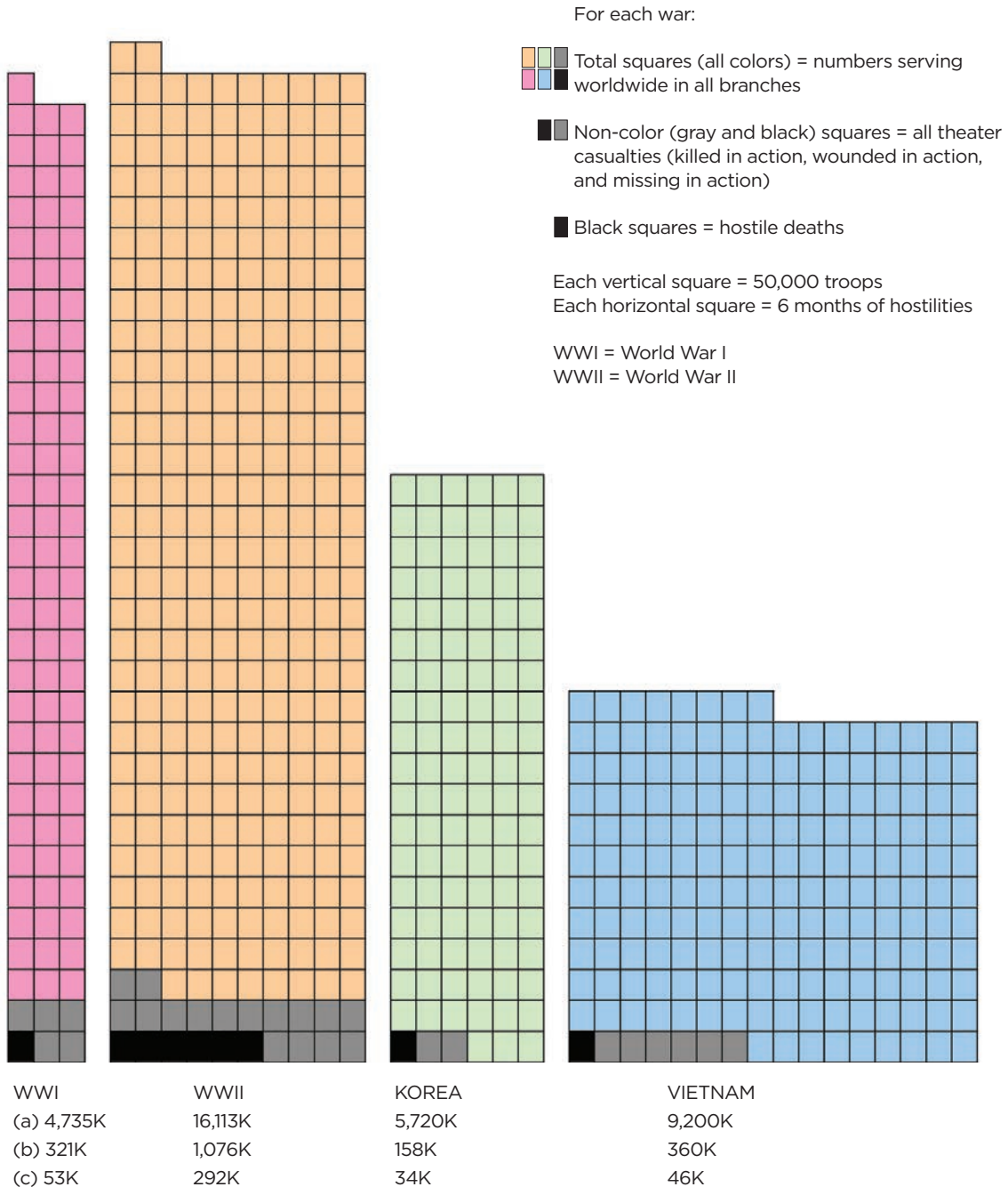
To understand the experience of the “typical” serviceman in Vietnam, it is helpful to understand who did the fighting. The reportedly unusually low so-called tooth-to-tail ratio in Vietnam, that is, the proportion of combat troops compared to noncombat troops, has been disputed over the years. According to Spector, a military historian, the official statistics, which indicated that 57.5% of US forces served in combat or combat support units, were inflated. “[The] evidence is

overwhelming that only a small minority of servicemen present in Vietnam were engaged in active operations against the enemy.”^{16(p40)} In his opinion, a more realistic estimate would take into account the percentage of personnel assigned to maneuver battalions. In April 1968, only 29% of soldiers and 34% of Marines were so assigned; but beyond that, the actual figures for those exposed to combat were even lower than what was authorized, that is, because, “the sick, lame, lazy and those on R & R (rest and recuperation), etc.” were not among those doing the fighting.^{16(p55)} In a more recent review, JJ McGrath, a military historian, indicated that although some claimed a ratio as low as 1:10, by his estimate, at least for the US Army in Vietnam, the ratio of combat to noncombat troops was 1:2, essentially what it was in Korea¹⁷ (see Chapter 3, Exhibit 3-1, “Ratio of Combat Troops to Noncombat/Support Troops in Vietnam”). Thus by these estimates the proportion of Army troops directly exposed to combat risk was somewhere between one-fourth and one-third of the personnel in the theater—roughly half of the official claim.

Because of President Johnson's decision to not utilize Reserve and National Guard units in Vietnam,^{16(pp27-28)} the US military, especially the Army, resorted to increased conscription to meet its needs. The result was that an inordinate proportion of those who served were draftees, one-term volunteers (draft-motivated enlistees), “instant NCOs (noncommissioned officers),” and recent graduates of ROTC (Reserve Officers' Training Corps) and OCS (Officer Candidate School)—the so-called “Vietnam-only Army” of mostly citizen-soldiers.^{16(p34)} Although draftees comprised only 39% of the Army's overall enlisted and officer force in Vietnam, 70% of the infantry, armor, and artillery were draftees. This is because if one enlisted before being drafted, the odds of serving in a noncombat role were improved. Furthermore, draftees accounted for nearly 55% of those killed and wounded.^{4(pp76,78)} The average soldier in the Vietnam War was younger (19 years old) than those who served in World War II (26 years old). They were also better educated than their father's generation of soldiers.

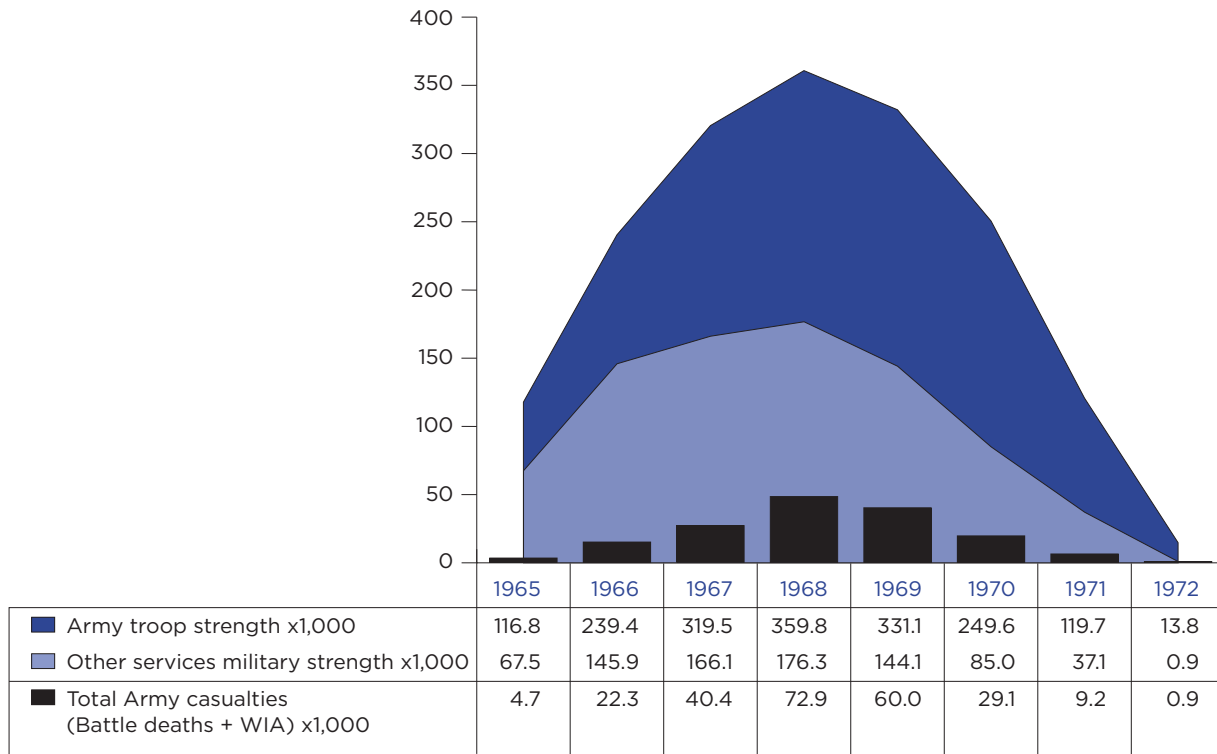
The war in Vietnam is classified as a limited conventional war because there were units larger than 4,000 soldiers operating in the field.^{18(p8)} However, more important, it became mostly an irregular, counterinsurgency/guerrilla war. According to Shelby Stanton, author of the *Vietnam Order of Battle*:

FIGURE 1-4. Major twentieth century American wars compared by (a) numbers serving worldwide in all branches; (b) theater casualties and (c) hostile deaths.



