Background

1. Describe your medical (pharmacy) training.

2. Describe you military training.

3. What was your rank and unit assignment?

4. Describe the circumstances of your intelligence training at Fort Holabird. Walter Reed AMC or Medical Field Service School, if applicable

5. What specific training/briefing did you receive regarding medical or technical intelligence. Where did this training take place? How many other M.D.s or pharmacists were there?

6. What were your dates of military service in Vietnam?

7. Was your service entirely with the 521st Medical Detachment? If not, to what other units were you assigned? What were your duties there?

8. Describe any other experience you might have had in the field of medical intelligence after Vietnam, such as CONUS or CONTIC assignments.

9. Identify your chain of command with specific reference to medical intelligence issues. What were the names of the officers in your command (one of the confusing issues regarding medical intelligence during Vietnam was the relationship between CMEC Medical section, CICV, MACV J-2. 44th Medical Brigade Command Surgeon, Foreign Science and Technology Center, Army Surgeon General's Medical Intelligence Office, DIA, and CIA.

CMEC Medical Section Mission

1. Describe your mission tasking

2. When and how was tasking received?

3. Who provided guidance within CMEC

4. How where tasks organized within CMEC medical section?

5. Did you have ready access to relevant field manuals (such as FM 30-16 Technical Intelligence) or doctrinal literature to help carry out your function? If so, what were these?

4. Do you know anything about PROJECT IMPACT, a CIA-Army program to track the 1968 Hong Kong flu epidemic into Vietnam? Are you aware of any similar medical intelligence collaboration between civilian and military intelligence agencies?

Conclusions

1. In retrospect, can you evaluate the relevance of your training in medical intelligence doctrine. What positive or negative lessons were learned?

2. Do you personally feel that any specific individuals (either within CMEC or CICV) were important to the success of the medical section's operations? Why?

3. What do you think was CMEC medical section's most valuable contribution to military intelligence effort in Vietnam?

4. Do you have any photographs or archival material which you feel illustrates your activities in RVN

Major Enemy Medical Facilities Captured from May 1965 to October 1967

November 1 1965: The North Vietnamese had apparently decided to stand and fight because they were guarding the 33d Regiment's medical aid station. With no more enemy in sight, the commander of the 1st of the 9th Cavalry, Lt. Col. John B. Stockton, directed Troop B to secure the area so that he could evacuate the prisoners, weapons and medical equipment taken in the raid." Daily Journal, 1st Squadron, th Cav, 1 Nov 65, Historian's File CMH, AAR Pleiku Campaign, st Cav Div, p 45

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November 1 1965: "they (the NVA) lost not only the aid station, with all of its equipment, medicine, and supplies, but also a trove of documents that included a map revealing their march and supply routes." AAR Pleiku Campaign, 1st Cav Div, p 46

January 9, 1966: "the Americans found and destroyed a cache of medical supplies, two tons of rice, and a small hospital, capturing some thirty Viet Cong as well." AAR, Opn CRIMP, 3de Bde, 1st Infantry Div., pp. 3, 7-8 and 173rd Abn Bde, pp. 4-7

11. How did you unit accept and turn over responsibility for its AO? Who commanded the medical section immediately prior to and after your tour?

12. What commendations or awards were received by your unit?

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Specific Functions of the CMEC Medical Section.

1. Did the medical section's responsibility include out country intelligence, such as concerning North Vietnam, Laos and Cambodia?

2. How were captured VC/NVA medical material, personnel and documents processed and intelligence obtained? Did CMEC personnel ever escort enemy material or live cultures to the U.S. for further evaluation?

3. Can you describe the process whereby "medical intelligence" was produced. (i.e., how was medical intelligence collected, processed, analyzed, and finally disseminated in report form)

4. Did you assist in or receive special training in the interrogation of prisoners of war, refugees, defectors and escapees to obtain medical intelligence?

