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*If Veterans don't help Veterans, who will?*

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June 14, 1971

CONGRESSIONAL RECORD — SENATE

DATE

SUBJECT

stayed longer, they may not necessarily will, but they may survive, and that is the assumption, put bluntly, under which younger Americans are still dying in Vietnam. That is the assumption under which we continue to bomb not only in South Vietnam, but across the Indochina peninsula, on the possibility that if we continue those military operations indefinitely the day may come when the South Vietnamese military force will be able to stand on its own feet.

I stress this description of our official objectives in Indochina, because I think it should be understood that no Member of Congress is insensitive to the cost and the carnage of this war. It surely cannot be that any one of us would calmly accept the weekly casualty reports from the Pentagon or that we see any reason to rejoice in the fact that "only" a number of American soldiers died in the preceding given week.

Before the vote on next Wednesday, I am sure that every single Senator will want to satisfy himself that the goal is worth the sacrifice of life, both the lives of Americans and the people in Indochina.

I would like to suggest today what the price will be simply in terms of what we are asking of the young men that we send to Indochina, and I wish for the next few minutes that we would focus on that issue alone. Tomorrow, I want to talk about the prisoner issue, but for this afternoon let us look primarily at the question of what the cost is to young Americans who are now in Vietnam, others who are on airplanes and ships en route to Vietnam, and to still others who will be sent as long as military operations continue.

We have just begun to perceive, for example, the enormity of the drug problem in Southeast Asia. I am not going to belabor that point, because it was discussed so well and so thoroughly by Senator HUGHES last week, but we do know that as many as 50,000 Americans currently serving in Vietnam are either already hopelessly addicted to heroin or are in the process of becoming addicted.

Columnist Stewart Alsop, in commenting on this problem, said that these young men, ranging in age from 18 to 21, who have become addicted to this terrible drug, are really worse off than the 50,000 young Americans who have been killed in Vietnam. The chances of recovery from this kind of hard drug addiction are so remote that these young men are condemned to come back to the United States to live a life of crime and early and premature death.

As Mr. Stewart Alsop put it, we ought to get our Army out of Vietnam with the same degree of urgency, in view of this fast spreading drug addiction, that we would bring to rescuing people from a burning building.

That is the way I have felt about this war for a long time—that it is all well and good for us to stand on the floor and debate day after day what the date ought to be, and to score these points about the viability of the South Vietnamese Government, but what we do know is that tens of thousands of young Americans are now caught up in a conflict where

their own commitment to it is so shaky that they apparently turn to drugs as the only means of surviving.

For all of our research and all our attempts in this country in recent years, we have not discovered a reliable means of curing heroin addiction or rehabilitating those individuals who became dependent on this vicious drug. And so that problem alone, as Senator HUGHES put it so well last week, is one that I think calls for a new sense of urgency in removing our forces from South Vietnam.

More likely than not, today's addict is condemned to a lifetime of physical destruction and crime, and to an early death.

I should like to read into the Record a letter on this problem that has been called to my attention from a physician in Vietnam who is currently assigned to the amnesty program for drug addicts. This is what he writes:

It is certainly disheartening to see 18-21-year-old troops "strung out" on deadly drugs (the vast majority of our addicts fall within this age group). What's more disconcerting is the fact that we can salvage only about one in 10 of these individuals—even in the most sophisticated facilities and regardless of whether these people snort (sniffing into the upper respiratory tract), smoke, or "mainline" their heroin. . . .

In view of the latter, then, I am appalled at the "cure rate" statistics (40-60 percent) quoted by the Honorable Stanley Resor (Army Times, June 2, 1971). I can't imagine where Mr. Resor obtained his figures.

In the past several months, heroin has become cheaper and easier to obtain. In the meantime, our drug problem has "snow-balled" accordingly. Further, we're getting very little help from the Nationals in this country.

Meaning the Vietnamese—

On curbing the current flow of heroin. Therefore, I cannot understand why we do not pull out before it's too late.

The author of that letter expressed the judgment that some 20 percent of all American forces in Vietnam have now become hard core addicts. His final plea in this letter is:

If we don't get out soon, God help us.

And that, I think, is the concern that prompted Mr. Alsop to call upon Congress and the administration to remove our forces with the same urgency that we would rescue people from a burning building.

This, then, is one portion of the cost we must be willing to accept if we are to stay in Indochina.

And our willingness to bear it must be especially strong, since it is inflicted not by enemy soldiers, but by the very people on whose behalf our young men are committed to battle. Every study which has been made of this problem, including those by Members of Congress, by expert officials of the executive branch, and even by pro-government newspapers in South Vietnam, have agreed that involvement in the drug traffic which preys upon American youth extends into the high echelons of the South Vietnamese army and the South Vietnamese Government.

This is a sickening, sordid business. I find it incredible that the United States, after all of our sacrifice on behalf of

that government, must now press and plead and cajole the Thieu-Ky regime into addressing this problem, after it has already consigned tens of thousands of young Americans to death or to lives of perpetual misery.

One of the things that I find so hard to understand about this sordid drug business is the difficulty we have had in getting the cooperation of the Thieu-Ky regime in coping with the problem, even to save the lives of American troops.

But, Mr. President, today I do not speak primarily of the failures of the Thieu-Ky regime.

The pending amendment calls on the Senate of the United States for its judgment on what is in our national interest. It does not call on us to predict the future of the Thieu-Ky regime. It does not call upon us to forecast the politics of South Vietnam, but to answer the question of whether it is in our national interest to continue an indefinite military operation in Indochina; or whether we should agree with the overwhelming majority of the American people, some 73 percent, who have said in recent polls that they want the Congress of the United States to stand up to its constitutional responsibilities and set a date for the termination of this war.

