Preventive and Social Medicine. 15th ed. 1997;302-9.

4. Kar M, Reddaiah, Kant S. Primary Immunization status of children in slum areas of South Delhi - The challenge for reaching

urban poor. Indian J Comm Med 2001;26:151-4.

Lt Col RM Joshi

OC, 135 SHO(L) , C/o 56 APO

OUR STRESS-PROOF JAWAN

Dear Editor,

This is with reference to the Original Article titled 'Evolving Medical Strategies for Low Intensity Conflict' (MJAFI 2003;59:96-99). The authors are to be complimented for highlighting a pertinent issue which has not been in the radar screen of our policy makers. The essence and flavour of Low Intensity Conflict have been projected in graphical detail. However, a few points need clarification.

1. The authors have not mentioned the number and details of the cases studied by them under the heading 'Material and Methods' based on which the Original Article has been written.
2. The total number of deaths among American battle casualties in Vietnam War was 55000. The authors have given the figure of 110000 suicides in Vietnam War due to Post Trauma Stress Disorder which appears to be a gross exaggeration.
3. The authors have recommended posting a psychiatrist and a psychologist at the Brigade level in theatres of Low Intensity

Conflict in J&K and North East. If this recommendation is implemented there will be several times more psychiatrists than surgeons in these sectors. This is perplexing because the data given by the authors themselves shows that the incidence of psychological casualties and Post Trauma Stress Disorder in Low Intensity Conflict in J&K is only a fraction of the incidence in conventional wars in Korea and World War II (Table 3 of the article).

4. Classical PTSD cases are a rarity in the psychiatric wards of hospitals in CI Ops locations. Admissions due to combat stress are more common but even these admissions amount to less than 60 per year in a Zonal Hospital. This low incidence of combat stress is a tribute to the hardy soldier who bears adversity with remarkable equanimity and commendable fortitude unlike his Western counterpart.

Air Cmde PJ Vincent

PMO, HQ Southern Air Command , Trivandrum

EVOLVING MEDICAL STRATEGIES FOR LOW INTENSITY CONFLICTS - A NECESSITY

(a) The details mentioned in the Tables has been taken from Reference -3 under the heading 'References' of the article.

(b) The deaths that were experienced in Vietnam due to Agent Orange and other jungle diseases have become well known by the general public. However, it is suicide that has resulted in the deaths of over 150,000 Vietnam soldiers during and after the war. An enormous amount of suicides resulted from what most people call "protecting our country". References: "Harris Erik: Suicide of Vietnam Veterans, Archived Term paper, VFW magazine and the Public Information Office, HQ CP Forward Observer - 1" Recon, Apr 12 1997".

There are sites that have popped up over the Internet dealing with the men and women who served in the Vietnam War. The site, "Suicide Wall", "...is an attempt to determine how many Vietnam veterans have actually taken their own lives..." (Suicide Wall, 11-10-2000). An on going study on why and how these suicides take place is continuing everyday. A big controversy is actually how many people did take their lives due to the war. The United States have their statistics, but Australia went in-depth to see an actual amount. The U.S. claims about 58,000 suicides have taken place due

to the war. This count is about 20% of all deaths in the Vietnam War, which would be placed in the category of suicide. But Australia believes through the same and other statistics that about 150,000 people committed suicide.

The Vietnam and other wars have mentally and sometimes physically dismembered veterans. Another factor that plays a role in a war-related suicide is the addition of many on-site diseases such as defoliants, Agent Orange in particular. Made up of equal parts N-Butyl Ester 2,4,-D and N-Butyl Ester 2,4,5,-T. Agent Orange made many Vietnam soldiers go insane (Vietnam Veterans, 11-10-2000). This atrocious chemical led and still today, leads to death, deformation, and diabetes.

(c) The recommendations of an 'Emotional support team' at the Brigade level in theatres of Low Intensity Conflicts in J&K and North East is an ideal solution, nevertheless 'Mobile Emotional support team', suggested as an opinion has made its ground and has been implemented.

Lt Col Ajay Dheer

Medical Officer, Command Hospital (Southern Command), Pune-411040.