Data source: *Principal Wars in Which the United States Participated; US Military Personnel Serving and Casualties*. Washington, DC: Department of Defense, Office of the Assistant Secretary of Defense OASD (Comptroller), Directorate for Information Operations, 15 March 1974: 61.

FIGURE 1-5. US and Army military personnel and Army combat casualties in Vietnam.



Data sources: US and Army troop strength and Army combat fatalities from: Department of Defense, Office of the Assistant Secretary of Defense (Comptroller). *US Military Personnel in South Vietnam 1960–1972*. Washington, DC: Directorate for Information Operations; 15 March 1974. Total Army casualties from: US Army Adjutant General, Casualty Services Division (DAAG-PEC). *Active Duty Army Personnel Battle Casualties and Nonbattle Deaths Vietnam, 1961–1979*. Washington, DC: Office of The Adjutant General Counts. 3 February 1981.

Traditional military doctrine, based on seizing and holding a series of successive terrain objectives, was largely inapplicable. The multidirectional, nonlinear nature of military operations in Vietnam [meant that] . . . goals were redefined [to] . . . adjust to the conflicting demands and novel principles of area warfare.^{19(p81)}

The war in Vietnam is also referred to as low intensity because of the low ratio of casualties (killed in action [KIA] and wounded in action [WIA]) to the numbers of personnel deployed compared to previous American wars. For example, a comparison of the peak years of US Army troops’ WIA rates during Vietnam (1968 = 120/1,000 troops) and Korea (1950 = 460/1,000 troops) suggests a lower combat intensity in Vietnam.^{20(Table1)} However, this could be misleading. According to Spector, in Vietnam:

. . . Men in “maneuver battalions,” the units that actually did the fighting, continued to run about the same chance of death or injury as their older relatives who had fought in Korea or in the Pacific [in World War II]. Indeed, during the first half of 1968, the *overall* Vietnam casualty rate exceeded the overall rate for all theaters in World War II, while the casualty rates for Army and Marine maneuver battalions were more than four times as high.^{16(p55)}

The data accumulated on the types of wounds sustained in Vietnam are also revealing of the nature of combat there. Many more US casualties were caused by small arms fire or by booby traps and mines than in previous wars, and many fewer were caused by artillery and other explosive projectile fragments.²⁰



FIGURE 1-6. Monsoonal rains at the 15th Medical Battalion Clearing Station, 1st Cavalry Division base at Phouc Vinh. In addition to the formidable terrain, the long rainy season further hampered operations in the field. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).

Overall, the pursuit of military objectives in Vietnam by America and its allies became a costly undertaking. Following are some statistics that help to make the point: more than 58,000 US service members were killed in action, missing in action, or died of other causes,²¹ and over 300,000 were wounded. Figure 1-5 illustrates overall military personnel strength, Army troop strength, and Army casualties over the course of the war. Because the majority of those sent served in the Army (60%–80%), the majority of the casualties also were from the ranks of the Army (40,132 battle deaths, 96,680 hospitalized wounded in action, 104,605 wounded and returned to duty, and 8,273 died of noncombat causes).²² At home, an estimated quarter of a million Americans lost an immediate family member to the war. South Vietnam’s military casualties numbered over 220,000 killed and almost a half million wounded.

The United States spent \$189 billion prosecuting the war and supporting the government of South Vietnam. In 1 year alone, mid-1968 through mid-1969—the peak year of combat activity—America and its allies had over 1.5 million military personnel deployed (543,000 Americans, 819,200 South Vietnamese, and 231,100 from South Korea, Australia, New Zealand, Thailand, and the Philippines combined); US forces staged 1,100 ground attacks of battalion size or larger (compared to only 126 by the communist forces); and there were 400,000 American air attacks, which dropped 1.2 million tons of bombs costing \$14 billion.⁶

Ultimately, as noted previously, despite their material and technological inferiority, the enemy’s resolve and resilience outlasted the tolerance of the American public, and, under great political pressure at home and internationally, the US government elected to withdraw its ground forces. However, despite this outcome, US forces overall demonstrated great courage and sacrifice in Vietnam, with 246 Americans receiving the Congressional Medal of Honor (154 of which were awarded posthumously).²³

AMERICA’S TWO VIETNAM WARS: PRE-TET AND POST-TET (1968)

The American story of the ground war in Vietnam should be considered as two Vietnam War stories—starkly different, sequential stories that pivot on the events occurring in 1968. Taken together, these two stories portray a dramatic reversal of fortune for the United States, a reversal that powerfully shaped American culture.

The Buildup Phase: Lyndon Johnson’s War (1965–1968)

Lyndon Johnson was sworn into his first full term as President in January 1965, riding the crest of a national political consensus and overall prosperity. It was only, in the words of *Newsweek*, that “[n]agging little war in Vietnam”^{4(p58)} that cast a shadow on his ambition to create a “Great Society” of social reforms as his legacy.



FIGURE 1-7. Aerial view of a 1st Cavalry Division fire support base in 1970. The combat strategy of the US Army in Vietnam through much of the war was that of enemy attrition, which was primarily implemented through “search and destroy” missions. These were commonly initiated from well-defended enclaves such as this one as well as other forward bases. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).

Nonetheless, the administration was determined to pursue those political agendas as well as ensure that South Vietnam did not fall into the communist sphere. As President Johnson put it bluntly, “I am not going to lose Vietnam . . . I am not going to be the President who saw Southeast Asia go the way China went.”^{24(p46)}

US combat troop strength expanded rapidly in South Vietnam after the Marine landing in 1965. By June 1966, American troops numbered 285,000, and another 100,000 arrived by the end of the year. The number of inductions into the US military in 1966 alone was almost 320,000 men, a 250% increase over the previous year.^{16(p30)}

The US Army, Marine Corps, and Navy (in the Mekong River delta) units committed in South Vietnam typically found themselves operating in a rugged, tropical environment with formidable impediments to movement over the ground, extraordinary heat and humidity, and rains for months at a time (Figure

1-6). Equally important, combat operations conducted 10,000 miles from the United States required a very long logistical network. These troops also operated among an indigenous population of an exotic, Asian culture that spoke an exceptionally difficult language for Americans to learn. The local Vietnamese appeared to tolerate the presence of US troops, but it was common for them to be ambivalent about the government of South Vietnam and to harbor Viet Cong guerrillas. The relationship between the US forces and the South Vietnamese was generally strained; US troops regarded them warily at best.^{24,25(p182)}

The combat strategy employed by the US Army in the buildup phase in Vietnam was one of attrition (“body counts” and “kill ratios”),⁶ primarily through search-and-destroy missions initiated from well-defended enclaves (Figure 1-7). Guerrilla and terrorist operations by Viet Cong forces and periodic attacks by North Vietnamese regular units were the principle

tactics of the communist forces. Consequently, engagement with the enemy more often involved clashes between highly mobile, small tactical units as opposed to battles between major military formations.

More important, US successes were limited as the Viet Cong guerrillas were elusive, dictated the tempo of the fighting, and too often were content to snipe, set booby traps, and ambush American patrols. Their hit-and-run tactics allowed them to fade safely into the jungle or into the local populace if the fight turned against them—tactics ingrained in their culture from centuries of guerrilla warfare against foreign invaders.¹⁸ Consider the following depiction provided by Neller, an Army psychiatrist, who drew upon his experience as a Special Forces medic in Vietnam in 1967:

The kill zone and ambush scenario is the hallmark of low intensity conflicts and demonstrates that, for the actual combatants, there is no such thing as low intensity when faced with the realities of high-tech warfare. A typical jungle ambush used by US forces in Vietnam, and, in a modified form, also by the enemy would be initiated frequently by a Claymore mine being exploded, and/or each soldier would then throw one grenade. He would then fire one to no more than two magazines from his modern, ultra-light, automatic rifle with well-directed fire. He would finish by throwing the second grenade and initiate his withdrawal while firing his third 20–30 round magazine. A good combat leader would have established a second or even third kill zone and, if available, have on call artillery and air support to protect the withdrawal of his unit. Though the ambush was operational for no more than a couple of minutes, an eleven man rifle squad could have easily used over 1,000 rounds of rifle ammunition, 22 grenades, several Claymore mines, and an assortment of booby traps (explosives) in the kill zone.