The goals described by President Nixon, even if they can be achieved, raise the question of whether it is worth the continued exposure of young Americans to the deadly dangers that they confront as long as this war continues, including the deadly menace of Southeast Asian drugs. How many twisted, broken lives must there be before we will conclude, at last, that the cost is too high?

This is a consequence of the war we have just recently come to understand. We have been counting all along the number of young Americans killed and wounded by the war itself. I think that we ought to consider, as this amendment moves toward a vote on Wednesday, that since last September 1, last year, when we voted on essentially the same proposal, 2,811 more Americans have died in that war. Another 11,250 have been wounded.

Mr. President, I do not want to be morbid about this matter, but I would hope that every Senator who voted against this amendment last September would ask himself whether he is really doing everything that he can to stop this continued destruction and wounding of American soldiers, which now involves some 14,000 more who have been either killed or wounded since we called the roll on this matter last September 1. Are we a more honorable and respected country today, because of those 14,000 young Americans who have either died or been wounded since September 1, when we last voted on this proposition? Are we in less danger of becoming what has been described as a "pitiful, helpless giant," because we continue this slaughter? Does the world now feel more secure about American leadership, because the war continues?

My own view is that the answer to all those questions is no. It is, of course, too late to do anything about the several thousand young Americans who have

died and the other thousands who have been killed since we last voted on the pending proposal. We cannot change their fate. We cannot replace the limbs that have been lost. We cannot recover those who have died. We cannot even do very much about those forty or fifty thousand hopelessly addicted to heroin.

But there are lives we can save and there is suffering we can prevent. We can change the fate of those who still live in Indochina, and all other young Americans who may be sent there over the next year.

Mr. President, it is my view that the administration's Vietnamization formula puts American troops in greater danger than any other strategy we might pursue in withdrawing from Indochina. If we are committed to ultimate withdrawal, as administration spokesmen insist, then we should recognize it seems to me, that what is now needed is the safest possible withdrawal strategy. In my judgment, the one we are now following is the worst possible strategy, and the most dangerous in terms of the security and the well being of American troops. If we are committed to ultimate withdrawal, we should recognize that this is the worst possible way to do it from the standpoint of our Armed Forces in Indochina.

I do not say this lightly. During the course of the past year several expert studies have been undertaken to determine how U.S. forces would fare under various alternative strategies for bringing them home. This is the conclusion of those studies.

While the actual meaning of "Vietnamization" remains unclear—and I want to say quite frankly, Mr. President, I have never really been sure just what Vietnamization does involve; I do not really see how you Vietnamize people who are already Vietnamese—it appears likely now that it contemplates withdrawal of all combat troops within a year or two, perhaps before the November 1972 election, leaving between 50,000 and 150,000 men to supply South Vietnam with such essential services as close air support, artillery support, and airlift.

A study by two authorities at the Center for Naval Analysis last year, Arthur L. Karp and retired Comdr. C. E. Everly, noted that it was difficult to judge at that time the size of the residual force planned by the administration. We keep hearing about this phrase, "the residual force" that is going to stay on even after our major combat role is terminated. But these two military experts noted that in any event, "the possibilities for disaster are quite high."

They noted that under the scenario described above—in other words, one that would reduce American forces over the next year or two to some 50,000 to 150,000 troops—under those circumstances—

The remaining U.S. troops must depend on ARVN combat units for protection against NVA/VC harassment or assault. Moreover, they will have to stay in South Vietnam, in a state of precarious dependence, for however many years the ARVN took to develop the required skills and experience.

Finally, Karp and Everly concluded:

At worst, if ARVN fails, the U.S. forces will be in a very precarious situation. The vulnerability of the remaining U.S. support and protective troops should be clear when one realizes that in order to perform the previously stated services, they must be distributed among a number of locations, in relatively small units. It is not too difficult to envision a situation in which the President would be faced with an unhappy choice between a crash evacuation (and a large number of casualties), reintroducing large numbers of U.S. combat units, or employing advanced weapons.

Meaning nuclear weapons.

Another military expert, Arnold Kuzmack, formerly on the staff of the Office of the Assistant Secretary of Defense for Systems Analysis, calculated last year that under the lower residual force level of 50,000 men, the United States could expect the certain death of some additional 17,400 men, along with some 65,000 nonfatal casualties, by fiscal 1975.

In other words, under these calculations, let us assume that Vietnamization works, in the sense that the President is able to get all Americans out of there over the next year or two, except 50,000 who would stay on as residual forces to support the South Vietnamese effort. Even under those conditions, if that kind of withdrawal scenario were followed, we would lose, in killed in action, another 7,400 men and some 65,000 maimed or wounded. Those are the expert opinions of men who have studied this possibility, the consequences of the Vietnamization strategy.

I am not going to quarrel today with the fact that, since troops are being withdrawn, we have created a temporary incentive, apparently, against large-scale operations by the enemy against U.S. troops. No doubt that accounts in large measure for the relative decline in casualty figures.

It is interesting that, at least to date, in spite of all the forecasts of the dangers that might confront us if we stop the bombing of the north or reduce American troops, each reduction in our own military activity has been accompanied by a fall off in military activity on the other side.

So, to the credit of the administration, they have reduced American casualties during the last couple of years. At least, one is to think, with some logic, that if we could only commit ourselves to total withdrawal and give up the notion that we have to maintain a residual force there to sustain the Saigon regime, the probability is that our casualties would decline to zero, once that kind of commitment to total withdrawal were made, and we could save the 7,500 young men who are going to be killed and the 65,000 who are going to lose their arms or legs or faces over the next few years, under the Vietnamization formula we now pursue.

