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Jan K. Herman. *Navy Medicine in Vietnam: Oral Histories from Dien Bien Phu to the Fall of Saigon*. McFarland, 2009. 365 pp. 56 photos, appendices, glossary, notes, bibliography, index

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Jan Herman, a Navy Medical Department historian, has published extensively on Navy medicine in World War II and Korea. In this book (his third), the author has deployed his skills in oral history to reveal the experiences—mostly harrowing—of the doctors, nurses, and especially hospital corpsmen who served in Vietnam during two decades of American involvement.

For Navy medical personnel, that involvement began in 1954, after the French catastrophe at Dien Bien Phu (May 1954). The Geneva Accords (July 1954) ended the fighting, provided for the evacuation of French colonial troops, and drew a provisional line along the Seventeenth parallel, separating North Vietnam, under Viet Minh control, from South Vietnam, where the population awaited free elections planned for 1956. Meanwhile, the Vietnamese had the right to settle wherever they wished, and Vietnamese Catholics (who had received favorable treatment under French rule) were desperate to flee Viet Minh rule in the north. The Navy played a major role in the evacuation of more than eight hundred thousand Vietnamese refugees (mostly Catholics) from North Vietnam to their new homes south of the Seventeenth parallel.

This evacuation posed overwhelming problems. At the embarkation point (the northern port of Haiphong), hundreds of thousands of refugees were living in camps without decent drinking water or toilet facilities. Malaria, cholera, and typhoid were already widespread, while dysentery and intestinal parasites were endemic. Large numbers of pregnant women and unvaccinated children placed additional strains on available health care resources. We follow this massive operation through the account of its chief medical officer, as well as through the narratives of a Navy corpsman and, most interesting, Dr. Thomas J. Dooley, whose best-selling books and medical missions in Laos would make him famous before his early death from cancer in 1961. These voices remind us of the magnitude of human suffering caused by war and political upheaval, but they also show how large scale military organizations like the Navy are unique in their capacity to swiftly mobilize the logistics, expertise, and organizational skills necessary

for massive humanitarian interventions. This cannot be the Navy's primary mission, but as we see from the sources here, the Navy is very good at it.

After 1954, the oral histories resume in March, 1963, with the doctors, nurses, and corpsmen that set up Station Hospital Saigon, the first naval hospital in Vietnam. At that point, political, rather than military events, were taking center stage, and the nurses' narratives (25-38) are useful sources on the political mood in Saigon in November 1963, when a CIA-sponsored coup overthrew and executed Ngo Dinh Diem, South Vietnam's first president.

The author's effectiveness in the use of oral histories comes out clearly in his choice of reports and interviews with a navy medical team working in a USAID program to provide health care in the provinces. Beginning in 1964, this team worked in a hospital in Rach Gia, a town in the Mekong Delta. Because of the threat posed by Viet Cong forces operating around Rach Gia, the medical team was withdrawn in late 1967. The author skillfully juxtaposes oral testimony from Bernadette McKay, a nurse serving at Rach Gia, with that of William Gondring, one of the doctors who served with her. McKay's narrative, taken down shortly after her return from Vietnam, reflects the optimistic climate that still prevailed in 1964. She focuses on her team's good relations with their Vietnamese counterparts, and on the team's role in bringing medical care to the population. McKay's perspectives stand in vivid contrast to those of her colleague, Dr. William Gondring, who was interviewed forty years later, in 2004. According to Gondring, the team's mission was fatally flawed by American hubris:

"The 'hearts and minds' campaign was designed to fail simply because of our arrogance and ego. I always felt that I wasn't arrogant because I went to Vietnam. But in reality I was arrogant and had an ego or else I would have insisted on having the Vietnamese surgeons scrub with me and make decisions on health care, ER rounds, and medications. Never once did I go into a Vietnamese doctor's home" (55-56).

