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‘Hell in a Very Small Place’ Cold War and Decolonisation in the Assault on the Vietnamese Body at Dien Bien Phu*

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Abstract

This essay examines how Vietnamese combatants of the communist-led Democratic Republic of Vietnam may have experienced battle during the Indochina War’s most intensive phase beginning in 1950 and culminating in the Vietnamese victory over the French at Dien Bien Phu in 1954. It seeks to provide what is almost always missing in military histories of Dien Bien Phu—the unprecedented assault on the Vietnamese body. It uses the Vietnamese experience to think about what might be some of the similarities and differences between the Western experience of war and those occurring in the non-Western world, especially at this deadly southern intersection between decolonization and the Cold War. Vietnamese bodies were particularly vulnerable to the technological destruction of modern war as decolonization and the Cold War combined in an explosive and uneven mix from 1950.

Keywords

France; Viet Minh; Dien Bien Phu; Cold War; Decolonization; soldiers; civilians

The place stank, there was filth and garbage,
they were stacked on top of one another,
there was blood everywhere—it was like hell
on earth.

(Nguyen Thi Ngoc Toan, medic, on the state
of the French camp after the battle of Dien
Bien Phu)

*) I would like thank the following for kindly commenting on this essay: Andrew Barros,

Introduction

To this day, communist accounts of the Indochina War (1945–1954) focus on the heroism of the combatants and the glorious victory they achieved on the battlefield at Dien Bien Phu on 7 May 1954. For the Vietnamese communist leadership, the victory of Dien Bien Phu is a vital chapter in the Party's inevitable march towards complete victory in 1975 and an integral part of its nationalist legitimacy. With almost a million and a half dead by 1975, the Party has confirmed George Mosse's analysis by creating an elaborate national cult in honour of its 'fallen soldiers', complete with shrines for martyrs, war cemeteries, monuments and so on.¹ Through an array of official publications, school textbooks, photographs, and documentaries, the Party not only defines but also controls the meaning of the war (see Figure 1).

To challenge the heroic myth of war in communist Vietnam is thus to invite the wrath of the leadership. A veteran of the Vietnam War, Bao Ninh, did just that in 1991, when he dared to write of the 'sorrow' of war and the indescribable suffering it inflicted upon soldiers and civilians alike. Instead of speaking of heroism, Bao Ninh spoke of the ugliness of war, the bloody dismemberment, even the vaporisation of comrades hit by American shells. He even questioned whether the Party's wars were worth it all in the end as communism gave way to capitalism in the late 1980s.² Caught off guard by one of its own soldiers, the Party lashed out, aghast that this heroic soldier could speak of such things, but worried that his account could undermine the leadership's control over the meaning of the war. Thirty years earlier, another veteran, Tran Dan, had tried to describe something of the 'reality' of the battle violence he had witnessed as a soldier-artist at Dien Bien Phu. With an eye on the competing Vietnam taking form in the south after the signing of the Geneva Accords in mid-1954, the

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¹ See Benoît de Tréglodé, *Héros et révolution au Vietnam* (Paris: L'Harmattan, 2001). Heonik Kwon and Shaun Malarney have analysed how the communist Vietnamese state has failed to reconcile key existential and religious questions relating to civilian and military deaths. Heonik Kwon, *After the Massacre: Commemoration and Consolation in Ha My and My Lai* (Berkeley: University of California Press, 2006) and Shaun Malarney, *Culture, Ritual and Revolution in Vietnam* (London: Routledge, 2002).

² Bao Ninh, *The Sorrow of War* (London: Vintage, 1998; first published in 1991).

Party made sure that his account of Dien Bien Phu, published in 1955, stayed on nationalist cue. And when he began to stray, the Party shut him down for thirty years.³

To this day, to write about the ‘real’ face of war in Vietnam, above all that of the historic battle of Dien Bien Phu, is to challenge the most powerful myth of the regime—that of ‘the sacred resistance’ (*cuoc khang chien than thanh*). Nevertheless, in the following essay, I would like to do just that by focusing on how Vietnamese combatants, in this case those of the communist-led Democratic Republic of Vietnam,⁴ may have experienced battle during the Indochina War’s most intensive phase beginning in 1950 and culminating in the Vietnamese victory over the French at Dien Bien Phu in 1954. Similarly, while I borrow the first part of my title from military historian Bernard Fall’s classic *Hell in a Very Small Place*,⁵ I would also like to provide what is almost always missing in military histories of Dien Bien Phu—the unprecedented assault on the Vietnamese body. In short, I want to factor back into the picture the human suffering, fear and corporal destruction that went into this battle, a part of modern Vietnam and its history.⁶

On another level, I would like to use the Vietnamese experience to think about what might be some of the similarities and differences between the Western experience of war and those occurring in the non-Western world, especially at this deadly southern intersection between decolonisation and the Cold War. Vietnamese bodies were particularly vulnerable to the technological

³ Tran Dan, *Ghi, 1954–1960* (Reminiscences, 1954–1960) (Paris: Xuat Ban Editions Mémoires, no date), pp. 42–49; Tran Dan, *Nguoi nguoi lop lop (chuyen Dien Bien Phu)* (Men After Men, Wave After Wave (The Story of Dien Bien Phu)) (Ottawa: Nha Xuat Ban Hoi Nha Van, 2004; first published in northern Vietnam in 1955). See also: Georges Boudarel, *Cent fleurs écloees dans la nuit du Vietnam* (Paris: Jacques Bertoin, 1991), pp. 23–85.

⁴ By focusing on the communist side or the ‘Viet Minh body’, I am in no way denying the impact of modern warfare on the State of Vietnam’s society or its combatants. One must start somewhere; I have decided to start here.

⁵ Bernard Fall, *Hell in a Very Small Place: The Siege of Dien Bien Phu* (New York: Da Capo, 1966).

⁶ For the Vietnam War, see: François Guillemot, ‘Death and suffering at first hand: youth shock brigades during the Vietnam War (1950–1975)’, *Journal of Vietnamese Studies*, Vol. 4, No. 3 (Fall 2009), pp. 17–60. I have relied on the internal military medical histories to map this assault on the soldier’s body. *30 Nam Phuc Vu Quan Y Quan Doi Nhan Dan Viet Nam, 1945–1975* (Thirty Years of Services in the People’s Army Medical Branch, 1945–1975) (Hanoi: Cuc Quan Y, Tong Cuc Hau Can, 1976) and *Lich Su Quan Y Quan Doi Nhan Dan Viet Nam, 1945–1954* (History of the People’s Army Medical Branch, 1945–1954), volume I (Hanoi: Tong Cuc Hau Can Xuat Ban, 1991).

destruction of modern war as decolonisation and the Cold War combined in an explosive and, I will argue, uneven mix from 1950. One of the most important paths along which modern war made its way into the post-WWII ‘South’ went straight through northern Vietnam to Dien Bien Phu before moving southwards along the Ho Chi Minh Trail when the Americans unleashed an even deadlier level of violence, the subject of Bao Ninh’s all too real work of fiction.

