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Military Medicine to Win Hearts and Minds: Aid to Civilians in the Vietnam War. By Robert J. Wilensky. Lubbock: Texas Tech University Press, 2004. ISBN 0-89672-532-4. Photographs. Glossary. Appendixes. Notes. Bibliographic essay. Index. Pp. xv, 207. \$29.95.

Scholars continue to explore sometimes overlooked but no less important aspects of the Vietnam War, including civic action programs, pacification, and nation building, all of which are timely subjects. Among the many civilian aid programs the United States undertook in Vietnam, American military medical aid to Vietnamese civilians appears to have been one of the more straightforward efforts to win hearts and minds. Robert J. Wilensky, a battalion medical officer who served in Vietnam (1967–68) and currently a historian with the Office of the Surgeon General, suggests that the motivation, implementation, and effectiveness of American medical aid programs in Vietnam are indeed much more complex and deserve scholarly attention. In *Military Medicine to Win Hearts and Minds*, Wilensky argues that medical aid programs played a vital role in the American aid effort and that there are timely lessons to be learned from this experience.

With thorough research and clear writing, Wilensky suggests that the American program to provide medical aid and other services to Vietnamese civilians backfired. Instead of building trust and goodwill among the Vietnamese civilian population toward the United States, the medical aid effort instead helped undermine the credibility of the South Vietnamese government and military among its own population. The United States replaced rather than supported Vietnamese government and military medical services, and ignored long-term development of civilian and military medical infrastructure and support. While those in command of the medical aid programs saw the effort as a policy to win support for the American presence in Vietnam, Vietnamese officials often considered the effort intrusive and ill placed. Moreover, the policy-oriented motivation of commanders and aid directors often disconnected with the humanitarian motivation of medical officers in the field. Wilensky cites official oral histories and other reports to support this idea, noting that medical officers

rarely mention the policy objectives of medical aid, while commanders seldom mention the humanitarian impact of such programs in these sources.

Wilensky concludes that medical aid programs in Vietnam had mixed results. In the short term, medical officers provided aid to literally millions of Vietnamese over the course of the war. In the long term, however, the programs replaced Vietnamese medical services rather than building them for post-American Vietnam. From this experience, Wilensky suggests that medical aid programs work best in low-intensity conflicts so long as the policy objectives are rectified with political objectives. He goes further, offering several lessons from the American medical aid experience in Vietnam, insightfully suggesting that the implementers of such programs should be cognizant of the secondary role such programs play to overall military strategy and that civic aid programs must meet rather than dictate the needs of indigenous populations.

Wilensky does a fine job of examining medical aid programs in Vietnam and offers astute “take aways.” His participation in medical aid programs in Vietnam does not cloud his objectivity. This is a fine piece of scholarship, one that should inspire other historians to explore similar areas of the American experience in Vietnam.

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Book Reviews