But once the withdrawals that are now taking place have stopped, at whatever level that takes place, whether it is 50,000 or 75,000 or 100,000, or whatever the administration has in mind, once that leveling off process takes place, and it becomes clear that we are staying there with a residual force to back up the

Thieu-Ky regime, then it seems to me that the incentive on the part of the enemy to harass and to attack the remaining forces will reappear in the strongest possible way. At that point, our forces will be in a state of extreme vulnerability, or what these two experts refer to as extreme danger. They will be almost totally dependent upon the South Vietnamese military forces for their protection. Their capacity for self-defense will be at its lowest ebb. Yet, there will be no commitment for withdrawal of those forces, no incentive on the part of the other side not to attack, provided we continue the posture of maintaining our troops there in support of the Thieu-Ky regime.

So I think it is fair to say that we can expect that they will become, as soon as the withdrawals have tapered off, top priority targets for an adversary bent on forcing the issue of our presence and bent on forcing the issue on who was going to control the government of Saigon.

Throughout this war we have heard complaints about the fact that civilian decisionmakers have been "tying the hands" of the military. We have been told that we would fare much better and might even achieve victory if we would just unleash our commanders in the field. To those who have expressed such concerns, I suggest that we can foresee today a much more dangerous sort of restriction. Whereas yesterday we limited the ability of the military to pursue the enemy, tomorrow we will have a small force deployed some 8,000 miles away, with virtually no capacity for self-defense.

So, again, I would pose this question to the Members of the Senate: Are the goals described by the President—not guaranteeing, but simply giving the hope of a "reasonable chance" for the survival of the Thieu-Ky regime—worth sending young men into such circumstances? Are they worth the 40,000 young Americans who are over there now addicted to heroin? Are they worth the 7,400 who are going to die in the next 2 years, if these projections are right? Are they worth the 64,000 who are going to be disfigured or maimed or wounded by this war, if we continue with the present Vietnamization formula?

Those numbers tell the size of the tragedy upon which we will cast our judgments on Wednesday, when the roll is called. But they do not really describe the full dimension of the tragedy. In fact, I suspect that no one of us is capable of doing that adequately. Perhaps the war has become such a distant matter and we have become so tired of it that we are almost numbed by the statistics that are repeated in the press day after day.

It might be helpful once in a while to look at this war in personal terms. Listen, for example, to the description of the father of a young Texas serviceman, written last year to a Member of Congress who had been discussing laws on obscenity. This is what this aggrieved Texas father said:

I read the report about the struggle you are having about obscenity. I wish to report to you that I have seen the most obscene,

single spectacle imaginable: the shattered remains of our 20-year-old son.

He left from Oakland, Calif., for duty in Vietnam on March 9. He was returned to Beaumont on April 9, too broken to be clothed. A uniform was laid out on top of the sack.

He was not old enough to vote.

He was not old enough to enjoy a beer.

He was not old enough to decide, according to your standards, to see or not to see what you describe as obscene.

But he was old enough, apparently, to be sent halfway around the world to be blown to bits. The buddies who gathered up what was left of our son were no older than he was.

I submit to you this is obscenity.

Who among us can dismiss that father's letter by a simple expression of regrets or by a statement that war is a dreadful thing, but we have always had it?

I wish we would try to think of the 7,400 young men who may come back in the same fashion as this young man from Beaumont, Tex., who are going to die in this war if we do not act in accordance with the amendment pending before the Senate. I wonder which one of us really believes that a father's sorrow or a mother's sorrow will be any less if they know that other young men have since died in the same cause—to give the Thieu-Ky regime not a guarantee that it will survive, but simply one more chance to stay in power.

Who among us can feel any comfort in knowing that we must decide whether thousands more fathers and mothers and wives and sweethearts will feel the same sense of despair, the same sense of outrage, over young lives needlessly snuffed out?

Mr. President, Congress has the power to prevent this from happening. We have the power to take that Army out of there before more of them are addicted to heroin. We have the power to stop the killing of additional thousands who will lose their lives.

I quote again from the Karp-Everly study mentioned earlier:

The systematic military withdrawal called for by the McGovern-Batfield amendment is by all odds the safest method. In fact, in the absence of a ceasefire agreement, a conventional military withdrawal, in which combat and support echelons are withdrawn in the normal sequence as the forces conduct an orderly fallback centered on the final point of embarkation, is the only sound military method. Such a maneuver is a standard military operation and would be facilitated by favorable conditions present in South Vietnam.

Among the favorable conditions they cited were:

(1) The war in South Vietnam is not such that large numbers of opposing forces are locked in fixed positions. Therefore, the initial breakoff of contact will not be difficult. . . . In Vietnam the U.S. force has a degree of mobility unsurpassed in military history. This mobility makes the initial breakoff of contact a routine matter.

(2) The fall-back and withdrawal could take place with full tactical air support and complete air superiority. . . . Air power would be overwhelming to the end. Hence, there is no realistic danger of large scale attacks during withdrawal.

(3) The rate of disengagement would be

under the full control of the U.S. and could be adjusted to allow for orderly re-embarking of whatever equipment and supplies we wanted to remove. . . .

(4) The amendment permits a coordinated fall-back on a final reembarkation port while maintaining the proper ratio between combat and support forces at all stages of the withdrawal. The success of the operation—

And this is crucial—

would not be dependent upon the performance of the South Vietnamese forces. . . .

That, it seems to me, is the crucial difference. The Vietnamization formula, to succeed, places the American residual force in whatever size it is, solely in the hands of the South Vietnamese army; that is, the safety of our remaining forces would depend on how well the South Vietnamese forces perform under combat conditions, whereas the pending amendment would permit us a withdrawal schedule where we are in complete control of that withdrawal, where we sever any further commitment for military support to the government in Saigon involving American troops and American military operations, and where we could execute that withdrawal in an orderly and systematic fashion.