Cold War, Decolonisation and the Take-off of Battlefield Violence in the South

The Chinese and American decision in early 1950 to throw their material support behind their respective allies transformed a low-intensity guerrilla war of decolonisation into a full-blown conflagration between two armies determined to defeat each other on the battlefield through the use of modern weapons and the deployment of their fighting men in set-piece battles. Together with the Korean War, underway to the northeast, the Indochina War became the most violent military confrontation of the early Cold War. Between 1950 and 1954, Chinese and Soviet military aid allowed the Vietnamese to take the battle to the French at Cao Bang, Vinh Yen, Na San and most notably at Dien Bien Phu. The Chinese helped arm, equip and train six combat divisions by the end of the conflict. With the Korean War over in mid-1953, the Chinese sent their Vietnamese counterparts more artillery, machine-guns, grenades, shells and anti-aircraft batteries that would be used effectively during the battle of Dien Bien Phu. They even sent rice. The Soviets supplied ‘Stalin Organs’ (Katyusha truck-mounted multiple rocket launchers) that rained down high explosive warheads on French Union soldiers during the last days of the siege, essential to winning the battle before diplomats opened discussions on Vietnam at Geneva on 8 May 1954. The Chinese and the Soviets also provided surgical equipment, medicines and antibiotics. Meanwhile, the Americans increased their military aid to the French, allowing the latter to increase stocks of artillery guns, ammunition, machine-guns, grenades, mines, tanks and bombers. Thanks to the Americans, the French air force began dropping napalm on the Vietnamese for the first time from 1950.⁷

⁷ See the contributions in *Regards sur l’aviation militaire française en Indochine, 1940–1954* (Paris: Service historique de l’armée de l’air, 1999).



Figure 1: General Vo Nguyen Giap, 50th Anniversary of Dien Bien Phu
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If WWI marked the beginning of ‘modern’ industrial war, introducing the lethal use of the machine-gun, artillery, gas, aerial bombing and the like, the Indochina and Korean Wars were the first to extend modern war into the colonial south in full force, with its increased capacity to maim and kill.⁸ Both wars also blurred the line between civilians and soldiers. The French air force had no qualms about bombing civilian targets, including enemy hospitals, dikes, livestock and porters, in order to force the enemy into submission. And from 1950, the DRV not only implemented military service, but it also tried to mobilise the entire population, at least in the north, in order to support the transition to modern war. This meant recruiting tens of thousands of civilian porters to supply the front in food and weapons from the battle of Cao Bang to Dien Bien Phu. During the eight intensive battles occurring between 1950 and 1954, 1,541,381 ‘transport porters’ (*dan cong*) ensured logistics for the army, clocking in a total of 47,800,000 working days in all.⁹ Without getting into the question of ‘total war’ here, it is clear that these wars of decolonisation, especially those internationalised by the Cold War, would mobilise civilians and combatants alike and blur the lines between the front lines and the home front in arguably more ‘total’ ways than in the West during WWI.¹⁰

What is also clear is that despite the remarkable transformation of what had been a collection of armed guerrillas into a veritable army of six divisions, the DRV could never match the destructive firepower of the Franco-American side. One of the reasons why the Party mobilised the population and deployed 20,991 bicycles and over 11,000 small boats at Dien Bien Phu was because it *could not provide* enough trucks to meet the army’s massive logistical needs leading all the way to the front lines.¹¹ Nor did the Vietnamese have the helicopters to evacuate their wounded rapidly from the battlefield or even treat them correctly medically. Nor could the Vietnamese deploy tanks, drop

⁸ That said, Western powers had most certainly deployed modern weapons earlier in the colonial south, though on a limited level, with the French bombing of the Nghe Tinh revolts of 1930–1931 and the combined Franco-Spanish bombing of the Rif revolt in Morocco being particularly important examples. In this volume also see Christian Henriot’s account of the Japanese raid on Shanghai in the early 1930s.

⁹ Cited in *Kinh tế Việt Nam, 1945–1954* (The Economy of Viet Nam, 1945–1954) (Hanoi: Nha Xuat Ban Khoa Hoc, 1966), p. 215.

¹⁰ I explore this question in *Etat de guerre: Le Vietnam né de la décolonisation violente (1945–1954)* (Paris: Armand Colin, forthcoming), Ch. 5. On the concepts of total and modern war, see: Hew Strachan, ‘Essay and reflection: on total war and modern war’, *The International History Review*, Vol. 22, No. 2 (June 2000), especially pp. 353–355.

¹¹ *Kinh tế Việt Nam*, pp. 221, 360.

napalm on French Union forces, bomb their positions, troops and supply lines, much less attack the French civilian population in France as the French armed forces did with impunity in Indochina. The DRV had no airpower, whereas the total Franco-American bombing tonnages increased from 834 for all of 1949 to 12,800 for the final seven months of the conflict.¹² Airpower allowed the French to drop bombs and napalm across Indochina, on attacking troops, porters and civilians. In other words, the internationalisation of this war between the Western coloniser and the non-Western colonised in upper Indochina gave rise to a set-piece and violent confrontation, based mainly on the Viet Minh's acquisition of artillery guns, grenades and mortars; but it was also one in which the levels of *deployable* modern violence remained uneven as well as the Vietnamese capacity to tend to the grievous wounds generated by modern industrial weapons.

Until 1950, however, the intensity of battlefield violence for the Viet Minh was relatively low. True, in 1949–1950 General Nguyen Binh engaged his troops in southern Vietnam against the French in unprecedented set-piece battles. However, French artillery barrages and machine-gun bunkers mowed down his men attacking in waves, leaving corpses dangling from barbed wire perimeters. The Party ordered its southern general to retreat and to resume guerrilla tactics before recalling him to the north. (Such audacious frontal attacks would not truly recur on such a scale in the south until the mid-1960s.)¹³ In a position of military weakness, guerrillas attacked and withdrew, avoiding head-on combat, preferring to sabotage and sap enemy morale rather than engage the better-armed French colonial army and risk annihilation. What counted most for the Viet Minh or the Algerian FLN was keeping the resistance going and the enemy army bogged down. Until 1950, the 'guerrilla face of battle' was certainly dangerous, often gruesome, torture was not uncommon, and massacres certainly occurred.

