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1. COUNTRY: VS, PHUOC LONG Province	8. REPORT NUMBER: 6 029 0026 71
2. SUBJECT: (U) K-76E Hospital	9. DATE OF REPORT: 11 Jan 71
3. ISC NUMBER: 735.350 645.000 271.000 752.000	10. NO. OF PAGES: 8
4. DATE OF INFORMATION: Sep 67 to Oct 68	11. REFERENCES: DIRM: 1G3r, 4A1b(2), 4A1b(7), LK4b SICR: U-UPE-U1689
5. PLACE AND DATE OF ACQ: CMIC, SAIGON, VS 2 Jan 70	12. ORIGINATOR: US Element, CMIC, USMACV
6. EVALUATION: SOURCE <u>F</u> INFORMATION <u>6</u>	13. PREPARED BY: ALAN T. KENNEDY SP5, USA
7. SOURCE: PW Interrogation	14. APPROVING AUTHORITY: <i>[Signature]</i> W. H. BEARDSLEY LTC, USA Dir, US Elm, CMIC

15. SUMMARY: (Leave Blank)

This report contains information on the K-76E Hospital, R, to include location, history, description of facilities, personalities, treatment, and medical supplies and equipment. This hospital provided treatment to sick and wounded soldiers, and trained medics for assignment to local units. Source spent six months at this hospital as a medic student, and six months carrying rice.

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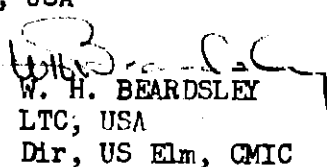
1. (C) Background Information:

a. Name: TRAN VAN THICH (TRAANL, VEAN THICHS), CMIC 3286-70

b. Rank: None (VC)

c. Position and Unit of Assignment: Medic; K-10 Dispensary, Military/Medical Section, SR-4

d. DPOB: 1946; DONG Hamlet, TAN THANH TAY Village, CU CHI District, HAU NGHIA Province, RVN

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 FORCES

18. ATTACHMENT DATA:

None

18.05

6.029.0026.71

e. Parents' Names: Father, TRAN VAN THUC (TRANL, VEAN THUCS), living; Mother, NGUYEN THI BA (NGUYEENX, THIV BA), living

f. Circumstances of Capture. On 25 Nov 70, Source and two others were transporting rice from TAM PHUOC Village, LONG THANH District, BIEN HOA Province, RVN, to K-10 Dispensary, when they were ambushed by an unknown ARVN unit. The other two men ran, but Source lay down and was captured. Source had some solucamphre, vitamin K, and a hypodermic syringe in his possession when captured.

g. Significant Activities. Source completed five years of education at his POB and continued to work there as a farmer. In Jun 67, Source was forced to join the VC and was assigned as ammunition bearer to the NGUYEN THI LIEN Gp, located in War Zone A, near the MA DA River, DON LUAN District, PHUOC LONG Province, RVN. From Sep 67 to Apr 68, Source received medic training at the K-76E Hospital, located one hour's walk east of the NGUYEN THI LIEN Gp. Source remained at this hospital until Oct 68, when he was assigned as a medic to the K-10 Dispensary, Military/Medical Section, SR-4, located near TAM PHUOC Village, LONG THANH District, BIEN HOA Province, RVN (vic YS2992). (Interrogator's Note: Source's map reading ability was limited and this coordinate can only be considered to be a very rough approximation of the unit's actual location.)

h. Additional References: CMIC PW/Rallier Exploitation Guide; VC/NVA Pharmacopeia (sic), dtd 6 Mar 1970; Map: VIETNAM, AMS Series L7014, Sheets 6330 I, Edition 2, dtd 1967; 6330 II, Edition 1, dtd 1966, Scale 1:50,000

2. (C) K-76E Hospital:

a. Location. The K-76E Hospital was located in dense jungle, 500 meters north of the MA DA River, in DON LUAN District, PHUOC LONG Province, RVN. The exact location was unknown.

b. Subordination and Mission. The K-76E Hospital was subordinate to R and was responsible for treating sick and wounded VC and NVA soldiers. In addition, this hospital provided a six-month medic training course to train medics for local units.