Continuing to quote:

(5) The normal crucial stage of the withdrawal would be the removal of the final echelon of combat troops. In this case, with complete air superiority and floating helicopter platforms, the final stage should present no problem. A 3 brigade covering force of 16,000 men with its artillery could be lifted out by helicopter in only 9 hours. Thus, in this specific situation, there is no crucial final stage.

This is what our amendment proposes—a conventional military withdrawal operation, to be completed by December 31 of this year—not a pellmell race for the boats but a conventional military withdrawal operation. Even in the absence of a cease-fire—and I am convinced we could get a cease-fire if we agree to this total withdrawal—but even in the absence of that, it is the safest method available for bringing our forces home from Indochina.

But we must also recognize that under the formula we propose, the adversary has made the following pledge—and they have made this pledge publicly and privately—contained in the Provisional Revolutionary Government's position announced last September 18:

In case the United States declares it will withdraw from South Vietnam all its troops and those of other foreign countries in the United States camp by June 30, 1971, the people's liberation army will refrain from attacking the withdrawing troops of the United States and those of the other foreign countries in the United States camp. . . .

They have subsequently indicated flexibility on the date, giving every indication that it must merely be within a reasonable time. They have said that if we do not like the June 30 date, to come up with an alternative date and they would consider it. I do not have the slightest doubt that former Secretary of Defense Clifford was absolutely right when he expressed the view last week that if we would set this deadline, we could quickly negotiate and arrange with the other side for the safety of our troops

during withdrawals. They would have to be total idiots to attack American troops and harass them at a time when they were trying to get out of the country. But what puts our troops in danger is the continuance of the commitment to keep our forces in South Vietnam in a military posture in order to sustain the Thieu-Ky regime—a regime that I personally believe is not worth the life of a single American soldier.

There have been a great many attempts to misinterpret the position of the enemy, of North Vietnam and the Vietcong, and yet they have stated that position, it seems to me, with reasonable precision.

They have said they would negotiate the release of our prisoners without waiting for the total withdrawal of our forces if we will agree to a definite withdrawal date. They have said they will negotiate arrangement for the safety of our troops' direct withdrawal once that commitment, total withdrawal, is made.

I ask what more, at this stage of the war, can we hope to accomplish in negotiations other than the release of our prisoners and the safety of our forces during the withdrawal period? If the other side is willing to accept that, once we have set a definite terminal date for the withdrawal of our forces, I do not understand why this body will not exercise its constitutional responsibility to set such a date and stop this senseless slaughter and destruction that has been going on for far too long a time.

They have not said that the assurance of safety for our forces is conditional upon the fall of the Thieu-Ky government.

They have not said the assurances may grow out of discussions.

They have not called for the elimination of all U.S. assistance to South Vietnam.

They have simply declared unequivocally that they will refrain from attacking our men once the date for withdrawal has been set.

We have every reason to believe, therefore, that the killing of Americans can end within hours of our decision to require withdrawal of U.S. forces by the end of this year. We have the clear opportunity to choose, instead of at least 7,400 deaths and over 64,000 injuries, an immediate shrinkage to zero in these most painful measurements of American sacrifice.

It would be exceedingly foolish for the adversary to behave in any other way. Once the date has been set they will certainly lose any incentive for attacking withdrawing forces. In doing so they would invite added, needless casualties for themselves and they would risk reconsideration of our decision and a longer American presence. On that point, in fact, our amendment reaffirms the President's authority to provide full protection to our Armed Forces.

I recognize that there does exist some concern about the amount of time required for withdrawing all of our forces from Vietnam. The sponsors of this amendment have always remained open to suggestions on that point. We would

be particularly interested in taking into account the recommendations of the administration on how long it will take to withdraw our troops and equipment.

In the absence of those recommendations let me make several observations.

First, last year we contemplated approximately 12 months for the withdrawal of a force totaling approximately half a million men. The Selective Service bill is expected to become law by July 1, when the old law expires, thereby leaving 6 months for the withdrawal of the some 250,000 men who will remain in Indochina on that date. Thus, we are talking about the same orderly rate of withdrawal which was under discussion last year.

Second, it is useful to recall some military history. For example, from VE Day on the 8th of May in 1945 and VJ Day on September 2 of that year, to the end of 1946, a period of approximately 18 months overall, we withdrew no less than 6,376,000 Army personnel from Europe and the Pacific—more than 25 times the number of Americans who will be in Vietnam by July 1.

In the peak month, December of 1945, some 834,470 men were returned to the United States. Over three times the number of forces to be withdrawn from Vietnam in 6 months' time under our amendment were brought home in a single month in 1945. Nearly all of those men were brought home in ships, since we had nowhere near the airlift capacity available today. Certainly there is no need to cite the vast growth since then in our capacity to move large numbers of troops in a short period of time.

Third, it is worth noting that the former commandant of the Marine Corps and one of this country's most respected and experienced military leaders, Gen. Earl Shoup, testified before the Senate Foreign Relations Committee a few weeks ago that the forces we have in Vietnam now could be withdrawn in as little as 15 days, given just a few weeks' notice.

We are, therefore, discussing an orderly, systematic and safe withdrawal from Indochina, with ample time for its completion. The term "precipitous" which has been used in recent weeks is simply out of place, because it cannot be applied to any proposal pending in the Senate.

Mr. President, the question of the safety of the young Americans who remain in Indochina today should be an overriding concern as we consider the two alternative methods of ending our involvement in Indochina.

Vietnamization carries other costs. It promises to continue the distortion of our economy and the theft of the resources from urgent domestic priorities. It offers the continued pounding of the tiny countries of Indochina, already ravaged by a total bombardment of more than 280 times the Hiroshima and Nagasaki blasts. It guarantees still more death, destruction, and squalorous refugee camps for civilians in Vietnam, Laos, and Cambodia.