If the goal in antiguerrilla/terrorist warfare is to find, isolate and destroy the enemy, then the order of battle in unconventional warfare is frequently to get the enemy to mass in a predetermined location in sufficient numbers where he can be engaged by a larger, better prepared force. This is similar to the frontier Indian wars of the old West, or back alley street fighting frequently seen in modern ghettos throughout the world. [In Vietnam] this put a lot of

stress on small combat units who must be either the bait, the trap, or both.^{26(pp36–37)}

US forces were more likely to find themselves in conventional combat engagements against regular North Vietnamese divisions in the northern provinces. However, even these main force units more often than not staged combat initiatives from behind the safety of the 17th parallel demilitarized zone (DMZ) that separated North Vietnam from South Vietnam, thereby eluding pursuit by American units and their allies.²⁷ Consequently, most combat activity for US forces involved brief encounters between isolated, small units—a war of no fronts. A Joint Chiefs of Staff study reported that of all the US patrols conducted in 1967 and 1968, “less than 1% . . . resulted in contact with the enemy.”^{28(p60)} Still, when there was contact, the fighting was as bloody and intense as any that occurred in World War II. US forces did periodically stage larger-scale operations during this phase of the war, and some elements of these engagements exacted heavy tolls on the enemy. Notable examples are the Army’s battle of the Ia Drang Valley in 1965, the Marines’ Operation Hastings in 1966, the Navy’s Operation Coronado V in 1967, and, also in 1967, the Army’s Operations Cedar Falls and Junction City.¹⁸

The US military in the late 1960s enjoyed remarkable technological advantages in Vietnam. Weaponry was a prime example. Whether carried with them into the field or employed as tactical support from air strikes or artillery, field commanders could bring to bear formidable firepower on the enemy. If the enemy began to outnumber an allied force in an engagement, close support from the air or from artillery quickly reversed the equation.¹⁸ Another element of US technical superiority in Vietnam was that of air mobility—the ubiquitous helicopter. This was unprecedented in US warfare and allowed reconnaissance and ordnance delivery from the air, heliborne movement of troops for tactical advantage, timely evacuation of the wounded, and frequent resupply. In fact, the first full US Army combat division to be sent to Vietnam was the 1st Cavalry Division (Airmobile). Figure 1-8 shows the firepower that could be delivered quickly onto an enemy.

US Army Medical and Psychiatric Support

Another element in the Vietnam theater that greatly enhanced life for the US combat soldier was the outstanding medical support available. From the outset



FIGURE 1-8A. (Top) A 105 mm Howitzer artillery piece employed in a fire mission. High on the list of stress-mitigating factors affecting troops was the overall technologic superiority of the US forces, which especially included that of weaponry. If the enemy began to outnumber an allied force in an engagement, field commanders could bring to bear formidable firepower in the form of close support from the air or from artillery. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



FIGURE 1-8B. (Top Left) This photograph shows a door gunner's view from a Huey helicopter, the most commonly utilized helicopter for troop transport in Vietnam. US technical superiority in Vietnam included that of air mobility via the expanded use of helicopters. This was unprecedented in US warfare and allowed reconnaissance and ordnance delivery from the air, heliborne movement of troops for tactical advantage, timely evacuation of the wounded, and frequent resupply. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



FIGURE 1-8C. (Center Left) An AH-1 Cobra helicopter. The Army used armed helicopters to support ground troops, eventually fielding dedicated helicopter gunships like the Cobra for this purpose. Cobras could be equipped with guns, grenade launchers, rockets, or even guided missiles, and provide rapid and wide-ranging fire against an adversary on the ground. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



FIGURE 1-8D. (Bottom Left) An F-4 Phantom in Vietnam. This all-weather, long-range supersonic jet interceptor fighter/fighter-bomber, which was flown by both the Navy and Air Force, was used extensively in the theater to maintain air superiority as well as in the ground attack and in providing reconnaissance. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



FIGURE 1-9. Medics offloading a casualty from a “dust-off” helicopter at the 15th Medical Battalion clearing station, 1st Cavalry Division at Phouc Vinh. The widespread use of the helicopter as an air ambulance permitted rapid evacuation of wounded soldiers to the most appropriate level of medical care, resulting in a high level of casualty survival among Army troops fighting in Vietnam. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).

of the war, the US military made every effort to insure that troops received timely, sophisticated medical care, including psychiatric care, despite the hostile physical environment and Vietnam’s geographical remoteness.²⁰ The following is by way of a summary provided by Donald L Custis, a senior Navy surgeon:

[The medical care provided in Vietnam] was an impressive performance on the part of all three military medical services, epitomizing ideal circumstances for effective integration of casualty evacuation, resuscitation, early definitive treatment, constant resource supply, and electronic communication.

Air superiority with medical helicopters and dedicated fixed-wing ambulance aircraft made possible rapid patient transfer at every echelon of medical care. There were stable, well-established, forward-placed hospitals, comparable with modern stateside urban medical centers, that provided an air-conditioned patient environment, modern operating rooms with piped-in gases, x-ray units, respirators, hypothermia units, orthopedic frames, physiologic monitoring equipment, and sophisticated clinical laboratories. Although occasionally receiving incoming mortar, the

hospitals were fairly secure. All of this, coupled with professional specialists using advanced surgical techniques, created an unprecedented success story in the annals of military surgery. The experience contributed greatly to the birth of today’s civilian community life-support rescue squads.^{28(p2261)}

The buildup of Army medical units was completed in 1968, when 11 evacuation, five field, and seven surgical hospitals were in place. These facilities, plus the 6th Convalescent Center in Cam Ranh Bay, brought the total bed capacity in South Vietnam to 5,283.²⁰ Most importantly, the new helicopter ambulance capability also permitted rapid evacuation of the wounded to the most appropriate level of medical care (Figure 1-9). As far as physical casualties, these efforts achieved remarkable success throughout the war. Comparing the ratio of KIA to WIA across wars attests to the superiority of medical care provided in Vietnam (World War II, 1:3.1; Korea, 1:4.1; and Vietnam, 1:5.6).²⁰

Once the mobilization was under way, personnel with specialized training in mental healthcare were assigned and widely distributed throughout the theater. This peaked during the 3 full-strength years (1967–1969) when there were approximately 23 Army psychiatrist positions in Vietnam per year, which were supported by a full complement of allied professionals

(psychiatric nurses, psychologists, and social workers) and enlisted paraprofessionals.²⁹ Typically, during those years, one psychiatrist was assigned to each of the seven combat divisions as well as one each to the evacuation and field hospitals, depending on anticipated need and availability. In addition, throughout most of the war, there were two Army Neuropsychiatric Medical Specialty Detachments that were each staffed with up to three psychiatrists.²⁹ Furthermore, each year of the war a psychiatrist served in a staff position with US Army Vietnam HQ as the Psychiatry and Neurology Consultant to the commanding general and his staff (more specifically, as “Neuropsychiatric Consultant” to the Commanding General, US Army Republic of Vietnam Surgeon).

Finally, the psychiatrists serving in Vietnam brought new tools in the form of antipsychotic (neuroleptic), antianxiety (anxiolytic), and antidepressant (tricyclic) medications—relatively nonsedating psychotropic drugs that had not been available in earlier American wars and that had considerable promise in the management of combat stress reactions and other conditions. A full list of psychotropic medications available in the theater for Army physicians can be found in Dattel and Johnson.³⁰ The structure of Army psychiatric facilities and capabilities will be described in more detail in Chapters 3 and 4.

Special Features of the Psychosocial “Ecology” in the Buildup Phase

During the buildup years of the war, troop morale in Vietnam remained high in general, and attrition due to psychiatric or behavioral problems was exceptionally low compared to previous conflicts.³¹ This was somewhat surprising considering the psychologically depleting nature of the remote, exotic, hostile, tropical setting (Southeast Asia) and the enemy’s counterinsurgency strategy (politically directed, guerrilla warfare)³² and resolute tenacity. Furthermore, throughout the war the troops fighting in Vietnam encountered certain novel features that distinguished the theater from those of previous wars and invariably affected morale. For example, the battlefield ecology was powerfully affected by the helicopter mobility of US ground forces; the enemy’s elusiveness but lack of a capacity to deliver sustained, precision-guided indirect fire (as with artillery and combat aircraft); and, especially, America’s overall strategy of fighting a war of attrition as opposed to one for territorial control.¹⁸ The psychosocial complexion of the “rear” was unique

in that US forces typically staged combat activities from geographically isolated, fixed, relatively secure enclaves that were easily resupplied by helicopter. (Appendix 7 to this volume provides a description of the circumstantial features serving to buoy the overall morale in the 1st Cavalry Division [Airmobile] early in the war by Captain Harold SR Byrde, division psychiatrist [August 1965–June 1966].) Observations more specific to field conditions are provided in Exhibit 1-2. These observations also suggest high morale during the buildup phase of the war.

On the other hand, one element that was perhaps more insidiously corrosive to troop morale than was realized at the time was that most of South Vietnam outside of American compounds and bases was designated off-limits.^{24(pp27–28)} The counterinsurgency/guerrilla warfare necessitated restraints on off-duty troop freedom of movement, but this in turn meant that opportunities for positive interaction between soldiers and the indigenous South Vietnamese were severely limited. Except for his exposure to Vietnamese on-post day laborers, most of whom were suspected of either being thieves or enemy sympathizers, the most profound contact the US soldier was likely to have with a Vietnamese civilian was with a prostitute. According to Allerton, a senior Army psychiatrist, even in Saigon, where American military personnel were allowed some latitude, “Many soldiers believed, and perhaps correctly so, that it was more dangerous in a bar [there] than out in the field in some type of search and destroy mission.”^{29(p16)}

“Goodwill” contacts under a program of civic action that involved the distribution of food and clothing, the building and repair of community facilities, and the provision of medical assistance—the so-called MEDCAP (Medical Civilian Action Program) missions—were of lower priority than combat activities. Although designed to “win the hearts and minds” of the Vietnamese in the countryside (ie, recruit the loyalty of the villagers by providing for their welfare and security), these efforts brought only qualified success because of inefficiency, cultural obstacles, and misunderstandings.^{24(pp36–37)} More favorable contact with the Vietnamese might have encouraged soldiers to develop friendly feelings and compassion for their situation, which would have helped to justify being in a distant land risking one’s life. Instead, there was an inevitable rift between the impoverished South Vietnamese villagers and Americans who seemed to be so unapproachable, affluent, and aggressive.

