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History of the Vietnam War

Assignment #2

During the Vietnam War, while militaries were engaged in open warfare, there was another group of soldiers and civilians trying desperately to save lives and provide healthcare, often under gruelingly harsh conditions. Some worked under the umbrella of America's nearly limitless resources; some worked in jungle environments with a trickling supply source; still others toiled in prisons, desperately trying to preserve their fellow prisoners' physical and mental health. The work these men and women did, on both sides of the conflict, was heroic. They showed compassion for their fellow man, courage and determination, and they saved the lives of thousands of sick and wounded people, sometimes even those of their enemies. As a former paramedic, I found the theme of the challenges in providing healthcare in Vietnam was clearly depicted in several accounts in Part Three of Appy's book.

David M. Smith (167-170) worked as a surgeon at the Naval Support Activity Hospital and at sea on the USS Tripoli. He also went out with combat troops on occasion and was decorated for practicing medicine on the battlefield during Operation Meade River (167). Smith's interview with Appy is delivered with the steely matter-of-fact attitude common to most surgeons, until the he talks about visiting the Vietnam War Memorial (170). Only then can we get a glimpse of the gravity and personal impact of his experience. He had a strong respect, even a love, for the combat soldiers he was treating and that was not lost in his interview. He did all he could for those wounded soldiers, no matter their condition.

Smith describes in detail the gruesome realities of fighting a guerilla war with the North Vietnamese. The injuries suffered by American soldiers resulting from mines and improvised explosive devices were nothing short of horrific. Yet, despite the nature of these injuries, an astonishing ninety-five percent of the casualties who made it to surgeons within thirty minutes survived (169). I think this represents a positive aspect of the highly mobile, helicopter-based tactics adopted by the U.S. military in Vietnam. Just as the military was able to quickly deliver troops and supplies onto a battlefield, they were also able to get wounded soldiers out and into the hands of surgeons quickly. Had we been fighting a more conventional war, I think mortality rates would have been much higher. The war also provided surgical training for doctors unparalleled in civilian life (168). The streams of casualties led to new and advanced surgical

procédures. From my experience working with modern trauma surgeons, I know that some of these procedures are still used today.

It is interesting to me that not only did American doctors operate on American soldiers, ARVN troops and civilians, but they were also expected to operate on enemy combatants. As Smith concedes, however, their treatment of wounded enemy soldiers was hardly a noble endeavor. Smith states, "I must confess that I had a great difficulty understanding why we had to perform surgery on people who were trying to kill us ... I really didn't like it, and wasn't doing it for an altruistic reason" (169). Even so, American surgeons were expected to treat anyone who made it to their operating rooms, regardless of their affiliation. As challenging as delivering healthcare was for American medical personnel, soldiers in Vietnam still received a level of healthcare unparalleled in previous conflicts.

Le Cao Dai (138-141) was a physician working for the Viet Minh during the war. His war started with the French in 1966 and continued through the American involvement until 1974. Dai directed the largest jungle hospital located in the Central Highlands. The difference between Dai and Smith was that Dai's hospital was made up of some 250 hand-dug bunkers scattered throughout the jungle. Unlike his American counterpart, there was no rotating back to the world after completing a tour. Dai would stay for the duration of the war.

Dai's story related the fierce determination of the Viet Minh in support of their cause. Dai did not have a monolithic government with seemingly unlimited resources supporting his efforts. Provisions and medical equipment were in short supply, if they had them at all, and only their ingenuity and ability to improvise allowed them to practice effective medicine. Dai gives a stunning account of the shortages when he says, "We didn't even have scalpels or other surgical instruments. We fashioned our own out of used scrap metal from unexploded American bombs and shell casings or pieces of aluminum from planes that had been shot down" (139). Not only did Dai cope with those massive shortages, he had to move his hospital regularly to avoid detection from Southern forces and America's overwhelming air power. Because of the conditions under which they worked, the majority of the patients in the jungle hospital were suffering with disease and infection, malaria being the most prevalent (139). Reading Dai's story, I got a real sense for just how tough an enemy America was facing. The Viet Minh were amazingly industrious and met medical challenges with a gritty determination unlike anything I can imagine. I came to understand that in their minds, they were going to win, no matter the human cost or self-sacrifice it required. They would deliver the best healthcare they could, no matter how challenging the conditions they encountered, for as long as it took.

Porter Halyburton (222-227) flew an F-4 Phantom for the U.S.

Navy. In 1965, he was on a bombing mission over North Vietnam when he was shot down and became a prisoner until 1973 (222). Halyburton refused to cooperate with his captors and as punishment was sent to care for a wounded American flyer, an African American man named Fred Cherry. The Viet Minh mistakenly thought that racial tensions between the two captives would serve as a punishment for Halyburton and he was told, "You must care for him, you must be his servant" (224). Ultimately, however, the two men became good friends and saved each other's lives. Halyburton was tending to the wounded Cherry, and as a result, he found real purpose in a terrible situation. Cherry on the other hand, while he credits Halyburton for saving his life, was responsible for preserving Halyburton's mental health (224). I felt for Halyburton because he was tending to a terribly injured man, when he had no real medical training or supplies. This part, as well as the rest of his story, gave me insight into how captured American soldiers took responsibility for each other's physical and mental health while in captivity. They worked together to maintain and support each other under the torturous conditions found in North Vietnamese prisons. The roles American prisoners played in preserving each other's lives and sanity were just as important to their survival during the war as professional medical attention.

While these three stories clearly outline the difficulties of providing healthcare during the Vietnam War, they do not cover the broad scope of adversity faced by providers. Delivering healthcare was a challenge on all sides of the conflict. Weather, terrain, tropical disease and unsanitary conditions also played a part in adding to the strain on those administering medical attention to people in need. The men and women in Vietnam who provided healthcare, whether professional or untrained, showed remarkable humanity in an otherwise inhumane environment.

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