But there is nothing about this war that is more real than the tragic spectacle of young men coming home in green plastic body bags, encased in military coffins. And there is nothing more

real than other young men returning with disfiguring scars, with missing arms or legs, with hearing or vision impaired, or with bodies which suffer constant torture unless a supply of heroin can be found.

Nothing can be gained through attempts to assess blame for suffering already incurred. I pray that from that suffering we can gain enough wisdom to assure that this monstrous mistake in Indochina will not be repeated.

But my plea today is for the Indochina war dead who are still alive.

We have the power to choose their future.

#### QUORUM CALL

Mr. McGOVERN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. HUGHES). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. McGOVERN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### WORSE THAN MYLAI

Mr. McGOVERN. Mr. President, in my earlier remarks I referred to the article by Mr. Stewart Alsop in the Newsweek magazine of May 24 of this year, under the title, "Worse Than My Lai."

This is an article dealing with the heroin addiction problem in South Vietnam. I should like to read two or three pertinent paragraphs from this article.

The article opens with these words:

In addition to the 55,000 Americans who have died in Vietnam, there are now many thousands more who might almost as well be dead. For according to a new and authoritative estimate—vividly supported by Newsweek reporters (page 26)—there are between 30,000 and 40,000 servicemen in Vietnam who are heroin users. Most of these men, on return to civilian life, are condemned to a life of crime and an early death.

Mr. Alsop then goes on to say—

The Americans forces in Vietnam no longer have a genuine combat mission, and in army without a combat mission is an army without a real purpose. Of the more than 280,000 American troops now in Vietnam, only about a fifth are combat troops, and their principal mission now is to avoid combat. If you ask at the Pentagon what in heaven's name the other 200,000 are doing, you hear generalities about an "orderly withdrawal," or you are told the answer is secret.

In fact, what most of the 200,000 are doing is virtually nothing, other than going mad with boredom. Under the President's withdrawal program, there will still be around 150,000 noncombat troops in Vietnam next November, still going mad with boredom. Soldiers will choose almost any escape from an army that has lost discipline, morale and purpose, and this has a lot to do with the heroin epidemic.

Mr. Alsop concludes—

The United States has no obligation to continue to field a big non-fighting army in which tens of thousands of young men are becoming heroin addicts. The bulk of that non-fighting army must be withdrawn from Vietnam quickly and urgently, for the same reason that people in a burning house have to be gotten out quickly and urgently.

I hope that all Members of the Senate will read this article thoughtfully to-

gether with the supporting documents this same issue of Newsweek that was compiled by Newsweek reporters in Vietnam on the basis of firsthand study and analysis of this situation.

Mr. President, I ask unanimous consent that the entire article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From Newsweek magazine, May 24, 1971]

WORSE THAN MYLAI

(By Stewart Alsop)

WASHINGTON.—In addition to the 55,000 Americans who have died in Vietnam, there are now many thousands more who might almost as well be dead. For according to a new and authoritative estimate—vividly supported by Newsweek reports (page 26)—there are between 30,000 and 40,000 servicemen in Vietnam who are heroin users. Most of these men, on return to civilian life, are condemned to a life of crime and an early death.

The horrifying new estimate was provided by the Provost Marshal's office in Saigon to an emissary of the House Foreign Affairs Committee, Rep. Robert Steele of Connecticut. If you think about its real meaning, it is the worst horror to emerge from the war—worse even than My Lai.

According to the estimate, between 10 per cent and 15 per cent of the American troops in Vietnam are on hard drugs—meaning heroin in almost every case. This can only be an estimate, since where heroin is easily available, as it is in Vietnam, it is not hard to conceal an addiction. But the Provost Marshal's estimate is borne out by other evidence, including a study, based on anonymous polling techniques, of addiction in the Americal Division.

#### SKYROCKETING USE

In this study, 6.4 per cent of those polled admitted taking "heroin or opium," and 5.5 per cent said they took "cocaine." There is virtually no cocaine in Vietnam, and the word is undoubtedly a misnomer for heroin, which the GIs call "skag." This indicates a total of almost 12 per cent on heroin. The figure is very probably low, for two reasons. First, the poll was taken last September, and since then the use of heroin in Vietnam has skyrocketed. Second, even when promised anonymity, a good many GI drug takers undoubtedly play safe and deny that they take drugs.

Moreover, a considerable proportion of the GI addicts are unaware that they are addicts, and some do not even know that they are taking heroin. Among the young draftees in Vietnam, who are the chief victims of the heroin epidemic, there is a widespread belief that the Vietnamese skag is not addictive if it is smoked or "snorted."

In a study of servicemen addicts undergoing voluntary treatment it was found that 51 per cent of those who used heroin smoked it, mixed with tobacco in ordinary cigarettes 43 per cent snorted (sniffed the powder out of the cupped hand), and only 6 per cent "mainlined," injecting the stuff directly into the veins. The notion that smoking or snorting is not addictive is tragically untrue.

It is especially untrue of "Number Four White," the brand of heroin produced for "the American market" in Burma, Laos and Northern Thailand. (Number Three Smokin, Heroin, produced for the Asian market, is purplish in color.) Number Four White is 9 per cent to 97 per cent pure heroin, compared with 4 per cent to 6 per cent in heroin sold in the U.S.

#### EASY TO GET

The price in Vietnam varies widely, but it is very much lower than the New York



oe. Getting the stuff is no trouble at all. Representative Steele let it be known that he might be interested in buying a bag of skag, and in a twenty-minute walk in Saigon he was approached nine times.