c. History. Source arrived at the K-76E Hospital in Sep 67, to attend a six-month medic course. The only other such course that Source knew of had just been completed in Aug 67. Source never heard anything else concerning the previous activities of the hospital. Judging from the appearance of the buildings, Source assumed that the hospital had been at this location for about two years. Since leaving the K-76E Hospital in Oct 68, Source has heard nothing further concerning its activities.

d. Organization. The hospital's doctor was in charge of the hospital and of the training of medics. The hospital itself consisted of only one section in which both the sick and the wounded were treated.

e. Description of Facilities. There were six buildings which made up the K-76E Hospital. These six buildings consisted of one staff residence, housing 12 of the staff personnel, three patients' wards, each housing a maximum of 12 patients, one kitchen and cooks' residence, housing the two cooks, and one dormitory for the six medic students. All of the buildings were of thatched roof construction with open walls and dirt floors. The only structure that was enclosed on all four sides was the medical supply room (3m x 3m) located in a corner of the staff residence. In addition to these structures, there were one or two bunkers located 10 meters from each building. The other six staff personnel slept in the two bunkers nearest to the staff residence building. All operations were performed in a wood frame, nylon covered tent (5m x 3m x 2.5m) located in the middle of the hospital grounds. For a sketch and dimensions of the buildings within the K-76E Hospital, see page 8.

f. Staff:

(1) Personnel. The staff personnel of the K-76E Hospital consisted of 20 people: one doctor, one medical technician, 12 medics, four nurses, and two cooks. Of these 20 personnel, nine were male and 11 were female; 15 were VC and five were NVA.

(2) Personalities:

Chief of Hospital (company level commanding officer):  
Doctor BA PHONG (BA, FONGGL); age 35, 1.60m, 50kg, light complexion, NVA

Medical technician: NAM SON (NEAM, SOWN); age 28, 1.60m, 47kg, dark complexion, VC

Medic: NHAN (NHANL); age 19, 1.50m, 45kg, light complexion, female, VC

Medic: HONG (HOONGL); age 20, 1.50m, 50kg, light complexion, female, VC

Medic: BUNG (BUNG); age 22, 1.50m, 45kg, dark complexion, VC

g. Patients. The K-76E Hospital had approximately 27 patients undergoing treatment at all times. Of these 27 patients, 80 percent were treated for malaria, and the remaining 20 percent were treated for light wounds. A light wound was any flesh wound of the legs or arms that did not involve bone damage. Once every two or three months, the hospital got one seriously wounded patient. Any wound involving the head, chest, abdomen, or bone damage was considered serious. The maximum number of patients that could be treated at this hospital at one time was 36, due to the limited space available and the lack of sufficient medical supplies to treat a larger number of patients with an equal quality of medical care. All patients were NVA while Source was at the hospital.

h. Treatment:

(1) Malaria. The treatment given by the K-76E Hospital for malaria proceeded according to the following sequence:

<u>Days</u>	<u>Medicine</u>	<u>Type</u>	<u>Amount</u>
1 through 3	Nivaquine	Injection	3cc
	Solucamphre	Injection	5cc
	Chloroquine	Tablet	0.5g
4 through 6	Vitamins B-1 and C	Injection	2.5cc of each
	Solucamphre	Injection	5cc
	Chloroquine	Tablet	0.5g
Until recovery	Chloroquine	Tablet	0.5g

(2) Wounds. The treatment given by the K-76E Hospital for wounds proceeded according to the following sequence:

<u>Days</u>	<u>Medicine</u>	<u>Type</u>	<u>Amount</u>
1 through 3	Penicillin	Injection	500,000 units
4 through 6	Strychnine and Vitamin B-1	Injection	2.5cc each
7 through 9	Penicillin	Tablet	2 x 3,000 units
Until recovery	Vitamins B-1 and C	Injection	2.5cc each

The bandages were changed every two days if the wound was bleeding, or once every three days if the bleeding had stopped. The wound was cleaned with a salt solution each time the bandages were changed.

i. Medical Supplies. The K-76E Hospital had the following list of medicines on hand. Since Source was never in the medicine storeroom, he could not provide the amounts of these items stored by the hospital, nor did he know the exact country of origin for each medicine. He heard, however, that most of the medicines were manufactured in SAIGON and a few in FRANCE.