EXHIBIT 1-2. TROOP LIVING CONDITIONS IN THE FIELD

This is Part 1 of a set of observations by Specialist 6th Class Dennis L. Menard, an enlisted social work specialist, from his unit consultation visit to a 1st Infantry Division battalion in November 1967. (Part 2, Consultation to a Combat Battalion by a Social Work Specialist, is in Chapter 7.)

Overall, the general appearance of the units was very good, considering field conditions; all of the men and emplacements were dug in well, latrines were well spaced, trash dumps adequate, and there was good organization and tactical set up of the night defensive perimeter. The men wear abbreviated attire, usually no shirts nor pants, and they are clean-shaven each a.m. There are two local barbers on duty everyday, but a few men are still in need of haircuts. Field showers are set up with an adequate water supply. However, not everyone is up to par on personal hygiene, feeling there is no reason to clean up daily. No boots are shined and, of course, none are expected. There is a clothing distribution every two days when the men exchange dirty fatigues, socks, and underwear.

First call is 0530 hours when hot coffee and donuts and pastry are served—very good and in adequate supply. The mess section consists of a few field cooks. There is one hot meal a day, usually in the evening, which is prepared at the base camp and flown out here via resupply helicopter. Most men supplement their breakfast with C-rations, which is also the noon meal. Heating tablets are available for hot C's. The evening is one of the daily highlights. The food is excellent and in ample supply. Meals are served on paper plates with plastic utensils. Chow is consumed in each man's section or assigned area. Most of the men really enjoy the night and act like a group of Sunday School kids on an outing.

Each section (6–8 men) is issued a Sundry Pack every other day which consists of cigarettes, candy, gum, writing paper, shaving gear, soap, and other items. Men lack for little while in the field. Cokes are also in ample supply, each section getting about a case per day for which they have to pay 15 cents a can. Food and rations merit an excellent rating. The battalion supply officer showed that he has a good section and his supplies are adequate. He has no difficulty in getting ammunition, clean clothing every two days, cokes and food. Some of the discrepancies he noted were lack of poncho liners and air mattresses. His biggest headache was lack of ice. Sections get about 10 pounds daily and often drink their cokes warm. Conversation with the EM [enlisted men] in the section revealed high morale, not too many complaints except about the ice and the newly imposed beer restriction. The beer ration had been 2–3 cans per man per day. All men are entitled to one in-country R & R [rest and recuperation], one out-of-country R & R, and one 7-day leave; and the infantry has priority on allocations. When the unit returns from the field, the men are allowed passes in the village. The usual stay is only 1–3 days. No unusual complaints here.

The TO&E [Table of Organization and Equipment] for the battalion stipulates one battalion surgeon, one medical administrative officer, and 36 enlisted medics. Sick call is from 0800 to 1000 hours daily, with a daily average of 10 patients. Usual complaints are rashes, ringworm, boils, and venereal disease. Most referrals are treated in the field. Only those cases which require more sophisticated treatment are sent to the Battalion Aid Station, [for example], fever of unknown origin, eye refraction, broken bones, severe lacerations, and battle wounds.

Source: Menard DL. The social work specialist in a combat division. *US Army Vietnam Med Bull.* 1968;March/April: 53–55.

Efforts to understand soldier stress and resilience in Vietnam have to take into account the draft's influence as well as the military's replacement policy of individualized, 1-year tours. This refers to conscription and assignment policies in which: (a) the majority of lower-ranking enlisted soldiers sent to Vietnam were either drafted or "draft-motivated" enlistees (eg, potentially stress-producing), and (b) soldiers were rotated into (and out of) Vietnam on an individual basis for 1-year assignments. The 1-year tour—a replacement policy that had its origins during the Korean War—was intended to be stress reducing because these soldiers would perceive their obligation and risk as limited.^{3,20}

However, ultimately the churning and depletion of experienced military personnel in the theater (including officers and noncommissioned officers) resulting from the fixed, 1-year rotation system had a hugely negative effect on troop "commitment and cohesion" and, consequently, morale.^{10,16} A more specific overview of soldier morale and the psychiatric experience through the course of the war will be elaborated in Chapter 2 and Chapter 8.

1968 and the Enemy Tet Offensives

The year 1968 was America's bloodiest year in Vietnam (16,592 KIA), and events both at home

and in Southeast Asia served as the tipping point in reversing US support for pursuing military objectives there. During the 31 days of the month of May, 2,000 Americans were killed—the highest monthly death toll of the war.^{33(p147)} June 13th marked the day that Americans had been fighting in Vietnam longer than any war in the 20th century.³⁴ However, the greatest negative effect arose from the enemy's Tet offensives.

On the morning of 31 January 1968, communist guerrillas broke the Tet, or Lunar New Year, truce and launched coordinated attacks on cities and towns throughout South Vietnam. Although these attacks were ultimately extremely costly to the communist forces and achieved little militarily, their political yield was enormous. Many held the US media accountable for misinterpreting these events as signaling a US defeat and provoking a reversal in public and political support for war.³⁵ These attacks, as well as the month-long bloody battle to retake Hue and the prolonged siege of the US Marine Corps base of Khe Sanh, created the indelible perception in the United States that the war could not be won. The enemy appeared to defy the Johnson Administration's assurances of imminent defeat, and nowhere in Vietnam seemed secure despite great expenditures of lives and money.

As a consequence, calls for the war to end escalated to such an extent that most other considerations became irrelevant. On 31 March 1968, President Johnson announced that he would halt the bombing over North Vietnam as a prelude to peace negotiations. He also declared that he would not seek reelection in the service of that end. Ten days later he announced that General Creighton Abrams would relieve General William Westmoreland, the original commander of US Military Assistance Command, Vietnam (USMACV).³³ Still, it was not until a year later, mid-1969, before the first Army units pulled out of South Vietnam.⁹ America may have begun to disengage in early 1968, but this would become a drawn-out, tortuous drawdown—one which would last 4 years and produce many more casualties.

The Drawdown Phase: Richard Nixon's War (1969–1973)

The second half of the war took on a starkly different character from the first half. By January 1969, when President Nixon succeeded President Johnson, the United States had been at war in Vietnam for 4 years. Nixon promised “peace with honor,” negotiations with the enemy, and a gradual drawdown of troops, while confronting extreme impatience and

often violent protest in America.³⁶ With the change of command in Vietnam, the military strategy of attrition shifted to a defensive one that sought area security and “Vietnamization” of the fighting.³³ Enemy offensive activity also slackened.

Overall US troop strength in Vietnam peaked at 543,400 in mid-1969 and declined through the next 3 years until all combat forces were withdrawn.⁹ US operations of battalion size or larger slowly began to decline beginning in mid-1968.³⁷ Notable exceptions are Operation Dewey Canyon by US Marines (January–March 1969), the US Army's battle for Hamburger Hill (May 1969), and the 1970 Cambodian incursion by combined US Army units and units of the South Vietnamese Army.³⁷ Still, despite the reduction of combat operations and the peace negotiations, which proceeded erratically, US service personnel continued to die there (from 1969–1972, 15,316 were killed in action and an additional 5,186 died of nonhostile causes).²¹

According to Spector, the evolving stalemate in Vietnam resembled the bloody trench warfare of World War I, a battle in which both sides grossly underestimated the other.

In the end, the American failure [in Vietnam] was a failure of understanding and imagination. The American leaders did not see that what for them was a limited war for limited ends was, for the Vietnamese, an unlimited war of survival in which all the most basic values—loyalty to ancestors, love of country, resistance to foreigners—were involved.

... The result was the bloodletting of 1968. So, caught between an American government that could never make up its mind and a Communist government that refused ever to change its mind, thousands of brave and dedicated men and women gave up their lives to no good purpose.^{16(p314)}

The abandonment of hopes for military victory in Vietnam had a powerfully negative effect on the country, the institution of the US Army,^{38–40} and especially those whose fate it would be to serve during the drawdown in Vietnam and be required to fight battles of disengagement amid pressures from home to oppose the war and the military.³⁷ The high esprit and commitment of the soldiers serving in Vietnam in the buildup years had been replaced with sagging morale, alienation, and disaffection by those who replaced them.