Because the stuff is strong, cheap and easy to get, and also because of the myth that smoking or snorting does not cause addiction, there have been cases of young GI's taking leaves where heroin is not easily available—and suddenly suffering, to their own amazement, the horrors of withdrawal. According to the study of servicemen-addicts, their average age is a pathetic 20.5, and their average "length of habit" is only five months.

Secretary of the Army Stanley Resor and Narcotics Bureau director John Ingersoll both flew to Saigon recently to press the Thieu government to curb the heroin traffic. There is no doubt that highly placed Laotians and Vietnamese profit from the traffic, and some disciplinary gestures will doubtless be made. But the gestures can only be palliative—President Thieu can no more effectively control the drug traffic in Saigon than Mayor Lindsay can in New York.

More than gestures are needed. The first thing that has to be done is to deal with the problem of the servicemen who are already addicted, or are in danger of becoming so. Consider the situation of these men. With plenty of strong, cheap heroin available, they have no trouble supporting their habit in Vietnam. When they return to the United States, to support their addiction they will have to make, and they will have to find at least \$40 a day. For most of them, the only way to get that kind of money is to steal.

Heroin addiction can be detected by urinalysis. It is the clear responsibility of the services to give urine tests to all Vietnam servicemen before returning them to civilian life, and to establish compulsory hospitalization centers to care those who are still curable. But the cure rate is very low, and thousands of young men who have served in Vietnam are already, in effect, sentenced to a life of crime in the urban jungles.

Something else must also be done. Those young draftees who are the chief victims of the Vietnam heroin traffic must be gotten out of Vietnam as fast as possible. The heroin epidemic, which is a new phenomenon, reflects the erosion of discipline and morale in our forces in Vietnam.

#### NOTHING TO DO

The American forces in Vietnam no longer have a genuine combat mission, and an army without a combat mission is an army without a real purpose. Of the more than 360,000 American troops now in Vietnam, only about a fifth are combat troops, and their principal mission now is to avoid combat. If you ask at the Pentagon what in heaven's name the other 200,000 are doing, you hear generalities about an "orderly withdrawal," or you are told the answer is secret.

In fact, what most of the 200,000 are doing is virtually nothing, other than going mad with boredom. Under the President's withdrawal program, there will still be around 50,000 noncombat troops in Vietnam next November, still going mad with boredom. Soldiers will choose almost any escape from an army that has lost discipline, morale and purpose, and this has a lot to do with the heroin epidemic.

This country has a profound moral obligation to provide logistic support for the million-man South Vietnamese forces, which have been made pathetically dependent on American support for the defense of their country. But the United States has no obligation to continue to field a big non-fighting army must be withdrawn from Vietnam quickly and urgently, for the same reason that people in a burning house have to be gotten out quickly and urgently.

Mr. McGOVERN. Mr. President, I also ask unanimous consent that an article

entitled, "GI Heroin Sales in Vietnam: Cheap, Fast, Ignored by the Police," written by Peter Osnos, and published in the Washington Post on June 13, 1971, be printed in the Record.

There being no objection, the article was ordered to be printed in the Record, as follows:

#### GI HEROIN SALES IN VIETNAM: CHEAP, FAST, IGNORED BY POLICE (By Peter Osnos)

CANTHO, SOUTH VIETNAM.—The 10-year-old Vietnamese boy looked up at the three Americans sweating in the midday heat. He was a ragamuffin. In another war, he might have been asking for a chocolate bar.

"You want skag?" he asked. Skag is the most common name for heroin in South Vietnam.

The first price was 1,000 piasters (about \$3.70 at the official exchange rate) for a large vial neatly encased in a plastic container. Too high. The boy came down to 600 piasters for a slightly smaller quantity.

The Americans said no. This time there was no deal.

The boy cursed at them in Vietnamese and walked a few feet away to his mother squatting on a stool beside a soup stand gossiping with her friends. It was still early and there would be many other customers.

The exchange, in full view of idling South Vietnamese police, took place on a crowded corner just off Hung Vuong Street in downtown Cantho, the neighborhood of bars and massage parlors catering to the 15,000 U.S. servicemen in this part of the Mekong Delta.

A reporter had asked two soldiers, junior enlisted men, to show him how to get heroin in Cantho these days, what with the oft-expressed official U.S. concern and the South Vietnamese government's crackdown on smuggling and drug dealing.

The soldiers laughed. "You can go anywhere, ask anyone, they'll get it for you. It won't take but a few seconds." It didn't. The boy, his mother, the bar girls, the cyclo drivers, even the police are potential pushers. All you have to do, the older of the GIs said, is ask.

It is no more difficult to get heroin now, say the young addicts here and the officers who work with them, than it was a few months ago, after the "skag" epidemic had begun but before the heat was on. And there has been no noticeable increase in prices.

Some of the heroin may be a little less pure than it was, but the GIs think that the Vietnamese have discovered they can stretch out their supplies by doctoring the fine white powder ever so slightly. When its difference is between 95 per cent purity and 95 per cent, few soldiers will complain.

"Fat Mama's" and "Shabazz," the servicemen's names for two of the most notorious drug establishments in Cantho, have been raided several times and last week, American MPs were patrolling the area behind the local U.S.O., where the two homes are located.

But the proprietors have not been detained (the husband of one is reputed to be a police captain) and according to a number of GIs, they have simply adapted to the new circumstances, moving around, closing briefly and then reopening, but above all, staying in business.

A directive from the U.S. Military Command last month placed Vietnamese drug stores off limits and threatened to do the same for all bars and other hangouts where drugs were found. Enforcement so far, officers concede, has been a failure.

"It's nothing but a farce," said an officer here who spends nearly all of his time dealing with addicts.

The soldiers rarely relied on the drug stores for much of anything, except for the few stocking up on barbiturates and amphetamines. And as for the bars, the tawdry dank and dark rooms with names like "The New

Yorker" and "997" seem as numerous as ever. Most have little signs out front signifying they are on limits.