However, the deployable level of violence in the guerrilla phase was nothing compared to what the internationalisation and modernisation of violence did to this colonial conflict. The 1950 transition from guerrilla tactics to set-piece battle meant that tens of thousands of central and northern Vietnamese soldiers were suddenly sent directly into the line of fire for the first time.¹⁴ Mobilisation

¹² Bernard Fall, *Street Without Joy* (Mechanicsburg, PA: Stackpole Books, 1961), p. 261.

¹³ See my 'A "popular" side of the Vietnamese army: General Nguyen Binh and the early war in the South (1910–1951)', in C. Goscha and B. de Tréglodé (eds), *Naissance d'un Etat-Parti, le Viet Nam depuis 1945* (Paris: Les Indes Savantes, 2004), pp. 325–354.

¹⁴ Admittedly, this occurred to some extent during the outbreak of the Indochina War,

also entered a new phase. The drafting of young, mainly peasant boys, was fully underway by 1950. Nationalism was certainly a driving force; but the Party had to do more in order to mobilise: land reform and the rent reductions provided this increasingly peasant army with an incentive to fight and to lug rice and weapons across long distances under enemy fire. As one officer of the 312th division explained it to his captors at Dien Bien Phu, ‘Each soldier was thinking: now my mother and my father will no longer go hungry ...’¹⁵ The Party also increased its ‘military rectification’ (*chinh quan*), assigning political commissars to divisions, regiments and battalions as it sought to take hold of the army, transform its officers and soldiers in the communist mould and, most importantly, increase mobilisation.¹⁶

The Assault on the Vietnamese Body

The Body Under Siege: Disease

However, before young Vietnamese could be sent into battle, they had to be fit enough to fight. This was no mean feat. Just as the French army had learned during the conquest of Vietnam in the nineteenth century and British forces more recently fighting the Japanese in the Southeast Asian crescent, disease and sickness were deadly adversaries for any army deployed in the tropics. Cholera, malaria, dysentery and typhoid could be as lethal as flying bullets and artillery fire. And if disease did not kill instantly, it often incapacitated scores of able-bodied men for weeks, indeed months, sometimes spreading from one unit to another before moving on indiscriminately. The Vietnamese soldier’s body was no more immune to tropical diseases than the colonial one. The problem was that the Viet Minh medical services lacked quality medicines in sufficient quantities. Early on in the conflict, in a special meeting of the military medical service held in May 1947, Vo Nguyen Giap had emphasised the importance of fighting cholera in all of its forms.¹⁷ In 1948, Ho Chi Minh had to remind military medical staff that despite their goodwill, a chronic lack

especially in the south in 1945–1947. Indeed, casualties were high during these two years of the war both for the DRV and French Union troops. However, the intensity of battle over a sustained period of time, in set-piece battles, was highest between 1950 and 1954, when casualties peaked on both sides.

¹⁵ Cited by Pierre Rocolle, *Pourquoi Dien Bien Phu?* (Paris: Flammarion, 1968), p. 483.

¹⁶ See my *Etat de guerre*, Ch. 5.

¹⁷ 30 *Nam Phuc Vu*, p. 83, citing Vo Nguyen Giap in *Vui Song*, No. 14 (June 1947).

of medicine and a failure to carefully preserve medicines in their possession meant that too many soldiers remained sick. This is a point too often missed in studies focused exclusively on the strictly tactical aspects of battle. Indeed, for the period between 1945 and 1950, disease and sickness probably exacted a heavier toll on the Viet Minh's body than the French Union armed forces did. Many combat units, even some regiments, often operated at 50 per cent of manpower because of debilitating and sometimes lethal diseases.¹⁸ In August 1950, as the Vietnamese prepared their attack on Cao Bang, Chinese druggists in southern China reported that the DRV had been buying up their stocks of quinine to fight cholera, which had recently killed 600 men because of a lack of medicine.¹⁹ The French colonial army never had to confront this problem on this scale during the Indochina conflict; the Vietnamese war state did.

Although local innovations helped combat sickness, modern communist bloc aid was essential to reducing the high levels of sickness in combat units. From 1950, the Chinese and the Soviets provided the Vietnamese with important quantities of medicines. Between 1952 and 1954, Sino-Soviet medical aid amounted to 110 tons and 46 trunks of medicines, consisting mainly of vaccines, antibiotics and anti-malaria pills as well as medical instruments.²⁰ Thanks to these medicines, the DRV supplied and required its main force troops to take anti-cholera pills for eight months in northern Vietnam and three months in less infected areas in central Vietnam. Also contributing to this decline were the army medical corps' stepped-up propaganda drives among the soldiers, stressing the importance of good hygiene, clean drinking water and regular bathing. The order to clean eating utensils carefully and to refrain from sharing rice bowls and chopsticks was designed to keep disease from spreading among men. The army relied on newspapers, pamphlets and plays to spread the message. Special preventive disease clinics appeared within the army ranks, while political cadres ensured that the rules were followed. During the battle of Vinh Yen in 1951, for example, 27 'preventive disease cadres' fanned out

¹⁸ *Lịch Su Quân Y*, pp. 123–124; 30 *Nam Phuc Vu*, p. 94, citing Ho Chi Minh at the Quan y's fifth plenum in March 1948.

¹⁹ Central Intelligence Agency, 'Viet Minh purchases of medical supplies, Southwestern Kwangsi', 28 November 1950, CREST, National Archives and Research Administration, United States.

²⁰ *Sơ Lược Lịch Sử Y Tế Việt Nam* (Outline History of the Vietnamese Medical Service) (Hanoi: Nha Xuất Bản Y Học, 1995), volume I, p. 262.

among the regiments in order to mobilise and propagandise the importance of good hygiene. Even more were present at Dien Bien Phu.²¹

The results were apparently good. Between 1950 and 1954, the overall number of the sick among the troops fell from an astounding high of 51.2 per cent in 1950 to 31.2 per cent in 1954, with cholera being enemy number one. The level of cholera afflictions in the army dropped from 31 per cent in 1951 to 27.9 per cent in 1952. By the time of Dien Bien Phu, DRV divisions were judged to be on average 90 per cent healthy. When viewed from the vantage point of the combatant's body, there was more to winning on the battlefield than providing troops with big guns. Despite serious weaknesses, by the early 1950s the Vietnamese war state had fielded an increasingly healthy army in central and northern Vietnam, capable of fighting set-piece battles against the better inoculated colonial one.²²

The Vietnamese Body Under Siege: Combat

The irony, of course, was that those same increasingly healthy young bodies were now going to be thrown against some of the most modern killing machines of the twentieth century—ones utilising machine-guns, tanks, aerial bombing, artillery shells and napalm canisters. From 1950, the full-blown assault on the *bo doi's* body was underway. Doctors now had to perform complicated surgery to save young men from grievous combat wounds. Developing modern combat medicine, highly trained personnel and a solid medical infrastructure became an urgent priority. As a result, from 1950 the DRV began consolidating its military medical services in preparation for set-piece battles as part of the General Counter Offensive. The Party's increasingly firm top-down hold on medicine undoubtedly helped. From Inter-zone V in lower central Vietnam to the Chinese border, the medical service created military medicine offices for each inter-zone, opened similar though smaller branches in eastern Laos and Cambodia, established a system of mobile combat medical teams, and assigned medical units, doctors and medics to the divisions now coming into being. In short, the DRV embarked upon the modernisation, profession-

²¹ Ngo Van Chieu, *Journal d'un combattant* (Paris: Editions du Seuil, 1955; translated by Jacques Despeuch), pp. 147–150; *Lich Su Quan Y*, p. 487; *30 Nam Phuc Vu*, pp. 67, 87, 113–114, 152, 163–164.