5. What knowledge of the VC/NVA medical system existed at the start of your tour and how did it change?

6. Did you receive any medical intelligence briefing or indoctrination about your role when you arrived in country?

7. What was your concept, if any, of medical intelligence at the start of your tour?

8. What knowledge existed of enemy medical plans, objectives, and order of battle?

9. What source(s) of intelligence/means of collections were involved? Did you have access to all types of traditional intelligence (i.e., HUMINT, SIGINT etc.) Automated data processing or CIRC?

10. Did you personally visit any enemy medical facilities, such as tunnel hospitals? If so, please describe them and your impression of them.

11. What were your personnel observations regarding VC/NVA medical equipment, levels of training and ability to react to train.

12. How long did it take to produce the medical order of battle? Approximately how many reports were prepared by your section during your tour?

13. Can you provide specific examples of how medical intelligence was important in Vietnam on a strategic and tactical level (I assume, of course, that on some level it was important) For instance, three examples I have seen in declassified documents are:

(i) tracking particular VC or NVA units by following their medical officers/personnel since they usually did not use pseudonyms

(ii) identifying increased blood banking in North Vietnam and increased shipment of pharmaceuticals to the VC prior to TET

(iii) PSYWAR exploitation of certain aspects of VC/NVA battlefield casualty evacuation practices.

1. What collection or planning liaison existed, if any, between combat units, battalion intelligence units, psychological warfare units, civil affairs units, and special forces units? In other words, to the best of your knowledge, did the field army surgeon assist in providing requirements for medical intelligence to the command G2. Did the field medical command provide any assistance or guidance to the field army medical technical intelligence effort

2. Did CMEC provide medical intelligence to the field army surgeons through G-2 for professional evaluation prior to dissemination?

3. Did CMEC provide technical staff advice on medical intelligence to include the scope of medical subjects to be incorporated into US medical unit training programs?

4. Do you have knowledge of the Special Forces Field Epidemiology Survey Teams led by Lt. Letgers?

5. What security considerations were there? What level of security classification was most medical intelligence obtained (i.e., restricted, confidential, secret)

Anecdotal Information

1. Do you know anything about atropine vials and testosterone caches found with some VC Units?

2. Do you have any knowledge about rats found in the tunnels which (like all rats in Vietnam) were found to carry plague bacteria *Yersinia pestis* and the resulting biological warfare scare?

3. Do you know about the VC/NVA practice of using coconut milk as a plasma volume expander?

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Commander's Concept of Medical Intelligence

1. Discuss the CMEC Commander's concept of the medical section's operations.

2. Where there any standard operating procedures explicitly in force?

CMEC Medical Section Organization.

1. What was the internal organization of the CMEC medical section? Describe the concept and activities of the Field Teams, medical equipment repair staff etc.

2. Where was the medical section located? What floor, physical location within CMEC building. Tan Son Nhut AFB?

3. Who assigned personnel to the medical section (521st Medical Detachment)? USARV Surgeon?

4. What was the sections strength at the time you command? (how many officers, enlisted men etc.) What were the specific functions or qualifications of individual members (OR techs, pharmacists, MDs?) Do you recall specific names of individuals in your section?

5. Did the unit's strength decline or increase significantly while you were there?

6. Where there any significant personnel problems? (i.e., Disciplinary, disease or non battle injuries, venereal disease, or actual combat casualties)

7. Describe the personalities of the commanders and key staff personnel that you had direct contact with. (please include any visiting dignitaries or high level officers, e.g., Westmoreland, Wheeler etc.)

8. As a medical doctor (or pharmacist), did you have any ancillary role in the health care of CMEC or other military personnel?

9. What was the functional relationship between the medical section and other CMEC sections such as Weapons and Munitions or Chemical Section.?

10. What was the relationship between CMEC Medical Section, CMIC (Combined Military Interrogation Center) and CDEC (Combined Document Exploitation Center) concerning medical EEI?