"You go into most of these places and you'll see skag freaks," said one addict. "Mostly on the first floor its jukebars (the drinkers, generally older noncommissioned officers) and on the second floor it's the heads (the dope users)."

With so much heroin around, ever larger quantities are said to be making their way onto military installations themselves, notwithstanding the frequent shakedown of the GIs and the Vietnamese workers suspected of willingly supplying them. Even some of the MPs are not to be trusted.

Capt. Richard Callentine, a Protestant chaplain who works closely with Project Rebuild, the local rehabilitation center, told of one addict released from the center who was picked up an MP for carrying dope.

"But you and I hit up (smoked heroin) together last night," Callentine reported the soldier as saying. "That's okay," the MP replied, "you've had your amnesty. You're supposed to be off skag."

There are no U.S. ground combat troops in the Mekong Delta, so there are none in Cantho. But there are helicopter combat units, plus signal and engineer battalions as well as Air Force and Navy advisory teams. Estimates of how many of these soldiers use or have tried heroin vary so widely as to be inconclusive.

A random survey taken of junior enlisted men (far and away the most vulnerable to heroin) in one combat aviation battalion showed only 6.6 per cent admitting usage. On the other hand addicts claim the percentages in their units to be as high as 75 per cent.

Probably the most reliable guess is the one of between 15 and 25 per cent, made by officers who work with the drug users. This figure corresponds roughly to the numbers being reported throughout South Vietnam for a countrywide total of perhaps 50,000 men.

Similarly, the difficulties of dealing with the spread of heroin here correspond to those elsewhere. Curbing the flow of drugs is a complex process that begins far from Cantho on the ancient opium fields of Burma, Laos and Thailand.

But locally, among the greatest problems is clearly the undeniably poor work of the national police who should bear the largest responsibility for stopping the sellers. There could hardly be more flagrant negligence than the policemen who calmly watch the transactions on Hung Vuong Street.

American MPs can arrest GIs caught purchasing drugs, but their powers over the Vietnamese are strictly limited.

At a recent meeting of U.S. and Vietnamese officials called to discuss the drug situation, a senior national policeman startled the Americans when he confessed he could not recognize heroin. "Either he's a liar or a fool," said one U.S. participant.

Another major problem is the continuing confusion and lack of coordination in the U.S. command on how drug users are to be treated: court-martialed and jailed, thrown out of the service, or rehabilitated. Whatever course is decided upon for each case takes time—time for the soldier to harden his habit.

The most thoughtful officers are quick to point out that the floundering of the military merely reflects the inability of American society at large to cope with the ever-expanding use of drugs.

The situation in South Vietnam is made even more difficult by the low cost and high quality of heroin (which usually eliminates the need for unpleasant injections) plus the human factors: the presence of a large number of bored, lonely, depressed young men at the lowest rungs of the military ladder.

"They are," said one Army psychiatrist,

"like people in ghettos, the scapegoats of society, hassled and harassed by everyone around them. The way to forget is to take drugs and drugs are everywhere." The services are under growing pressure to treat the addicts rather than jettison them or lock them up, if only to minimize the number of drug users returning to the United States. There are now nine rehabilitation centers in South Vietnam (a few weeks ago there were 10, but one in Danang closed. The centers near here at BinhThuy is said to be very shaky).

The centers operate independently and Project Rebuild, the one at Cantho, is said to be one of the best organized. Its purpose is to withdraw the addict and at the same time provide him with counselling and vocational therapy.

Ideally, a man would spend a week in the isolation ward, a second week in the "rebuild platoon" and would return to his unit the third week, continuing his therapy session at night. Sometimes it works, according to the officers who run the program; more often it does not.

The senior staff of Project Rebuild are well qualified: Chaplain Callentine; Capt. Brian Joseph, a doctor with a year of residence in psychiatry; and Capt. Herman Martin, a full-time social worker. They seem determined to do what they can, but the obstacles appear overwhelming.

The center is equipped to handle 11 men. Last week none began the program largely because a rumor has taken hold that records from the center are being turned over to the FBI. This week there are eight soldiers going through detoxification. At least five are technically ineligible for amnesty because they are pending court martials. A sixth has already been through the program once.

In the early days, said Dr. Joseph, the detoxification ward was badly hampered by the fact that soldiers were continuing to buy drugs from medics or to bring them in themselves (reportedly a critical problem at centers elsewhere in the country). Now the windows are nailed shut, and the ward is relatively free of heroin.

Two of the men in detoxification last week said they had previously worked as counselors in the program while they were using drugs.

All eight have been using heroin for more than six months; most said they started within two or three days of their arrival in Vietnam. Medical experts say motivation is an important factor in getting an addict to stay off drugs. To a man these soldiers said they expected to use drugs again.

Theoretically, marijuana is as illegal as heroin. But at Project Rebuild there appears to be a recognition that pot smoking has become so pervasive there is no point in trying to stop it.

"We've got to compromise," said Dr. Joseph, "We want them off all drugs for the two weeks and they know that marijuana is illegal. But really, its heroin were trying to get them off, not marijuana."

In the Rebuild Platoon barracks recently, officers found a cheap porcelain Buddha. In the hollowed-out shell was stashed the platoon's marijuana. "I suppose we'd be a lot better off," one officer confided, "if we could just get these guys to go back to pot—just pot."

The situation in Cantho is bad, but there is no reason to believe it is better elsewhere in South Vietnam. "I don't see any indication things are improving," said one military drug expert in Saigon, and if they're not improving then they are getting worse."

Mr. McGOVERN. Mr. President, one of the most moving descriptions of one aspect of the war that I have yet to read was written by Maj. Robert J. Glasser, who was a major in the U.S. Medical Corps from 1968 to 1970. He

now practices medicine in Minneapolis.