²² *Lich Su Quan Y*, p. 487; *30 Nam Phuc Vu*, pp. 67, 87, 113–114, 152, 163–164. For more on disease in a time of decolonisation see my *Etats de guerre*, Ch. 3.

alisation and above all ‘militarisation of the medical branch’. The Vietnamisation of medical texts, especially the ones focused on surgery, paid dividends. Vietnamese language manuals and journals circulated throughout the army in upper Vietnam and special classes on combat surgery multiplied in preparation for the coming *corps à corps*.²³

Similar things happened in regiments and divisions. The DRV’s military medical branch organised mobile military medic teams and medics to tend to the soldiers in the battlefield. Party cadres proliferated while young Vietnamese medics were assigned to platoons and battalions. The military and civilian medical schools provided the training. To respond to the increased number of casualties, the Vietnamese created medical combat units and field hospitals for each major battle between 1950 and 1954. Lightly injured soldiers were treated at the front whereas seriously injured men were moved behind the lines for intensive treatment and surgery in newly created mobile surgery stations. Horses, oxen, donkeys and thousands of civilian porters were requisitioned to transport the wounded, foodstuff and arms.²⁴

The battle of Cao Bang was the first salvo in the assault on the Vietnamese combatant, and the real test of how well this non-Western war-state could tend to the casualties inflicted by a modern Western army. Some 50,000 Vietnamese troops and porters were involved in this violent confrontation in the rugged, forested hills lining the Sino-Vietnamese border intersected by Colonial Route 4. The DRV’s medical services estimated that casualties would reach 2,000–2,500 in all. The military medicine branch set up field hospitals and dispensaries near the projected battlefield and across the border on Chinese territory. The army insisted on the coordination of medical first-aid operations and evacuations. Vietnamese porters would transport the wounded to safety. Vietnamese and Chinese doctors, and even a Japanese (communist) medical team, provided care and medicines, and performed surgery on wounded Vietnamese in an attempt to provide modern combat medicine. Unfortunately, the number of injured in the border battle greatly exceeded the initial estimations, providing the DRV’s medical branch with a first bitter taste of modern war. Vietnamese troops suffered a 30 per cent (fatal) casualty rate during the battle (*ty le tu vong hoa*)! Because of the rough terrain and distances, porters could only evacuate 6.2 per cent of the Cao Bang wounded to hospitals in under six hours;

²³ *Lich Su Quan Y*, p. 127; 30 *Nam Phuc Vu*, pp. 97–98, 116–119. For more on the DRV’s civilian and combat medicine during the Indochina War, see *Etats de guerre*, Ch. 3.

²⁴ 30 *Nam Phuc Vu*, pp. 116–119.

43 per cent of them arrived in regimental field hospitals between six and twelve hours later. Worse, it took on average about twelve hours to transport 70 per cent of those needing surgery to operating tables ...

Cao Bang might have been a glorious victory for the Communist Party and its army, opening the border to a stream of Chinese aid. However, the battle was clearly a terrifying experience for Vietnamese grunts and the DRV's combat surgery and medical teams desperately trying to sew young men back together. That all was not well was clear when General Vo Nguyen Giap, in a post-battle analysis, underscored two major shortcomings in combat medicine: the organisation of medical care and the transport of the wounded. In fact, Cao Bang may well have been a medical catastrophe. Delays in transport and disorganisation increased deaths and suffering among the wounded. Pushed far beyond its limits, the less than modern DRV medical corps was ill-prepared to tend to thousands of wounded European, African and North African troops and almost entirely incapable of protecting them against the cholera and malaria-infested jungles that had been wreaking havoc on Vietnamese soldiers for years. Death rates among the captured prisoners due to badly treated injuries and disease were terribly high.²⁵

Modern death also fell in the form of the incendiary jelly known as napalm. While it was apparently not used at Cao Bang, the French air force began dropping it on the adversary shortly thereafter. Ngo Van Chieu commanded a Viet Minh platoon in northern Vietnam and left us one of the rare, uncensored Vietnamese accounts of the discovery of napalm in 1951. As he recorded the experience in his diary:

Be on watch for planes. They will drop bombs and machine gun. Cover yourselves, hide yourselves under bamboo. The planes dived. Then hell opened up before my eyes. It was hell in the form of a big clumsy egg, falling from the first plane ... An immense ball of fire, spreading over hundreds of meters, it seemed to me, sowed terror in the ranks of the soldiers. Napalm: Fire that falls from the sky ... The men fled, and I could not stop them. There is no way you can remain under this rain of fire that spreads out and burns everything in its path. From everywhere the flames leap up. Joining them was the burst of French machine gun fire, mortars and artillery, transforming into a burning tomb what was only ten minutes earlier a small forest ... His eyes were locked wide open by the horror of the scene he had just witnessed. What was that (the soldier asked)? The atomic bomb? No, napalm.²⁶

²⁵) *Lich Su Quan Y*, pp. 216–234, 487; *30 Nam Phuc Vu*, pp. 80–81, 123–129, 138, 154.

²⁶) Ngo Van Chieu, *Journal d'un combattant*, pp. 154–155.