February 21, 1966: "the Americans uncovered base camps, small hospitals stocked with medical supplies" AAR Opn Mastiff, 1st Inf Div, n.d., pp. 2, 4, box 1, 81/472, RG 338, NARA, AAR Opn Mastiff, 2d Bde, st Inf Div. 31 Mar 66, p. 5, box 1, 81/471. And 3d Bde, st Inf Div, 25 Mar 66, pp. 7-8, box 1, 81/472. RG 338, NARA

March 14, 1966: "the Viet Cong were defending a headquarters complex that included offices, a hospital" Commander's Combat Note no. 1, 173rd Abn Bde (Sep), 14 May 66, pp. 7-8 Box 6, 82/1474, RG338 NARA

March 1966: NVA 95th Regiment, 4th Battalion, AAR, Opn Harrison, 2d Bn, 502nd Inf, incl.1, p. 1; ORLL, 1 Jan-30 Apr. 66,. 1st Bde, 101t Abn Div, p. 5; Weekly Sum, 20-26 Mar 66, 1st Bde, 101st Abn Div, 27 Mar 66, box 10, 70A/4868, RG319, NARA

October 11-18, 1966: 1/5 Cavalry discovered 33 caches containing medical supplies of the Hoi Son base Area (52nd Company, 95th Battalion, 2d PLAF Regiment Unit Historical Report, No. 5, st Acv. Div, n.d., sub: Operation Irving, p. 20, AAR, Opn Thayer 1 and Irving, 1st Cav Div. P. 28, See also Annual Historical Summary, 1966, 1st Bn, 5th Cav, n.d., pp. 8-9, box 1, 82/899, RG338, NARA

Nov 16 1966: "the men discovered a large but vacated hospital complex nearby containing over thirty structures. The largest building, 120 feet long, was a combination training center and mess hall with a stage and seating area for 150 men. After examining several medical booklets and reports, intelligence analysts concluded that the 3d Brigade had found the Viet Cong medical center for War Zone C." (Near Ap Suoi Tree, Suoi Da) AAR Opn Battle Creek, 3d Bde, 1st Inf Div.

11-28 January 1967 near Ben Suc, 100 bed underground hospital and medical depot later determined to be main source of medical supplies for enemy operating in III Corps (MRIV) AAR Opn Cedar Falls, 3de Brigade, 1st Inf Div.

26 September 1967: Near Hat Dich "The brigade also discovered and underground field hospital containing 1,400 pounds of medical supplies, enough to care for 1,000 patients for over a month. AR Opn Riley, 1st Bde.9th Inf. Div.

Nov 12 1967 "hastily hidden medical caches and documents" AAR, Opn Geronimo, 1st Bde, 101st Abn Div.

"other key items, such as medical supplies...were typically purchased in Saigon and shipped to Sa Huynh, the small port in the southern part of the (Duc Pho) Distric

This is just a partial extract from the website:

Home Grown Terrorism?
Immigrant Groups Support Insurgencies in Indochina

Following the end of the American War in Indochina in 1975, many South Vietnamese, Laotians and Cambodians who had worked with the US emigrated here or fled as refugees. Others remained behind, and a few continued a guerrilla struggle from the mountains. In the US, the majority of immigrants no longer took a political interest in their countries of origin. Growing numbers of former refugees have made visits to their country of origin for family and business reasons. Whether they approve or disapprove of the new political, social and economic order, they have come to terms with its existence.

However, public political discourse in the US is still dominated by exile groups flying their former flag and giving speeches about returning one day as victors. Among them is a radical core of true believers still seeking to reverse the results of the Indochina War. Reminiscent of the darkest days of the Cold War, the publications and websites of these groups are filled with passionate denunciations of the current governments in Phnom Penh, Vientiane and Hanoi. Since they also employ the language of human rights, democracy, and freedom, their statements may resonate with many Americans, but the actions of the most extreme groups prove otherwise. A selection of the most colorful and dangerous:

Cambodian Freedom Fighters (www.cffighters.org): This Long Beach, CA-based group organized an armed attack on Phnom Penh in November, 2000 in which unwitting conscripts were given weapons and brought into the capital by train. The CFF immediately claimed responsibility for the attack, after which many of its leaders were captured along the Thai-Cambodian border. Close to sixty members were convicted and given prison sentences in Cambodia last year. An additional 14 were sentenced to terms of five years to life on February 28, 2002.