This article is excerpted from his book "365 Days" to be published this summer. The article is entitled "The Burn Ward." It appears in the April 1971 issue of Washington Monthly. It describes these horribly wounded and burned soldiers who were flown out of Vietnam for treatment in Japan. This young major was in charge of the so-called burn unit for some years. He has vividly related the experience of watching young men 18, 19, and 20 years of age die in the hospital in Tokyo where he was stationed.

Mr. President, I ask unanimous consent that the article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Washington Monthly, April 1971]

#### THE BURN WARD

(By Ronald J. Glasser)

(EDITOR'S NOTE.—Ronald J. Glasser was a major in the U.S. Army Medical Corps, 1968–1970. He now practices medicine in Minneapolis. This article is excerpted from his book, "365 Days," to be published this summer by George Braziller. The story is true, but the names and dates have been changed.)

Edwards picked up his stethoscope from his desk. "Look," he said, "You can say what you want about the Army and its problems, but I learned this much from going home: the Army treats you better dead than alive. I know," he added quickly to keep the captain from talking. "I know, it was my fault. I shouldn't have got involved with taking the body back. But I did."

"It's coming," the corpsman said, stepping away from the window.

Edwards stuffed the stethoscope into his back pocket. "OK. Tell the ward master. Better fill the whirlpools. I'll be down at the landing pad." He pushed open the double doors to the burn unit.

The huge overhead lights were off, leaving only the night lights to flicker feebly across the shiny, tiled floor. He walked quietly down the center aisle of the ward, his footsteps echoing lightly ahead of him. The beds lining the wall were barely visible, the patients no more than lumps against the frames. From the far end of the ward came the faint mechanical hissing of a respirator. He stopped a moment near one of the steel-arched Stryker frames to listen. The machine's slow regular rhythm was almost soothing. How many times he'd heard it before. Someone had once said he'd signed more death certificates than any other doctor in Japan. Probably right, he thought, continuing on his way. At Kishine, the respirator was the sound of death, not life; in all his time there, he could not think of one patient who had got off the thing.

"Hi, Doc."

"Oh, Crowley," Edwards said, coming to a halt near the little cubicle at the back of the ward. "Sorry, I didn't see you in the dark."

The side curtain had been partially pulled. Stretched out on the bed, barely lit by the dials of the respirator, was a shadowy form.

"How's he doing, Sergeant," Edwards asked the ward master who was standing at attention by the machine that was slowly, insistently hissing air into and out of the charred body.

"Not too good, sir."

"What's his temperature?"

"106. It was 107 before we put him on the cooling blanket."

"Blood cultures growing out anything?"

"Yes, sir, the lab called back tonight—

*Pseudomonas pseudomallei*. Major John put him on IV [intravenous] chloramycetin and tetracycline."

Edwards bent over to look more closely at the restrained body spread-eagled across the frame. The air smelled sweet, like a dying orchard. "When did he come in?" he asked, peering at the grotesquely crusted body. Even the tips of his toes and fingers were charred and oozing, nothing had been spared.

"Four days after you left. Seventy per cent second degree and 15 per cent third. At least Major Johnson thought it was second degree, but it's beginning to look like it's all third."

Edwards examined the crust about the boy's swollen neck and chest. It had a sick metallic green cast to it. "When did he go sour?"

"He was doing fine until this morning. We had to give him demerol every time he went into the whirlpool, but he's very hard core. Nice kid. Then yesterday, he became confused and agitated. On the night shift his temp spiked and he became unconscious. The surgeons trached him today, and Dr. Johnson put him on the respirator this evening. The evacs should be in soon, Major."

"Yeah, that's where I'm going. I'll check on him later."

"No need, sir, you'll have your hands full. I'll have you called if anything changes."

As he walked away, Edwards could hear Crowley drawing the curtains closed behind him. The stairwell was empty and he walked slowly down to the first floor and out onto the concrete walkway.

It was summer outside and the night was as warm as indoors. He cut across the empty silent field separating the hospital's squat buildings from the helipad, where the red lights of the landing strip flickered softly in the misty dark. Far away he heard the muffled dull thudding of the chopper whopping its way through the heavy air, and suddenly he felt alone and desperately tired.

"Gentlemen: You have been assembled here at Yokota Air Base to escort these bodies home to the continental United States. Each body in its casket is to have, at all times, a body escort. Those caskets on the plane that do not at the present time have an escort will have them assigned at Oakland. Whatever the case, no casket will be allowed to leave the Oakland area without a proper escort. Escort duty is a privilege as well as an honor. An effort has been made to find an escort whose personal involvement with the deceased or presence with the family of the deceased will be of comfort and aid. Your mission as a body escort is as follows: to make sure that the body is afforded, at all times, the respect due a fallen soldier of the United States Army. Specifically it is as follows: 1) to check the tags on the casket at every point of departure; 2) to insist that the tags indicate the remains as non-viewable that the relatives not view the body. Remember that non-viewable means exactly that—non-viewable."

Grimly, with the chopper coming nearer—louder—Edwards walked up a slight rise, past a small, dimly lit sign:

Kishine Barracks, 109th United States Army Hospital, United States Army, Japan Burn Unit.

"Coastal Airlines loads the bodies on a gurney. Be sure that if the body you are escorting is being carried by Coastal Airlines that the caskets are loaded head down—they will keep the embalming fluid in the upper body. If the body is loaded incorrectly, namely, feet down, the embalming fluid will accumulate in the feet, and the body may under appropriate atmospheric conditions begin to decompose."

By the time he reached the evac area, the floodlights were on and the chopper had landed. Coming in from the dark around the back of the evac building Edwards was dazzled by the sudden lights. The Huey, 1