The level of violence and terror the two sides could generate was again clearly uneven. The internationalisation of the war might have allowed the DRV to produce an army and deploy artillery, mortars and machine-gun fire, but it also put their men at the mercy of some of the deadliest weapons produced during the first half of the twentieth century, unleashed during that evening, as Ngo Van Chieu wrote, ‘when darkness never set in’. The Viet Minh would only be able to inflict something of this technical destruction on the adversary during the battle of Dien Bien Phu, especially when Soviet-supplied multiple rocket launchers finally arrived on the scene.²⁷

Cao Bang was only the beginning. Until June 1954, battles raged from the northern border to the highlands in lower central Vietnam. Men clashed violently in the Red River Delta at Vinh Yen and were mown down in the hills at Na San when they attacked the entrenched French camp in waves. Evacuating and transporting soldiers from the battlefields remained a chronic problem. Unlike the French and the Americans, and this during almost three decades of war, the DRV was never able to evacuate its wounded with helicopters. True, the Vietnamese used Soviet-supplied trucks to transport wounded during the battle of Nghia Lo and again at Dien Bien Phu, and it did matter. But for most battles, the DRV had to mobilise human porters and animals to get the wounded out of the line of fire and to medical stations behind the lines. Distances were long and the terrain was harsh, hilly, often lined with cliffs, marshes and thick jungles. Carrying hundreds of wounded across treacherous locations for distances of 20 or more kilometres was gruelling, physically exhausting, time-consuming and no doubt psychologically disturbing work. It took two full days before porters could evacuate 67 per cent of the wounded to divisional field hospitals during the battle of the Day River. After having been hit by a shell fragment piercing his lung, Ngo Van Chieu recalled being carried to a field hospital by porters as he wondered deliriously whether he would make it in time. ‘I’m suffocating,’ he tried to communicate to his caretakers. ‘Don’t scream like that, comrade. Does it hurt that much? ... We’ll be there in two hours. Can you hold out? You are among the worst hit; you’ll be the first to be treated.’ They then slipped him an opium pill.²⁸ We have no idea how many of

²⁷) Ngoc An, ‘*Tieu doan hoa tien 224*’ (Rocket Battalion 224), *Tap chi lich su quan su*, No. 4 (July–August 1997), p. 58. The Soviets delivered 12 rocket launchers to the Vietnamese, meaning that the DRV could have technically launched 72 rockets at one time. Each launcher could project six rockets. The Chinese had used them in Korea and had adapted them to the rough terrain of that country, similar to that of northern Vietnam.

²⁸) Ngo Van Chieu, *Journal d’un combattant*, p. 220.

the wounded died *en route* or later for lack of proper medical care. The numbers must have been significantly higher than the French Union forces.

Internal communist studies confirm that the death rate for soldiers experiencing battle between 1950 and 1954 was high. It reached 28 per cent at Vinh Yen, 25 per cent for the battle of Hoang Hoa Tham, 24 per cent for Quang Trung, 26 per cent at Ly Thuong Kiet and 26 per cent at Nghia Lo. During the brutal delta battle of Vinh Yen in early 1951, of the 1,166 wounded soldiers on record, the main causes of their wounds were artillery fire (21 per cent), mortar shells (16.8 per cent), grenades (9.3 per cent), machine-gun fire (30.5 per cent), aerial bombing (14.6 per cent) and concussion (4.8 per cent). Artillery guns accounted for 63 per cent of the wounds inflicted during the battle of Vinh Yen, with the number reaching 68 per cent at Dong Trieu, 77 per cent at Nghia Lo, and an ‘atrocious’ (*ac liet*) 90 per cent at Tu Vu during the battle of Hoa Binh.²⁹ These high rates of death by artillery fire and mortars only confirm that industrial warfare had now worked its way into the conflicts of decolonisation in the south. And from 1950, one of its deadliest routes into the south passed through northern Vietnam (and Korea).

Behind these cold, impersonal statistics hide gruesome, traumatic combat experiences: thousands of young Vietnamese bodies were quite literally being pulverised as they tried to storm entrenched enemy positions in wave attacks. Statistically, hand-to-hand combat accounted for very few battlefield deaths. Artillery shells did. They rained down on attackers before the survivors came under heavy machine-gun fire. Men were often blown to bits by direct hits, ‘vaporised’ as Bao Ninh would later put it. The DRV’s fledgling and problem-ridden medical services were overwhelmed with major trauma wounds. This was the same medical corps that faced a chronic dearth of surgeons, low stocks of penicillin and blood transfusions, and often had no morphine for amputations. Precious few doctors were qualified to deal with serious head injuries. Although the Vietnamese soldier was as human as his colonial opponent, the chances of him dying because of his wounds, even from less than severe ones, were significantly higher than for his colonial counterpart, who could be evacuated by helicopter to field hospitals manned by competent surgeons with access to sufficient stocks of antibiotics, morphine and blood transfusions. The majority of Western-trained colonial doctors refused to cross over to the Viet Minh, and when they were finally forced to do so it was for the Associated State of Vietnam.³⁰ In spite of the DRV’s clearly committed medical services, victory

²⁹⁾ 30 *Nam Phuc Vu*, pp. 138, 145, 153–154, 170–171; *Lich Su Quan Y*, pp. 254, 487, 305.

³⁰⁾ Goscha, *Etats de guerre*, Ch. 3. For a parallel to the Viet Minh’s medical services’

on the battlefield, when it occurred, was often achieved from 1950 at the cost of very high casualties. Nowhere was this better seen than during the battle of Dien Bien Phu, a battle that French military historian, Bernard Fall, described as ‘hell in a very small place’.³¹

Hell in a Very Small Place: The Assault on the Vietnamese Body in 1954

The DRV depended on its medical corps to tend to the thousands of young Vietnamese who would be sent against the machine guns, artillery fire and bombs the enemy would try to drop on him in this epic battle pitting the coloniser against the colonised. A special military medical section was set up for the battle. Medical personnel joined Party cadres in intensive study sessions, examining past experiences and tailoring them to the upcoming showdown. Doctors, nurses, medics and pharmacists mobilised in the thousands. Divisions ran their own field hospitals; regiments possessed medical teams while medics went into battle with battalions and platoons. The defence minister called upon his best surgeons, including the civilian surgeons Vu Dinh Tung and Ton That Tung, to lead teams of doctors, medical students, nurses and assistants, all of whom would work day and night trying to save thousands of severely wounded boys. Some 700 assistant doctors and pharmacists were called up, and even more political cadres arrived on the scene to make sure that orders were followed to the letter and that morale prevailed. The Vietnamese had to win at all costs; success at the negotiating table at Geneva depended on it. In all, 11 field hospitals operated throughout the battle. Three special hospitals tended to the severely wounded, two of which were located in safe zones in Tuan Giao and Son La. Dr Ton That Tung headed Field Hospital No. 1, located near the battlefield, in charge of treating the most seriously wounded on his operating table (including those terrible head wounds).³²

The battle of Dien Bien Phu opened with a barrage of Vietnamese artillery fire on 13 March and lasted until 7 May 1954, when the *bo doi* overran the French position. Some 15,000 French Union forces, entrenched in a fortified position and supplied by air, went up against some 50,000 DRV troops.³³

problems, see Drew Gilpin Faust, *This Republic of Suffering: Death and the American Civil War* (New York: Knopf, 2008), Chs 1–3.