New Stressors Affecting the Psychosocial “Ecology” in the Transition and Drawdown Phase

Rapidly deteriorating social and political conditions within American society and in the Vietnam theater deeply affected the successive cohorts of replacement soldiers during the second half of the war. Especially demoralizing were the uncertain combat results in the theater; vacilla-ting, and at times contradictory, government policies and military strategies regarding prosecuting the war and pursuing the peace; and a moral crisis at home that included increasingly radical American politics and a rapidly expanding drug culture.⁴ Furthermore, apparently the annualized troop rotation schedules, rapid and wholesale transportation of soldiers and media representatives, and modern technology promoted the accelerated infusion of a growing antiwar, antimilitary sentiment into the ranks of the military there. Similarly, the relative ease of communication with family and loved ones back home meant that deployed military personnel often received disapproving or demoralizing communications regarding their service in the theater. Howard, who served as battalion surgeon with the Marines in Vietnam in 1968, reported that he knew of some suicides that were precipitated by troops receiving a “Dear John” letter. By his description, these letters were often rageful and replete with details of sexual promiscuity as if to punish the Marine for desertion.⁴¹ Tanay, a civilian psychiatrist who visited Vietnam to provide a forensic opinion of a Marine charged with combat atrocities, noted that the accused, who had a commendable combat performance record, murdered four civilian Vietnamese in a displaced rage after receiving a letter from his girlfriend telling him of her new fiancé. He further indicated that “Dear John” letters were greater in frequency from earlier wars and were especially blatantly hostile ones, and he theorized that this was because the widespread hostile or ambivalent attitude toward the Vietnam War meant that the home support that usually helped waiting wives and girlfriends tolerate the absence of their men was missing.⁴²

The following observations from Lieutenant Colonel Robert L Pettera, the division psychiatrist with the 9th Infantry Division, give some sense of the war weariness for troops in the field as the war wore on:

... Routine—the never-ending [base camp] routine. If you aren’t out on patrol you are filling sandbags, building bunkers or burning trash. You live in a

weblock type of tent; it has wooden floors, a canvas roof, and usually no lights.

At night you usually have bunker guard, so no lights in your tent doesn’t matter. If you aren’t on detail, you are on 30 minute alert, and can’t go to the PX [post exchange] or the snack bar, anyway. Your condition in the field is the same old thing. You walk all day and ambush at night; you either sleep in trees or on dykes, or just curl up in the mud with the snakes, mosquitoes and leeches.

... [A]nd then the unforeseen happens; not a human wave attack, but your company of 134 men is ambushed by about seven companies of Viet Cong. It’s all over in 30 minutes, but other outfits are rushed in to try and save you.^{43(p677)}

Soldier demoralization was also fed by seeing the everyday plight of the Vietnamese. Besides witnessing outright collateral damage from the fighting, soldiers assigned in Vietnam could not easily ignore the desperation of the massive numbers of displaced and impoverished refugees produced by the war (Figure 1-10 and Figure 1-11.) The growing demoralization and alienation of soldiers often took the form of psychiatric and behavioral problems, especially drug abuse, racial incidents, and misconduct. These behaviors presented problems for the Army and Army psychiatrists on an unprecedented scale. Paradoxically, these problems apparently arose more often among soldiers serving in the “rear” or in noncombat units.⁴⁴ However, even in combat units, troops covertly, and at times overtly, challenged authority, for example, in combat refusal incidents, so-called “search and avoid” missions, and excessive combat aggression (including atrocities, etc).

The extent of soldier dysfunction reached new levels after a Vietnamese-based heroin market began to flourish in the summer of 1970 and large numbers of US soldiers became heroin users.⁴⁵ In fact, during the last years in Vietnam the Department of Defense estimated that 60% of deployed personnel were using marijuana and 25% to 30% were using heroin.³⁷ Equally disturbing to the Army in Vietnam were the incidents of soldiers attacking their superiors, typically with explosives (“fragging”—named after the fragmentation grenade).^{37(p101)} Like the widening use of heroin by soldiers, such attacks became increasingly common beginning in 1969 and 1970.



FIGURE 1-10. Vietnamese children at the perimeter fence of the 8th Field Hospital in Nha Trang in 1969. These children exemplify the huge numbers of civilians who were uprooted from their homes and villages by the fighting and forced to congregate for safety near Vietnamese cities and allied military outposts and live a hand-to-mouth existence. Photograph courtesy of Richard D Cameron, Major General, US Army (Retired).



FIGURE 1-11. Improvised Vietnamese shack made from castoff military materials at the entrance to the 95th Evacuation Hospital near Da Nang in 1971. Franklin Del Jones, an Army psychiatrist, reported early in the war that troops reacted negatively to Vietnam's "poverty, prostitution and pestilence." It seems reasonable to assume that a large measure of such reactions came from their witnessing the meager existence of the war's displaced refugees, such as this photograph illustrates. Furthermore, as the antiwar sentiment in the United States increasingly centered on America's responsibility for the war's destructiveness, concern for collateral harm likely increased stress levels for American troops, noncombat as well as combat. Photograph courtesy of Norman M Camp, Colonel, US Army (Retired).

As the war progressed there had been various reports back to the United States suggesting the war effort had become not only costly from the standpoint of American losses, but overly destructive (and thus counterproductive) as well. As a prime example, Jonathan Schell, a journalist, reported on the US Army's "Operation Cedar Falls" near Saigon in January 1967—particularly the struggle to pacify the village of Ben Suc, which was thought to be loyal to the Viet Cong.⁴⁶ By Schell's account, the increasingly frustrated American effort, which at times included the provision of food and medical care, led to the total destruction of the village.⁴⁶

Later Schell reported from the field on the extensive damage caused by American military activities in two coastal provinces in South Vietnam in August 1967. Schell observed the ground and air assaults by a collection of brigade-sized units intended to eliminate the enemy's civilian sanctuaries ("Task Force Oregon") and noted the proportion of villages destroyed (70%) and the extent of indigenous population dislocated.⁴⁷ He concluded that, although functioning under legitimate authority, most of the US forces are too casual and non-specific in pursuing their combat goals: "These restraints [rules of engagement] were modified or twisted to such an extent that in practice the restraints evaporated entirely. . . ." ^{47(p151)} It was his impression that most civil-affairs officials and programs were inadequate to rectify the disintegration of Vietnamese society caused by the American and South Vietnamese military initiatives

in Vietnam. Again, quoting Schell, "the overriding, fantastic fact [is] that we are destroying, seemingly by inadvertence, the very country we are supposedly protecting."^{47(p3)}

There also had been scattered reports of frank atrocities by US troops. Then, in November 1969, the American public learned of the massacre of several hundred unarmed Vietnamese civilians by a US Army unit in the hamlet of My Lai, which had taken place in March 1968.⁴⁸ The flurry of publicity surrounding this incident and the associated Army investigations and judicial proceedings were compelling to the nation, with the "My Lai massacre" ultimately serving as the rallying point for those insisting that the United States stop all military activities in Vietnam. As it turned out, of the 26 soldiers initially charged with criminal offenses for their actions at My Lai, only 2nd Lieutenant William Calley was convicted.

In time there were increasing accusations from the antiwar movement regarding other war crimes. The "Winter Soldier Investigation," a well-publicized media event sponsored by the Vietnam Veterans Against the War held in Detroit in February 1971, proved especially dramatic. Over 3 days, discharged servicemen from each branch of military service, as well as civilian contractors, medical personnel, and academics, all gave testimony about war crimes they had committed or witnessed during the years of 1963 to 1970.⁴⁹ (The subject of excessive combat aggression will be explored in Chapter 6.)

Considerations of the Larger Army During the War

Although the troops in Vietnam—resonant with the restive, antiestablishment sentiments of their peers outside the theater—were more demonstrative, clearly the long and controversial war took a massive toll on the morale and mental health of the US Army more generally.^{38–40,50} Specific to mental health, epidemiological data provided by William E Datel regarding the larger Army (by mid-1973) indicated that during the war in Vietnam the worldwide incidence of neuropsychiatric disease among Army personnel rose to near the peak level seen during the Korean War; the psychosis rate for the worldwide active duty Army had never been higher; character and behavior disorder diagnoses (ie, personality disorders⁵¹) also peaked; and the proportion of Army hospital beds in the United States occupied for all psychiatric causes was greater than it had ever been, including during the so-called psychiatric disaster period of World War II.⁵² This is in stark contrast to the exceptionally low Army psychiatric attrition rate of 5 per 1,000 troops per year in the mid-1960s before the start of war in Vietnam.²⁹

Finally, on 27 January 1973, the Agreement on Ending the War and Restoring Peace in Vietnam (also known as the Paris Accords) was enacted. This resulted in a temporary ceasefire and ended direct military involvement by the United States in Vietnam following nearly two decades of armed conflict. It stipulated that all US military personnel would be out of Vietnam within 60 days.⁵ In compliance the remaining US troops in South Vietnam (there were 24,200 at the beginning of 1973⁹) were rapidly withdrawn, with the last elements departing on 29 March 1973.⁸ Also, as stipulated, North Vietnam released 595 prisoners of war.⁵ Henry Kissinger, the US Secretary of State, and North Vietnam's Le Duc Tho, a special advisor to the North Vietnamese delegation, were jointly awarded the 1973 Nobel Peace Prize as primary negotiators of the agreement.⁵³ As mentioned previously, 2 years later North Vietnam violated the truce and overran South Vietnam, which surrendered on 30 April 1975.