Overshadowing any historical assessment of America's limited involvement in the early sixties is the massive military buildup that began in 1965, when the first Marine combat troops arrived in Vietnam. By summer, 1966, the 1st and 3rd Marine Divisions had fully deployed in the I Corps tactical zone, in the northern-most provinces of South Vietnam. Interviews with the doctors and corpsmen that provided medical care to these Marines make up the heart of this book. As a former hospital corpsman, who served with the Third Battalion, First Marine Regiment in 1968, I found these interviews gripping, it was unsettling to find my own memories resurfacing so vividly after forty years.

Hospital Corpsmen are an elite group within the Navy's enlisted ranks, and, as the author makes clear, the corpsmen serving with Marine combat units in Vietnam made up a unique part of that elite, since they took part in Marine combat operations at company, platoon, and even squad levels. In this capacity, they often suffered terrible casualties. According to the author, more than 4,500 Purple Hearts were awarded to the 5,000 corpsmen who served in Vietnam (108). Even taking into account the many corpsmen

who received multiple Purple Hearts, total casualties for corpsmen probably exceeded seventy five percent of those who served.

Nearly 700 (14%) of the 5,000 corpsmen in Vietnam were killed in action (108). This is eerily consistent with the statistics for my Hospital Corps school class, in which twelve (13%) of the ninety corpsmen who graduated in November 1967 were dead by 1970. The percentage of corpsmen killed in Vietnam is, sadly, comparable to combat losses in the major armies in World War One, where the combat death rate (total killed as a percentage of the total mobilized) was 17% for France, and 15% for Germany.¹ Viewed in the light of these comparisons, the combat narratives presented here provide strong evidence against the view that Vietnam was a "low intensity war." For the Marine units who battled large, well-trained divisions of North Vietnamese regulars, this was a high intensity conflict. William Gerrard, a corpsman who spent 77 days on a hill south of Khe Sanh, describes it as follows:

"Hill 881 was pretty bare; nothing was up there. If you see pictures of World War I with guys living in the trenches—that's how we lived. We dug holes back in the side of the trenches—two-man crawl spaces in which to sleep" (232).

During my academic career, I taught many courses on military history, for which I read numerous personal accounts of battle, from Waterloo to Peleliu. Few of these accounts reveal the "face of battle" more vividly than the testimonies presented in this volume. Especially harrowing are the narratives of the corpsmen that were in the four week battle to recapture Hue City from the North Vietnamese troops who had occupied it at the beginning of the Tet offensive in late January 1968. Alan Kent, one of the corpsmen at Hue, had been in Vietnam only a few days when he was thrown into the fighting. Literally dropped off on a street in the middle of a firefight, he had to hide in a ditch until several Marines provided covering fire that enabled him to get across the street and join his new unit, the 5th Marine Regiment. Years later, Kent remembered that during the heaviest fighting:

I was reduced to the bare essentials—using rags or whatever else we could find, and I was all by myself [since] another corpsman was wounded at this time. He was hit for a second time. Only a big hole remained where his eye had been . . . I managed to get him patched up, but we had to wait to evacuate the casualties until we called in naval gunfire for cover . . . [t]he shells would go off about fifty meters in front of the wall with pieces of shrapnel coming off—the size of a car hood. It was amazing that anything could survive . . . [but] it really didn't seem like it was doing a hell of a lot in terms of impacting the enemy's ability to fight (228).

The narratives of corpsmen who served at Khe Sanh, which the 26th Marine Regiment successfully defended in 1968, have with the same frightening immediacy as those of their counterparts at Hue. In January, 1968, corpsman William Gerrard left Khe Sanh went with his company for a one-day operation on Hill 881 to the southwest. There, Gerrard's unit ran into a North Vietnamese battalion, and the one-day operation turned

into a 77 day struggle with an enemy that had dug in on a hillside only kilometers away. They were well-equipped with mortars:

The NVA had observers spotting the hills. If more than two or three guys were out on top of the hill during daylight hours, they'd drop a round on them. I lost my Weapons Platoon corpsman that way, a kid named Jerry King . . . [w]e heard the first round leave the tube. Then we heard the second round leave before the first round even hit. In between rounds someone yelled "Corpsman up!" Jerry already had his gear on and jumped out the door to go to the Marine who was down. He ended up getting hit by the second mortar round. That action was probably one of the bravest deeds I ever saw. He knew what was coming and he went anyhow . . . [t]he scariest moment occurred when the NVA dropped some artillery on us . . . [Two sergeants asked me] "Hey Doc, can we borrow your foxhole to have lunch in? The rounds seem to be following us around. I said "Sure." They got into my foxhole . . . and I went [to a nearby bunker] . . . About three minutes later, an artillery round made a direct hit on my foxhole and they were both KIA (232-233).