³¹ Bernard Fall, *Hell in a Very Small Place*.

³² *So Luoc Lich Su Y Te Viet*, p. 264; *30 Nam Phuc Vu*, p. 156; *Lich Su Quan Y*, pp. 472, 477.

³³ *Lich Su Bo Tong Tham Muu Trong Khang Chien Chong Phap, 1945–1954* (History of the

During these two months, the DRV launched three massive attacks, knocking out the French airfield and putting into place a series of trenches not seen since World War I, ones which they slowly extended around the French camp to strangle it into capitulation or annihilation.

The fighting was ferocious at Dien Bien Phu during the three Vietnamese wave attacks. The French Union army was no pushover.³⁴ Both sides had long been spoiling for a fight, and they got it. Those who recalled the valley floor after the battle spoke of Verdun. Artillery explosions obliterated the small Tai border town and churned the surrounding green fields into craters, surrounded by mounds of black dirt and rubble. Attacking soldiers going over the top encountered deadly machine-gun fire while French planes tried to bomb as closely as possible to the perimeter protecting their besieged troops, all the while combing the surrounding cliffs for signs of enemy movements, including the porters and troops slowly lugging weapons up the jungle hills. Heavy, seemingly incessant rain in April filled the trenches with knee-deep mud, breeding disease and infections as unevacuated corpses on both sides rotted away, giving rise to an indescribable stench matched only by the sights of the decomposing cadavers. Swarms of yellow flies (*ruoi vang*) descended upon the corpses and the infected wounds, leaving their larvae to turn into maggots, terrifying young soldiers on both sides of the trenches. Desperate to find a way to stop the infections and the fear these creatures instilled in their victims, Dr Tung's team frantically mixed quinacrin with clean water to sterilise the wounds and lift morale. It apparently provided some relief; but basic human fear still ran high. Maintaining a sterile environment (*moi truong*) and evacuation of the corpses from the trenches remained a top priority throughout the battle. The health and the morale of the others depended upon it. At one point during the battle, lime was carried in from a surrounding former colonial quarry to disinfect deadly zones. The results were limited: towards the end of the battle, a major dysentery epidemic broke out on the Vietnamese side.³⁵

Office of the General Staff During the Anti-French War, 1945–1954) (Hanoi: no publisher cited, 1991), p. 766.

³⁴ Nor was it 'French': almost 70 per cent of the troops were Legionnaires, Africans, North Africans, Tai and Vietnamese.

³⁵ *So Luoc Lich Su Y Te Viet*, pp. 265–267; Ton That Tung, *Reminiscences*, pp. 47–48; *Lich Su Quan Y*, p. 473; *Cong tac Hau Can Chien Dich Dien Bien Phu, Dong Xuan 1953–1954* (Logistics Operations During the Battle of Dien Bien Phu, Fall Winter 1953–1954) (Hanoi: Tong Cuc Hau Can, 1979), pp. 51–53.

Internal studies reveal that the medical services treated 10,130 wounded Vietnamese during the battle of Dien Bien Phu, including minor (flesh wounds), medium (bone fractures) and seriously wounded (requiring surgery).³⁶ Getting them out of the line of fire and to the hospitals behind the lines was an arduous task, given the gruelling conditions. Rains flooded the trenches and seeped into field hospitals. Only 34 per cent of the men wounded during the first wave attack could be transported to a medical station of any type in under six hours, albeit by the third attack 63 per cent were being transported to safety within that period of time.³⁷ Within days of the first attack, however, field hospitals were overwhelmed with wounded. The situation was particularly critical for the medical staff caring for the 316th division. Estimates of 500 wounded led the medical branch to prepare for 800; but ferocious fighting on the eastern side of the perimeter flooded the hospital with 1,500 wounded, the care of whom was compounded by heavy rains.³⁸

Again, one can only imagine the scenes confronting doctors, nurses and the wounded as they waited to be treated. Men with serious head and brain wounds died waiting to be treated. A med student in Surgical Unit No. 2 during the battle, Nguyen Thi Ngoc Toan, recalled decades later ‘that it was very scary at night’. By mid-April, after the second wave, morale dipped dangerously on the Vietnamese side. Transferred to Station 59, Toan recalled that this medical way station was so submerged with wounded that the staff struggled to find room for them, and was soon unable to cloth or feed them properly. To make matters worse, zealous political cadres decided, in the heat of the battle, to set an example in order to raise declining morale. They staged a court martial (*việc T59*) against three members of the medical team, including Toan, for failing to meet the needs of the wounded in the overcrowded surgical unit. They did this in front of the wounded soldiers. It was a pathetic failure. Speaking in 2007, Toan said that ‘if we don’t talk about it, everyone will think that everything went smoothly [at Dien Bien Phu], and that is not the case’.³⁹

The extraordinary mobilisation of upper Vietnam for the battle of Dien Bien Phu reached beyond the soldiers and with it the responsibilities of wartime medicine. The 261,451 men and women civilian porters (and 500 pack horses)

³⁶ *Lich Su Quan Y*, p. 471. Wounded and sick soldiers numbered 14,619 men; *ibid.*, p. 473.

³⁷ *Lich Su Quan Y*, p. 472.

³⁸ *Lich Su Quan Y*, p. 471.

³⁹ Oral history interview of Dr Nguyen Thi Ngoc Toan (Merle Pribbenow), 11 June 2007, Hanoi; *Lich Su Quan Y*, p. 473; *Cong tac Hau Can chien dich Dien Bien Phu, Dong Xuan 1953–1954*, p. 53.

were as much a part of this battle as the soldiers.⁴⁰ Besides the weapons they lugged, they also hauled tons of rice and medicines to feed and heal the soldiers. This also made them some of the prime targets for French bombers as the line between civilian porters and combatants blurred. In early 1953, the government established the Health Service for Porters throughout central and northern Vietnam, reaching down to the provincial level in some areas. Keeping porters healthy and on the move was obviously a vital task. Many fell victim to cholera and malaria while crossing the insalubrious jungles; others were injured during French air attacks. This special medical branch dispatched delegates and medicines along all the roads being used by the porters coming from across northern and central Vietnam.⁴¹ The violence of the battle of Dien Bien Phu thus extended beyond the valley floor, running across all of upper Vietnam and even into northern Laos.