CULTURAL POLARIZATION IN AMERICA AND THE VIETNAM WAR

The Social and Political Context of the War

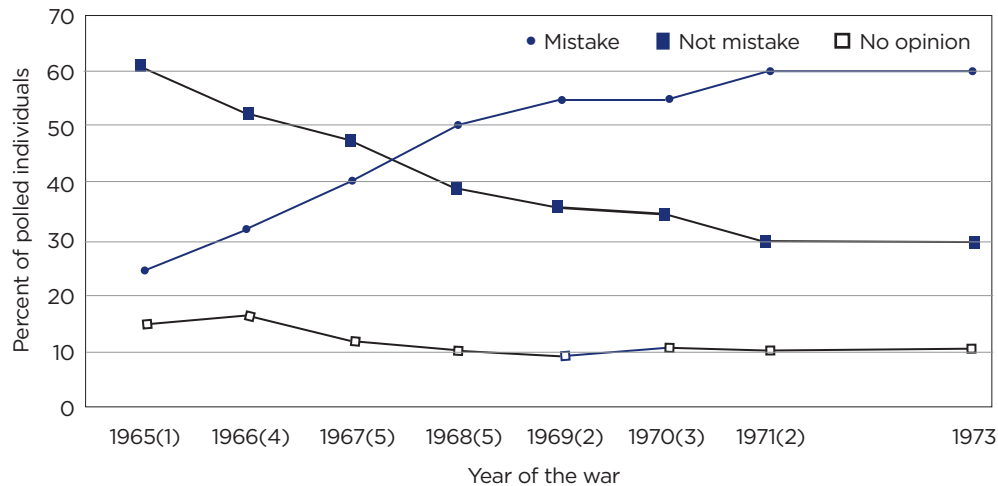
To fully understand the psychosocial forces affecting the soldiers sent to fight in Vietnam, it is important to appreciate the powerful and often clashing cultural

crosscurrents in the United States in the 1960s and early 1970s surrounding the war. These social and political phenomena must be viewed against a prehistory that includes the nation's post-World War II experience and subsequent Cold War tensions between the United States and the then-Soviet Union, but also the advent of television coverage of the war, the assassination of President John Kennedy in 1963, and the coming of age of the post-World War II “baby boom” generation.

The years encompassing the Vietnam ground war (1965–1973) represented an excruciatingly volatile period in American life. Intense and often militant challenges to government institutions, especially the military and the war in Vietnam, were increasingly made by: (a) the rising civil rights and black-pride movements, (b) the emerging “New Left” and a dissenting youth counterculture (the “generation gap”),^{54,55} and (c) an American public that was becoming progressively disapproving of the war. They, in turn, were opposed by an equally fervent and reactive conservative sector.⁴ The prolonged, costly war in Vietnam served as a rallying point, both pro and con, for the passions and ambitions of each group. These three movements, fostered by an expanding drug culture, variously fed on, and were fed by, a widening crisis within the military overall (unprecedented demoralization and alienation), especially in Vietnam. As they synergistically intersected, they generated a groundswell of opposition to military service among draft-eligible men.⁴

It is beyond the scope of this book to offer comprehensive review and analysis of the effects of the war on American life or the influence of the competing political strains in America on the strategy and structure of the military in Vietnam and on those who served there. However, Lang, a sociologist, provided a particularly thoughtful analysis comparing Vietnam with previous American wars as well as similar ones involving the British in South Africa and the French in Algeria. According to Lang, although much of the American troop disaffection, indiscipline, and dysfunction in the last half of the war in Vietnam is familiar in its form as a predictable demoralization reaction to fighting an extended war, what makes Vietnam unique was that it was aggravated by organizational policies and the type of warfare being waged (counterinsurgency); became politicized through rapid contact with the home front; and crystallized along the more visible cleavages of race, risk, and career commitment to the military.⁵⁶ For the interested reader, there are numerous additional sources, many of which are poignant and often passionately

FIGURE 1-12. Vietnam War Gallup opinion poll results answering the question: “In view of the developments since we entered the fighting in Vietnam, do you think the US made a mistake sending troops to fight in Vietnam?” by percent of those polled each year (number of data points/year are in parentheses).



Data source: Gallup GH. *The Gallup Poll: Public Opinion, 1935–1971*. New York, NY: Random House; 1972.

biased as well.^{57–73} The following discussion will provide some selective elaboration and amplification.

Increased Public Opposition to the War and Political Activism

Over the course of the war larger and louder antiwar protest rallies, marches, and demonstrations took place in the United States, with some reaching the level of riots.⁷⁴ From the outset the Johnson Administration decided not to attempt to squelch public and political opposition to the war or censor the media. This was calculated to foster the impression that it was “business as usual” in America, allowing President Johnson’s social programs to continue moving forward.⁴ In retrospect, it appears that this strategy backfired.

The new (for this war) television coverage of the war brought the costs and the political turmoil in Vietnam straight into the living rooms of US citizens and most likely accelerated the American public’s perception that the war’s justification was questionable despite reassurances from the administration. In the words of Laurence Stern, a Vietnam War correspondent, “[Television illuminated the] . . . devastation that was being inflicted on a remote peasant society [and] the spectacle of Americans dying and bleeding in the mountains and paddies.”^{75(p8)} Stanly Karnow, a Vietnam historian, provided this disturbing analysis of the impact

of TV coverage: “The screen often portrayed human agony in scenes of the wounded and dying on both sides, and the ordeal of civilians trapped by the combat. But mostly it transmitted the grueling reality of the struggle—remote, repetitious, monotonous—punctuated periodically by moments of horror.”^{8(p523)}

The steadily growing public disapproval of the war in Vietnam can be traced through a series of nationwide Gallup opinion polls (Figure 1-12). As noted, in 1965 only 25% thought US military involvement was a mistake (vs 60% who said “no”); by 1971 these factions had almost completely reversed (60% saying “yes,” it was a mistake, and only 30% disagreeing).⁷⁶

Perhaps an equally fateful miscalculation was the administration’s decision to rely on conscription and volunteers to fight in Vietnam and to avoid calling up the Reserves and the National Guard. Following the insertion of ground troops in March 1965, the growing manpower requirements in Vietnam resulted in dramatically accelerated draft calls; mass demonstrations and public draft card burnings quickly followed. For example, total inductions in 1965 were about 120,000; those for 1966 and 1967 were 2.5 times the 1965 figure.^{16(p30)}

As opposition to the war mounted, the draft became the epicenter of the antiwar protest until the military switched to an all-volunteer force in 1973.^{16(p37)}

With each passing year, as the need for more troops became evident, additional criteria for draft exemption were removed to increase the pool of eligible draftees. In December 1969, in an effort to blunt the public's growing concern for unevenness and inconsistency in the Selective Service System, the draft was modified to a lottery system, based on birthdays.⁷⁷ Men then knew the likelihood of being drafted based on where their birthdays fell. Ultimately 4 million young men were exempted by high lottery numbers, but more than 200,000 young men were accused of draft avoidance offenses.⁷⁷

The Counterculture and Youth/Student Opposition to the War

Opposition to US involvement in Vietnam began slowly in 1964 on various college campuses as part of a more general rising spirit of student activism. In addition to various liberal causes, "free speech," "free love," "peace," and "do your own thing" were also popular. The means employed to indicate opposition included political advocacy, civil disobedience, "sit-ins," "teach-ins," and generally nonviolent resistance to the status quo. Quoting H. Stuart Hughes, former chair of the Department of History at Harvard University:

... [T]he first signs of a new student temper appeared at the turn of the decade with the civil rights demonstrations of the spring of 1960. This third postwar generation among the young . . . alternated protests against racial segregation with activities in the cause of peace. Its heroes were the civil rights workers, white and black, who went into the South in successive summers, a few of whom paid for their devotion with their lives. . . . Commitment to humanity became its imperative, "We Shall Overcome" its anthem, fraternity and good will its modes of moral expression. It sought to refrain from hatred, and its tactics were invariably nonviolent.^{78(p23)}

However, a succession of tremendous shocks ushered in a more fervent antiestablishment spirit: the assassination of President Kennedy in the autumn of 1963; the first ghetto uprisings in the summer of 1964; the escalation of the war in Vietnam beginning in 1965 and the impact of the draft; the 1968 assassinations of civil rights leader Reverend Martin Luther King in April and presidential candidate Robert Kennedy in June;

and, also in 1968, the enemy's surprise Tet offensives and other seeming military setbacks in Vietnam. The result was widespread impatience with the prospects for orderly change through more peaceful, passive means, and deep cynicism and mistrust of American institutions and "anyone over 30." The "Woodstock generation," named after the huge rock festival held in upstate New York in August 1969, and its "summer of peace and love" were quickly fading memories as the movement took on a more radical perspective and accepted a more open, and at times violent, revolutionary approach.⁴

Again quoting Hughes:

... What has been unusual about the insurgent mood of the past half decade has been its juxtaposition of anarchism and the peremptory silencing of opponents, its peculiar blend of political Puritanism and personal license, and its cult of "confrontation" as a quasi-religious act of witness.^{78(p24)}

As one measure, Seligman reviewed more systematic surveys of student attitudes in 1969 and noted that although only 2% of college youth were highly visible activists, roughly 40% of their peers held similar views ("protest prone") and signified a true "generation gap." Among this larger group, approximately one-half endorsed the belief that the United States was a sick society and acknowledged a loss of faith in democratic institutions. Two-thirds endorsed civil disobedience to promote their causes, especially antiwar protests and draft resistance.⁵⁵

Yankelovich surveyed the prevailing mood on American college campuses in 1971 using a national sample and compared results with similar surveys from 1968, 1969, and 1970.⁷⁹ He interpreted the earlier student movement as representing the search for a new moral faith, with these students rejecting the dominant mode of thinking in America (eg, faith in technology, rationalism, and traditional middle-class sensibility) and embracing a philosophy that placed a premium on nature and the natural.⁷⁹ He also noted that in the 1971 sample, student cynicism and frustration seemed to have replaced much of the earlier commitment to political revolution.⁷⁹ In a similar study he compared noncollege youths between 1969 and 1973 and found a dramatic shift away from acceptance of authority and conformity.⁸⁰