CFF's president, Chhun Yasith, who was convicted in absentia, continues to prepare tax returns in Long Beach and maintains, "We're not terrorists; we have a website!" The US Ambassador to Cambodia, Kent Wiedemann, has confirmed that the FBI is investigating Chhun for activities that might violate the Neutrality Act, which prohibits U.S. citizens from attempting to overthrow another country's government.

All political parties in Cambodia have disavowed links with the CFF. Cambodian requests to extradite Chhun have gone unheeded by the US, though the FBI presumably keeps a close watch on his activities. The CFF appears to be unsophisticated in terms of public relations and has no presence in Washington.

Lao Veterans of America (www.laoveterans.com): The Lao Veterans, headquartered in Fresno with nationwide chapters, are the latest in a series of front groups organized by former Hmong general and CIA client Vang Pao. Sources close to the LVA suggest that it has a dual objective: securing citizenship and veterans' benefits for Hmong and other Lao-American veterans, and raising funds for their own benefit and for the Hmong insurgency in Laos. An associated organization, the Lao Human Rights Council in Eau Claire, WI (www.laohumrights.org) uses human rights issues (often wildly exaggerated) to attempt to build anti-Lao Government sentiment in the US.

Through their clandestine contacts inside Laos, the Lao Veterans may be implicated in some of the bombings that hit Laos in 2000. Two members, Houa Ly and Michael Vang (nephew of the general) disappeared around the Thai-Lao border in April 1999 carrying an estimated $84,000 in cash for the insurgency. The Lao Veterans and affiliated groups have used the Ly-Vang case to argue for a more antagonistic US policy towards Laos.

The so-called "Hmong lobby" is well-organized and effective at lobbying. Philip Smith, who identifies himself with the fictitious Center for Public Policy Analysis and the misnamed Congressional Forum on Laos,

served as a paid Washington lobbyist for the Lao Veterans from 1996-2001, but now is reportedly operating on his own.

The Montagnard Foundation (www.montagnard-foundation.org): This association of ethnic minority peoples aims to establish an independent state of "Dega" in the Central Highlands of Vietnam. It is identified as the remnant or successor of FULRO, a CIA-funded group that continued guerrilla activities in Cambodia and Vietnam through at least the 1980's. The Foundation is based in Spartanburg, SC, though the majority of former FULRO members and other highlanders live in North Carolina. The foundation's activities are supported by a group of US Special Forces veterans, Save the Montagnard People, Inc. (www.montagnards.org).

The Montagnard Foundation claims to be nonviolent, and there is no public evidence of their current involvement in armed activities. However, the organization was involved in inciting the February 2001 unrest in the Central Highlands, which the group's website refers to as "our peaceful demonstration." The foundation has also reportedly encouraged disaffected highlanders to flee to Cambodia as refugees, in hopes of bringing them to resettle in the US.

Government of Free Vietnam (Chinh Phu Cach Mang Viet Nam Tu Do; www.vntd.org/eindex.htm). This overseas Vietnamese group, led by Nguyen Huu Chanh, is responsible for bomb attacks on Vietnamese embassies and attempts to disrupt festivals and public events inside Vietnam. One well-publicized stunt involved a pilot dropping leaflets over Saigon during President Clinton's visit in November 2000; the pilot was later captured.

In connection with a bomb planted at the Vietnamese Embassy in Bangkok in June 2001, the FBI arrested Free Vietnam member Vo Van Duc in California (October 2001). This is believed to be the first-ever such arrest made in the US. The Free Vietnam website describes the formation of the group in detail and