But hell was most concentrated on the battlefield and the Vietnamese soldier took the direct hits. Vietnamese troops at Dien Bien Phu suffered a killed-in-action rate of 32 per cent during the first wave attack, 25 per cent during the second, while the third dropped to 20 per cent. In other words, almost three out of ten Vietnamese boys sent over the top in March–April 1954 died in machine-gun and artillery fire. Indeed, artillery fire accounted for 86.3 per cent of the wounds inflicted on Vietnamese bodies at Dien Bien Phu. Precise Vietnamese statistics are such that one can map this final mainly artillery assault of Vietnamese body as follows: (1) head, face and neck injuries, 23.7 per cent; (2) upper limb wounds, 32.5 per cent; (3) lower limb wounds, 27 per cent; (4) chest and back injuries, 11 per cent; (5) stomach injuries, 2.6 per cent; and (6) bone and organ injuries in the pelvic area (*vung chau*), 2.7 per cent. This was not guerrilla warfare, nor was it hand-to-hand combat. These largely artillery-inflicted wounds suggest that killing was not intimate. Of the soldiers suffering severe head and back injuries, hundreds would never walk again, disabled (*tan phe*), paralysed (*te liet*) or worse.⁴² And these numbers apparently only apply to those who survived.

What is sure is that the battle of Dien Bien Phu was the single most intense battle of the entire Indochina War for both the French Union and the Viet Minh armies. No other war of decolonisation in the twentieth century

⁴⁰ *Kinh te Viet Nam*, p. 221.

⁴¹ *So Luoc Lich Su Y Te Viet*, pp. 267–268.

⁴² *Lich Su Quan Y*, pp. 473, 477–478. Of the 70 per cent surviving head and brain injuries treated in Field Hospital No. 1 during Dien Bien Phu, 68 per cent of them were disabled (*tan phe*) and the ‘majority’ were paralysed. *Lich Su Quan Y*, p. 478.

ever reached the level of deployable violence demonstrated in this valley floor between March and May 1954. As Nguyen Nhu Thien recalled the hell he witnessed at Dien Bien Phu:

I was responsible for transport teams evacuating the dead and wounded for our unit A1. I was in a shelter some 500 meters from the hill (under attack). I could see the bodies of our dead strung all over the ground, at the mercy of all kinds of enemy projectiles. I couldn't hold back my tears before such violence, before the brutality of the battlefield. The evacuation became increasingly difficult because the number of our transporters is limited. I had one company of transporters. We waited for the rare moments of calm when we could recover our comrades on the hill. I lived among the dead. Many had to wait for days until we could bring them to the rear lines, their bodies were often no longer intact. Many could not be identified for we did not even have the time to take down the name, age, or origin of these new recruits. There are still others who stayed forever on this hill, for we never succeeded in recovering their bodies.⁴³

By Way of Conclusion: Cracking in Battle

Not everyone could take it. Of the lightly wounded at Dien Bien Phu (around 5,000 men), internal sources confirm that many, apparently too many, did not want to return to combat after surviving the first and especially the second assault on the entrenched French camp. Many men could not overcome all the physical and psychological difficulties they had encountered in a few crowded hours. Others were exhausted from the fighting and the endless digging to extend the trenches forward, often under enemy fire. But the general staff needed the lightly wounded back in action as quickly as possible in order to ensure that the French garrison fell as diplomats prepared to open negotiations in Geneva in late April. A special 'political commissar for the front lines medical units' attended to what had clearly become a very serious problem during the battle of Dien Bien Phu. As one official history put it, 'of the greatest importance was political work among the wounded, especially the lightly wounded'.⁴⁴

⁴³ Thanh Huyen Dao *et al.*, *Dien Bien Phu vu d'en face, paroles de bo doi* (Paris: Nouveau Monde Editions, 2010), pp. 179–180.

⁴⁴ *Lich Su Quan Y*, pp. 477, 479; Bo Y Te, *Nganh Duoc Cach Mang Viet Nam 60 Nam, Xay Dung Va Truong Thanh, 1945–2005* (The Creation and Development of the Revolutionary Pharmaceutical Branch During 60 Years, 1945–2005) (Hanoi: Nha Xuat Ban Y Hoc, 2008), p. 477; Rocolle, *Pourquoi Dien Bien Phu?* p. 469, note 228.

A number of ranking political cadres attached to combat units also faltered at this critical point in the battle, unconvinced that they could defeat the adversary and unable to ask their men to go over the top again. It would appear that the battle for Eliane 2 on 11 April, costing the Viet Minh 300 dead, sapped Vietnamese confidence along parts of the front line. On 19 April, the Politburo passed a resolution making it clear that the Vietnamese had to win at Dien Bien Phu no matter what the cost. There could be no flinching. Backed by the Politburo, Vo Nguyen Giap repeated the orders.⁴⁵

Indeed, newly released internal Vietnamese Party documents reveal that something went very wrong by the time the second attack on the French camp ended in mid-April. In a series of high-level exchanges between General Vo Nguyen Giap and the Politburo, it is clear that troops and even officers and political cadres were refusing to go over the top and attack in waves (*danh chac, tien chac*). On 29 April 1954, Vo Nguyen Giap sent strict orders to his political officers in charge of the battle and its divisions. In this document, he criticised widespread manifestations of ‘passive rightist deviationist thinking’ (*tu tuong huu khuynh tieu cuc*) among the troops and the officer corps. He explained in no uncertain terms that he expected every officer and political cadre to lead the way into battle. He also explained that this ‘rightist deviationism’ was such that it threatened to undermine the DRV’s ability to win the battle of Dien Bien Phu. As the General wrote at the time:

All the necessary conditions are there for us to win. However, there is still one great threat, one extremely dangerous threat to our ability to carry out that task. That threat is rightist deviationist and passive thinking that has seriously and insidiously infested the ranks of our cadres and executive committees within the party [apparatus at Dien Bien Phu (*cap uy*)]. If we do not wipe out this rightist and passive deviationist thinking then it will be extremely difficult for us to carry out our glorious victory.⁴⁶

⁴⁵ ‘*Nghi Quyét Cua Bo Chinh Tri Ngay 19 thang 4 nam 1954 Doi Voi Mat Tran Dien Bien Phu*’ (Politburo Resolution 19 April 1954), in *Van Kien Quan Su Cua Dang, 1951–1954* (Documents on Military Affairs), Vol. 3 (Hanoi: Nha Xuat Ban Quan Doi Nhan Dan, 1977), p. 602.