Emergent Black-Pride Movement and Racial Tensions

The civil rights movement in the United States has a long, tortured history that reaches back much further than that of student unrest and dissent. More specific to serving in the military, President Harry Truman issued an executive order in 1948 directing the nation's military services to eliminate all vestiges of racial segregation.⁸¹ Since then many positive gains made in the status of black Americans can be directly attributed to the men and women who served in the military. However, the burgeoning civil rights movement in the 1960s heightened black soldiers' awareness of disparities (with accusations of discrimination) in positions and roles for blacks in the military, especially among the younger soldiers and especially regarding combat exposure and risk.^{37(p102),82}

For instance, during the initial years in Vietnam, questions were raised as to whether blacks represented an unfair proportion of the combat casualties. In fact, in 1965 and 1966, in each of the deployed combat divisions, the proportion of deaths of African Americans exceeded the proportion of African American soldiers in the division.¹⁶ For example, black soldiers made up 13.4% of the 1st Cavalry Division (AirMobile), but they accounted for 26% of the casualties.^{16(p37)} However, as Spector pointed out, closer analysis revealed that overall blacks did not serve in Vietnam out of proportion to their numbers in the general population¹⁶; and rather than racially driven policies, various other social and cultural factors, for example, levels of education and socioeconomic status, served to select African Americans for greater risk in Vietnam.¹⁶

Later studies demonstrated that “[what] most determined a man's chances of fighting and dying in Vietnam was not race but class . . . It was the poor who bore the lion's share of the fighting and dying.”^{16(p338)} Still, beginning in 1967 the military began to reduce the numbers of black soldiers assigned to infantry, armor, and cavalry units in Vietnam, and by mid-1969 the percentage of black casualties was close to the percentage of blacks serving in Vietnam.⁸² Official postwar casualty figures include 7,264 deaths among all service branches as “Negro,” which is 13% of all deaths in the theater from all causes (58,193).²⁴

Racial tensions in America became explosive following the assassination of Reverend Martin Luther King in April 1968. Racial protests and riots erupted at various US military installations worldwide, including those in Vietnam.^{16(p249)} The most notorious

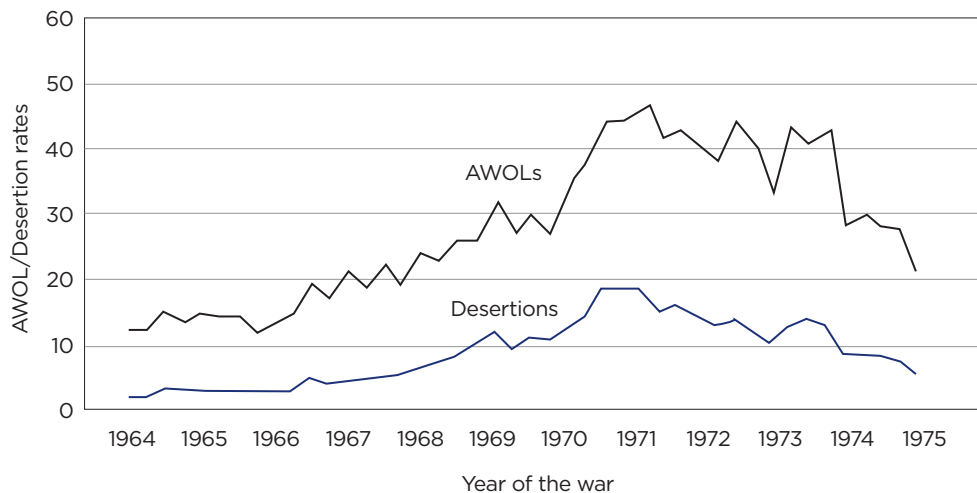
in Vietnam was in August 1968, when black confinees of the Long Binh stockade, who were protesting alleged discrimination by the Army, seized and held the facility for almost a month.^{16(pp253–256)} These sentiments coincided with the rapid evolution of a more radical, “black power” faction that advocated a black pride revolution and rejected assimilation in American culture as a central goal for African Americans. Career military blacks were often caught between their loyalty to the military and the attitudes of the younger, black, enlisted soldiers who were restive and expected solidarity from them regarding their complaints of prejudice and discrimination. As the war wound on, younger blacks increasingly opposed service in a “white man's war,” with the accusation being that it was racially inspired (eg, against other people of color) and did not warrant their sacrifices.^{83,84}

When Wallace Terry, a correspondent, surveyed soldiers in Vietnam regarding racial perceptions and attitudes in 1970 and compared the results with a similar study he had conducted 3 years earlier, he was disturbed by the depth of the “bitterness” he found^{85(p230)} among the new black soldiers. They were averse to fighting in a war they considered to be the white man's folly; had directed their anger primarily toward America; and asserted their intention to return home to take up the fight against repression and racism in America.⁸⁵ In a later publication he commented:

[By 1969,] replacing the careerists [who served earlier] were black draftees, many just steps removed from marching in the Civil Rights Movement or rioting in the rebellions that swept the urban ghettos from Harlem to Watts. All were filled with a new sense of black pride and purpose. They spoke loudest against discrimination they encountered on the battlefield in decorations, promotion, and duty assignments. They chose not to overlook racial insults, cross-burnings, and Confederate flags of their white comrades. They called for unity among black brothers on the battlefield to protest these indignities and provide mutual support.

. . . In the last years of the [war] both black soldier and white fought to survive a war they knew they would never win in a conventional sense. And, often, they fought each other. The war, which had bitterly divided America like

FIGURE 1-13. AWOL/Desertion rates per 1,000 troops worldwide during the Vietnam era.



Source: Bell DB. *Characteristics of Army Deserters in the DoD Special Discharge Review Program*. Arlington, Va: US Army Research Institute for the Behavioral and Social Sciences; 1979. Report No. 1229. [Available at: Alexandria, Va: Defense Technical Information Center. Document No. AD A78601.]

no other issue since the Civil War, had become a double battleground, pitting American soldier against American soldier. The spirit of foxhole brotherhood I found in 1967 had evaporated.^{84(ppxiv-xv)}

The subject of racial tensions and conflicts in the theater will be discussed further in Chapter 8.

Soldier Resistance and the Underground Movement

Most regrettably, as opposition to the war mounted, public attitudes in the United States toward returning veterans reversed from acceptance to scorn.⁸⁶ This apparently left many of those who chose, or were directed, to serve in Vietnam as replacements conflicted as to what represented patriotic, morally justifiable behavior, as well as less tolerant of the inherent risks and hardships they faced there. (Such a clash of values would also invariably complicate the reintegration of returning soldiers and for many may have contributed to chronic psychiatric conditions and serious adjustment difficulties.)

Furthermore, by late 1969, the feeling that one was unlucky in being sent to Vietnam was heightened following the previously mentioned implementation

of the Selective Service System lottery procedure for choosing draft-eligible men that eliminated most draft deferments.⁷⁷ Johnston and Bachman compared results of surveys of draft-eligible men conducted in spring 1969, and again in summer 1970, regarding their plans and attitudes toward military service. In that short span of time the majority shifted from identifying with US political and military policies in Vietnam to feeling alienated from the greater society, the government, and US involvement there.⁸⁷ The roughly fourfold, Army-wide increases in rates for absent without leave (AWOL) and desertion during the period from 1964 to 1974 provides a measure of the growing opposition to serving over the course of the war (Figure 1-13).⁸⁸ Among all the service branches, the number of deserters for the years 1965 to 1974 totaled 380,445, and the desertion rate peaked in 1971 (73.4/1,000 troops), a level exceeding the highest for the Korean War (1953 = 22.3/1,000) and for World War II (1944 = 63/1,000).^{39(Table2)} (Perhaps of some interest, Department of Defense statistics indicate that a much higher percentage [36%] of those who left the United States to seek asylum in other countries, such as Canada and Sweden, claimed anti-Vietnam War attitudes as their motive compared to those who did not [9%].⁸⁸) Similarly, administrative discharges from the service for unsuitability, unfitness, or misconduct for

all branches rose from approximately 38,000 in 1968 (10.8/1,000 troops/year) to approximately 67,000 in 1972 (28.7/1,000 troops/year), with an average of 40% of these receiving a psychiatric diagnosis of character and behavior disorders.⁸⁹

Organized dissent within the military did not emerge until 1967 and disappeared in 1973 once the troops were out of Vietnam.²⁵ It apparently was slow in its development because its inspiration required the angst of returning veterans to be combined with draftee resistance. In time a vicious cycle developed in which returning veterans publicly repudiated their Vietnam service record, including joining the war protest movement through organizations such as Vietnam Veterans Against the War, which, in turn, encouraged prospective Vietnam soldiers to oppose service there. In the United States, this essentially first-term enlistee and draftee antiwar resistance movement was especially promulgated through the “alternative culture” coffee houses, underground newspapers (estimated to exist on 300 posts and bases),^{25(p234)} antiwar protest petitions, and support from civilian antiwar groups.