The book also includes interviews with a number of doctors, whose stories, though told from a different perspective, are no less compelling than those of the corpsmen. The most spectacular narratives involve Navy surgeons who removed unexploded rocket or mortar rounds that were lodged in the bodies of wounded men. The author includes three such cases, including that of Dr. David Taft, who was serving at Charlie Med (1st Medical Battalion, 1st Marine Division) in August 1967, when a young Marine arrived in Triage with an unexploded, 2.75mm. rocket that had pierced the man's knee cap and lodged there. The knee cap was effectively destroyed, and Taft decided to amputate the leg above the knee. After consulting with a demolitions expert at the base, Taft evacuated the area, and he, together with a corpsman who had volunteered to assist him, amputated the leg, and placed it in a demolition hole. When a Marine officer congratulated him on his courage, he answered:

“I figured if the rocket hit the guy that hard and didn't go off, I probably wasn't going to set it off fooling around with it.’ He said, ‘That's not necessarily the case. Generally, if they haven't gone far enough, they don't explode, it has to go beyond a certain distance for it to be armed.’ ‘I'm glad I didn't know that,’ I answered.” (106)

Taft received the Navy Cross, as did Harry Dinsmore, a Navy surgeon stationed at the naval hospital in Danang. Operating alone, with only a navy demolitions expert in the room, Dinsmore successfully removed an unexploded mortar round that had lodged in the chest of a South Vietnamese soldier (101-103). The cover of the book shows a photo of the chest X-ray, with the radio-opaque outline of the mortar round lodged next to the rib cage.

Not surprisingly, the war took a heavy toll on the survivors, especially the corpsmen, and in the Epilogue, many of the men and women whose recollections make up the heart of this book talk openly about the deep psychic wounds they have endured –

often over many decades. Typical is the corpsman who survived the heaviest fighting at Hue City, only to spend many years as an alcoholic, finally giving up alcohol in 1997, when he realized that he was becoming suicidal. Now in his sixties, thoughts of Vietnam still pervade his daily life:

I don't go to movies because I don't like sitting in a room full of people. I'm fairly isolated. I don't go out and socialize with people. I stick around my house for the most part. I also spend time working in my yard and I do crafts. I pretty much live in my basement. I sleep down there; I have my own TV down there. My wife, Beverly, says that's my bunker (322-323).

For all its merits, this book has some problems. The author does not always provide clear dating in these oral histories, and all too often I found myself asking, “when precisely did this take place?” It sometimes took considerable time to find the dates, which were either embedded in the author's introductory comments to each chapter, or in the narratives themselves. It would have been more effective to preface each narrative with the narrator's name and the specific time period covered.

Sometimes, the author's introductory comments are too brief. In some cases, this is a sensible approach, since it lets the oral histories speak for themselves. In other cases, however, readers without personal familiarity with the war in Vietnam may struggle to find the right context for the accounts they are reading. Take, for example, the combat casualties of corpsmen. These were high, even if we assume that corpsmen served their entire tour of duty with line units. In practice, however, corpsmen spent only their first six months in combat. If they survived that period they could expect to spend the second half of their tours in a less dangerous billet, like the battalion aid station, or division headquarters. Viewed in this context—the relatively short period corpsmen spent in harm's way, the casualties suffered by corpsmen were alarmingly high, and would have been astronomical had corpsmen spent their entire twelve month tours “in the bush.” This context is an essential element in assessing the casualties.

Given what the author has accomplished with this book, these are minor problems. This work provides a clear and readable account of Navy medicine in Vietnam; it also presents first-hand descriptions of battle that deserve a place among the classic eyewitness accounts of the war in Vietnam.



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¹ (Niall Ferguson, *The Pity of War*, p. 299