⁴⁶ ‘*Bao cao cua dong chi Van o Hoi nghi cac bi thu dai doan uy va cac dong chi phu trach cac tong cuc mat tran Dien Bien Phu*’ (The Report of Comrade Van [Vo Nguyen Giap] During the Meeting of Divisional Party Secretaries and Comrades Responsible for the Dien Bien Phu Front), in *Dien Bien Phu, Van Kien Dang, Nha Nuoc* (Dien Bien Phu, Party and Government Documents) (Hanoi: Nha Xuat Ban Chinh Tri Quoc Gia, 2004), pp. 741–742; ‘*Nghi Quyét Cua Bo Chinh Tri*’ and ‘*Truong Chinh gui dong chi Vo Nguyen Giap*’ (Truong Chinh to Vo Nguyen Giap), 21 April 1954, both in *Nhung tai lieu chi dao cac*

In sharp language designed to pull his cadre and officers together in order to make one last wave attack, Giap singled out for severe criticism and punishment growing cases of insubordination, cowardice, fear of death and injury, exhaustion and lack of morale, among other weaknesses (*dao dong, so kho, so chet, so thuong vong, tieu hao, met moi ...*). Giap singled out for criticism cases of soldiers, officers and cadres failing to enter into combat or to use their weapons: ‘Upon encountering the enemy, they refused to shoot. They had weapons but did not want to use them to destroy the enemy’ (*Thay dich nhung khong muon ban, co vu khi nhung khong muon loi dung de tieu diet dich*). The other problem was located on the other extreme. Some of his men arrogantly underestimated the enemy and by rushing into battle ‘romantically’ got themselves killed pointlessly. Both cases, Giap explained, seriously undermined the army’s ability to bring down the French at Dien Bien Phu as part of the Party’s diplomatic offensive at Geneva. Of the two most dangerous tendencies insubordination was obviously the more worrisome. The Vietnamese high command clearly had its Chemin des Dames and it occurred at a particularly crucial time in the battle of Dien Bien Phu. The Vietnamese communist victory at Dien Bien Phu was not quite as ‘ineluctable’ or as ‘glorious’ as we have been led to think. And one of the major problems was that many ‘grunts’ and officers may have agreed with the cause of the war they were fighting but they were not willing to die senselessly in a third wave attack.⁴⁷

To fix these ‘rightist problems’, as General Vo Nguyen Giap so disingenuously put it, the Politburo dispatched dozens of political cadres to recovery stations where the young men were convalescing. There, the cadres organised study sessions, propaganda drives and mini rectification campaigns to raise morale and return as many men to their combat units as possible. For those who refused to carry on, military discipline was *de rigueur*. Executions for insubordination or cowardice occurred. General Vo Nguyen Giap signed

chien dich cua Trung uong Dang, Tong quan uy va Bo tong tu lenh (Research Materials on the Battle Command Coming from the Party Central Committee, the General Party Section Responsible for the Army and the High Command), Vol. 4, (Hanoi? Bo Tong Tham Muu Xuat Ban, 1963), pp. 232–236.

⁴⁷⁾ ‘*Bao cao ket luan cua Dai tuong Vo Nguyen Giap tai hoi nghi tong ket chien dich Dien Bien Phu, ngay 28 thang 7 nam 1954*’ (Concluding Report Delivered by Vo Nguyen Giap During the Summary Meeting on the Battle of Dien Bien Phu), in *Dien Bien Phu, Van Kien Dang, Nha Nuoc*, pp. 777–804. I will take up the question of social relations between soldiers, their officers and politics in a separate study. For an excellent Foucauldian-inspired social history of the Chemin des Dames mutiny during WWI, see: Leonard Smith, *Between Mutiny and Obedience* (Princeton: Princeton University Press, 1994).

orders himself authorising courts martial and disciplinary actions *pour l'exemple* (*nham muc dich giao duc*). A military court tried a battalion leader of the 102nd regiment of the 308th division for cowardice.⁴⁸ Nguyen Don Tu, who witnessed the traumatic combat experience that led to such insubordination in the 102nd, provided in 2009 a very different version of what happened:

During the attack on A1 [Eliane 2], Vu Van Kha, a battalion leader in regiment 102, suffered shell shock during a 120 mm mortar explosion. He couldn't hear anything, he couldn't speak. I myself had experienced this before. I had been a victim like him of such violent explosions. I knew that in these circumstances one can still walk but one cannot command. I told Kha to go to the rear lines. He went down the hill. Later I learned that he had been charged with abandoning his combat position and he was court marshalled. I only knew about this after the victory. Kha was severely judged for cowardice and for having deserted his command position. He almost got himself executed. Later, his sentence was reduced to ten years in prison. He lost his military rank and position in the People's Army of Vietnam and was expelled from the party.⁴⁹

In the end, we know, General Vo Nguyen Giap then sent his men over the top for a third time, taking the French camp on 7 May 1954. It was an historic victory, but at great human cost. The official Vietnamese number of casualties for the battle of Dien Bien Phu is 13,930, of whom 4,020 died. French military intelligence estimated that the DRV lost around 20,000 men in this two-month battle of the trenches.⁵⁰ To my knowledge, some six decades after the guns fell silent at Dien Bien Phu, Vietnamese communist authorities have yet to publish the number of civilians and combatants killed, missing and wounded during the Indochina War. What is certain, however, is that as of May 1954 the combination of Cold War, decolonisation and modern warfare had inflicted a major assault on the Vietnamese combatant's body before moving its way further southwards. And judging from Vo Nguyen Giap's reports to the Politburo in June and July 1954, the physical exhaustion and declining

⁴⁸ 'Bao cao ket luan cua Dai tuong Vo Nguyen Giap tai hoi nghi tong ket chien dich Dien Bien Phu, ngay 28 thang 7 nam 1954', p. 796; Rocolle, *Pourquoi Dien Bien Phu?* p. 469, note 228 and *Lich Su 60 Nam Toa An Quan Su Viet Nam, 1945–2000* (History of 60 Years of Military Courts in Viet Nam) (Hanoi: Nha Xuat Ban Quan Doi Nhan Dan, 2005), pp. 113, 118–119.

⁴⁹ *Dien Bien Phu vu d'en face*, pp. 180–181.

⁵⁰ *Lich Su Bo Tong Tham Muu trong Khang Chien chong Phap (1945–1954)* (History of the Office of the General Staff During the Anti-French Resistance (1945–1954)) (Hanoi: no publisher cited, 1991), p. 799; 'Le Viet-Minh et la campagne de Dien Bien Phu', p. 8 and Annex No. 4 (15 June 1954), Box C2130, Service historique de la defense, France.

morale of his men may be one of the main reasons explaining why the Politburo decided to sign up to the Geneva Accords, even if it meant dividing Vietnam into two halves.⁵¹

⁵¹⁾ To my knowledge, the Vietnamese have not yet published Vo Nguyen Giap's internal report to the Politburo on the military situation, which he delivered sometime between 15 and 17 July 1954. See the reports by Ho Chi Minh and Truong Chinh in *Van Kien Dang Toan tap*, vol. 15 (Hanoi: Nha Xuat Ban Chinh Tri Quoc Giao, 2001).