An example of an antiwar protest petition is one sent to Congress by 300 sailors aboard the Vietnam-bound USS *Coral Sea*:

As Americans we all have the moral obligation to voice our opinions concerning the Vietnam War. . . . The Coral Sea is scheduled for Vietnam in November. This does not have to be a fact. This ship can be prevented from taking active part in the conflict if we, the majority, voice our opinion that we do not believe in the Vietnam War.^{25(p235)}

Two organizations were especially prominent in seeking to organize servicemen to oppose military service: (1) The American Servicemen’s Union and (2) the Movement for a Democratic Military.⁹⁰ However, as it turned out, most soldiers in Vietnam were not true antiwar protestors and, overall, the resistance “movement” had only limited success.⁹¹ Still, although the antiwar movement within the Vietnam-era military failed to reach revolutionary proportions for several reasons, especially the lack of sympathetic civilians in Vietnam, its emergence was unique in US history and some believed it accelerated withdrawal from the war.²⁵ Others argue that it emboldened the enemy and thus dragged out the peace negotiations and prolonged the war.^{25(p237)} Regardless of which of these views might

be correct, military and government officials were extremely concerned about its progression.

The Spreading Drug Culture and Its Effects on Soldiers Sent to Vietnam

Drug use among teens and young adults in the United States, especially the use of psychedelics and marijuana, rose rapidly in the 1960s in tandem with the emerging dissidence of this group.^{45,92,93} Various studies conducted during the Vietnam era comparing drug use among soldiers with their civilian peers demonstrated that the young enlisted soldiers, not surprisingly, brought into the service and into Vietnam their drug use habits from civilian life. Among these studies were the following:

- As the backdrop, a nationwide study of psychoactive drug use among young men conducted at the close of the Vietnam War indicated that the peak of the drug epidemic was 1969 to 1973, and that veterans, regardless of where they served, showed no higher rates than nonveterans.⁹³
- Regarding clinical populations in the Army outside of Vietnam, a comparison of 400 psychiatric admissions at Walter Reed General Hospital for each of the years 1962, 1968, and 1969 found that whereas only 1% had drug-related causes in 1962, 20% had drug-related causes for their admission in 1968, and 25% in 1969.⁹⁴
- Regarding measures among nonclinical populations in the military within the United States, surveys of drug use at a stateside military installation conducted in 1970, 1971, and 1972 showed that, over that 3-year time span, the percentage of respondents reporting premilitary drug use increased as did the amount of use and the number of current users.⁹⁵ A similar study of patterns of drug use among active duty enlisted men assigned to 56 separate Army units in the United States (N = 5,482), conducted between January 1969 and April 1969, found that one-quarter acknowledged past use of marijuana, amphetamines, lysergic acid diethylamide (LSD), or heroin.⁹⁶ Another survey 2 years later (between January 1971 and June 1971) found that almost one-third of new military inductees (N = 19,948) acknowledged drug use as civilians.⁹⁷
- Regarding the scope of the drug abuse problem for US Army personnel in Europe, a study in 1970 and 1971 found the overall incidence of drug abuse in this population was similar to that reported

for soldiers in Vietnam and for stateside college students.⁹⁸

- Among soldiers sent to Vietnam specifically, the survey of enlisted soldiers departing Vietnam by Sapol and Roffman in 1967 (N = 584) found that 31.7% reported use of marijuana at least once in their life, but the investigators concluded that the rates were comparable with those reported in published studies among university students.⁹⁹ In a survey of soldiers entering or departing Vietnam 2 years later, Stanton found a sizable increase in the reported lifetime use of marijuana among those leaving Vietnam (50.1%) when compared to the 1967 survey, most of which he accounted for by the increase reported by soldiers entering Vietnam.¹⁰⁰ However, Stanton also found a shift toward heavier use among his sample of departing enlisted soldiers (29.6% compared to the 7.4% from the earlier study).¹⁰⁰ Nonetheless, his impression was that the rise in casual marijuana use in Vietnam mostly mirrored rising use patterns among civilian peers.¹⁰⁰
- Regarding heroin use, a 1972 study simultaneously comparing 1,007 noncombat Army soldiers in Vietnam with 856 counterparts assigned to a stateside post found that 13.5% of Vietnam soldiers and 14.5% of those in the United States reported previous use of heroin.¹⁰¹ The authors compared their findings with published surveys and concluded that although a heroin epidemic occurred in Vietnam in the early 1970s, assuming that “such an epidemic [w]as ‘unique’ . . . and ‘infected’ many average American soldiers appears inaccurate and misleading. Heroin users, regardless of location, appeared demographically and psychosocially more similar than different. . . .”^{101(p1154)}

Chapter 2 will provide an overview of Army psychiatric problems in Vietnam, including that of drug use; and Chapter 9 will examine drug and alcohol problems in Vietnam in greater detail.

Disputes About the Ethics of Combat Psychiatry

The shifting social and political zeitgeist in the latter half of the war—particularly the accelerating antiwar and antimilitary sentiment—began to affect psychiatrists and psychiatry and provoked concerns about cooperating with the military. Debates—typically quite passionate—appeared in the literature raising

questions regarding the ethics of psychiatrists who performed draft evaluations^{102–106} or served with the military, especially in Vietnam.^{107–112} Denunciation of military psychiatry came both from psychiatrists and other physicians who had served in Vietnam, as well as from those who had not.¹¹³

Mental health organizations also sought to take official positions on the war. Even if not specifically questioning the ethics of their colleagues in uniform, they did by implication question the morality of the US military and government. For example, in March 1971, 67% of members responding to a poll of the American Psychiatric Association voted that the United States should terminate all military activity in Vietnam.¹¹⁴ In July 1972, the American Psychological Association joined seven other mental health associations in attacking the US role in the war.¹¹⁵ In response, professional support for the US forces was provided by several psychiatrists, most of whom had served in Vietnam.^{116–121} Chapter 11 will explore the demoralizing effects of these professional crosscurrents on the psychiatrists sent to Vietnam later in the war and possible effects on their clinical decisions. (In a collateral fashion, the chaplains serving in the Army in Vietnam also underwent condemnation from home because of their cooperation with the military in Vietnam.¹²²)

SUMMARY AND CONCLUSIONS

This chapter provided an overview of the historical, military, and sociopolitical events associated with America’s ground war in Southeast Asia bearing on the challenges faced by Army psychiatry there. America entered the fight in South Vietnam in March 1965 with the intention of blocking the spread of international communism in Southeast Asia. Considering the limited material resources of the enemy, it was anticipated that the United States would quickly prevail. In retrospect, this turned out to be fateful miscalculation. After 8 years of war, 2 years following a negotiated truce and the withdrawal of US combat troops (August 1972) North Vietnam defeated South Vietnam. Thirty years later, Dale Andrade, senior historian at the US Army Center of Military History, and Lieutenant Colonel James Willbanks, Director of Department of Military History, US Command and General Staff College, provided the following summation:

In Vietnam, the U.S. military faced arguably the most complex, effective, lethal insurgency in history. The enemy was no rag-tag band lurking in the jungle, but rather a combination of guerrillas, political cadre, and modern main-force units capable of standing toe to toe with the US military. Any one of these would have been significant, but in combination they presented a formidable threat.^{123(p9)}

For America this involved an enormous investment of human and material resources. As the war lengthened the nation lost its resolve, and the preponderance of soldiers sent as replacements—primarily draftees or reluctant volunteers—came to doubt the purpose for their risks and sacrifices, and to oppose service there and military authority in general. These attitudes were strongly encouraged by a growing antiwar sentiment in the United States; a passionate, dissident youth movement; and opposition to military service among black Americans. Facilitative, but also emblematic, this dissenting subculture especially rallied around the burgeoning drug culture of the times. As a consequence, not only did the military in Vietnam show signs of unraveling after 1968, but more generally, the institution of the Army became significantly impaired by this psychosocial malady. More specific to military psychiatry, not surprisingly, these remarkable events and circumstances—this convulsion of life in America—adversely affected the mental health and psychological resilience of a large proportion of the military service members deployed in Vietnam.

In the decades that have followed the Vietnam War, there have been countless publications devoted to describing and analyzing America's failure in Southeast Asia. Although anything close to a proper review of these works is beyond the scope of this volume, a publication by Martin Van Creveld, the distinguished military historian, seems worthy of special note because, besides enumerating an array of evident mistakes made in prosecuting the war, he alluded to the corollary mismanagement of the human element, which has implications for the burgeoning psychiatric and behavioral problems in Vietnam. In his chapter "The Helicopter and the Computer," Van Creveld highlighted data demonstrating the negative effects consequent to the burgeoning weapon systems, electronic communications, and data processing technology in Vietnam. Ubiquitous helicopter mobility, undisciplined

use of the tactical field radio, unrepresentative media coverage, and excessive and individualized replacement of personnel, especially commanders, all combined with the torrent of information that was collected to overwhelm the chain of command. Van Creveld argued that "the American command system was enormous, [involved] a heavy additional logistic burden, and in the end collapsed under its own weight . . . and led to one of the least cost-effective wars known to history."^{124(p260)} In examining the limitations of the systems analysis approach that was utilized in Vietnam and which provided the rationale for top-level decision making, van Creveld noted that "an approach whose favorite device is number-crunching may be tempted to exclude [all-important] moral and spiritual factors"^{124(p240)} and lead to an "information pathology"^{124(p248)} that fails to penetrate into the nature of things. He concluded that "to study command as it operated in Vietnam is, indeed, almost enough to make one despair of human reason; we have seen the future, and it does not work."^{124(p260)}

The chapter that follows provides a more explicit examination of the emergent trends in psychiatric conditions and behavioral problems that arose during the war and the consequent challenges faced by the deployed US Army leadership and the psychiatric specialists and their mental health colleagues.

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