<u>Medicine</u>	<u>Size</u>
Chloroquine	0.5g per tablet
CORAMINE	2.5cc per ampule

Glucose-saline solution	5cc per ampule
Glucose solution	Homemade
Nivaquine	3cc per ampule
Novocaine	2.5cc per ampule
Penicillin	500,000 unit vial
Penicillin	3,000 unit tablet
QUINOL	5cc per ampule
Saline solution	Homemade
Solucamphre	2.5cc per ampule
Strychnine	2.5cc per ampule
Vitamin B-1	2.5cc per ampule
Vitamin C	2.5cc per ampule
Vitamin K	2.5cc per ampule

j. Medical Equipment. Source saw the following types and amounts of medical equipment at the K-76E Hospital. He did not know the country of manufacture for this equipment.

<u>Equipment</u>	<u>Amounts</u>
Bandages (3m rolls)	500
Bone rose	One
Bone saw	One
Cotton	One kilogram
Curved Kelly clamp	Three
Curved scissors	Two or three
Kocher clamp	Three
Needles, hypodermic	15
Pan with lid (four liters)	One
Scalpel	One
Soap (20cm x 8cm x 4cm)	Two
Soap (20cm x 8cm x 4cm)	Two

Stethoscope	One
Syringe	10
Thermometers	Five or six
Tooth forceps	Two

k. Procurement Procedures:

(1) Medical Supplies and Equipment. Each month, the hospital's doctor made up a list of the medical supplies and equipment needed by the K-76E Hospital. Two medics were sent to pick up these supplies. It took the medics 10 hours to pick up these supplies and return to the hospital; each medic carried about 15 kilograms of supplies. Source did not know from where these supplies were procured (NFI).

(2) Rations. Each week, eight medics and two medic students were sent to procure rice at a rice cache, located two kilometers west of the hospital and 500 meters north of the trail. This cache consisted of approximately 110 sacks of rice; each sack held 60 liters of rice. One guard was on duty at all times at this cache to change the camouflage which consisted of branches from nearby trees. Source did not know from what unit the guard was nor did Source ever see the guard with a weapon. Each of the men carried 15 kilograms of rice back to the hospital. In addition to rice the hospital was supplied with dried fish, salt, fish sauce, and seasoning, but Source did not know where or how these supplies were procured.

1. Training. The K-76E Hospital provided medic training for eligible men from local units. Only one man per unit could attend this course at one time, and this man had to be between the ages of 18 and 25, had to have completed two years of formal education, and had to be recommended by his unit. Source's class lasted from Sep 67 to Mar 68, and consisted of six students all of whom were male VC. Only one other medic course had been taught at this hospital from Mar 67 to Aug 67 (NFI). This six-month medic training course consisted of three months of instruction in anatomy, one and a half months of instruction in the symptoms and treatment of diseases, and one and a half months of instruction in the treatment of wounds. One and a half days of practical training in the K-76E Hospital were provided upon completion of the course. All instruction was provided by the chief of the hospital, Doctor BA PHONG (BA, FONGL), in the medic students' dormitory, located one kilometer east of the hospital.

m. Administrative Procedures:

(1) Admittance Procedures. All patients coming into the K-76E Hospital were accompanied by their unit's medic. This medic carried a handwritten admittance slip (10cm x 15cm) on which were recorded the patient's name, age, rank, position, the disease or

injury from which the patient was suffering, a recommendation by the medic that the patient be admitted to the hospital for the necessary treatment, and the signature and unit of the accompanying medic.

(2) Release Procedures. Source did not know of any specific criteria used by the hospital to determine if the patients were well enough to leave. Source never saw any release paper used by this hospital which ordered the patient back to his unit and expressing the patient's level of health at his time of discharge from the hospital. He thought that they did have such a form.

n. Actions to Be Followed in the Event of Air or Ground Attack. In the event of an air strike, all staff personnel and patients were to remain in the bunkers until the bombing stopped and the planes could no longer be heard. In the event of an artillery strike, all staff personnel and patients were to remain in the bunkers for at least one-half hour following the explosion of the last shell. In the event of a ground attack, all staff personnel and patients were to evacuate the hospital (NFI).

o. Sanitation:

(1) Water Purification. All water used by the K-76E Hospital came from the BA DA River and was boiled in a four-liter pan for 20 minutes before being considered safe to drink.

(2) Trash Removal. Garbage, nonreusable bandages, and other trash were buried in holes (one meter in diameter and one-half meter deep) at a distance of 600 meters west of the hospital.

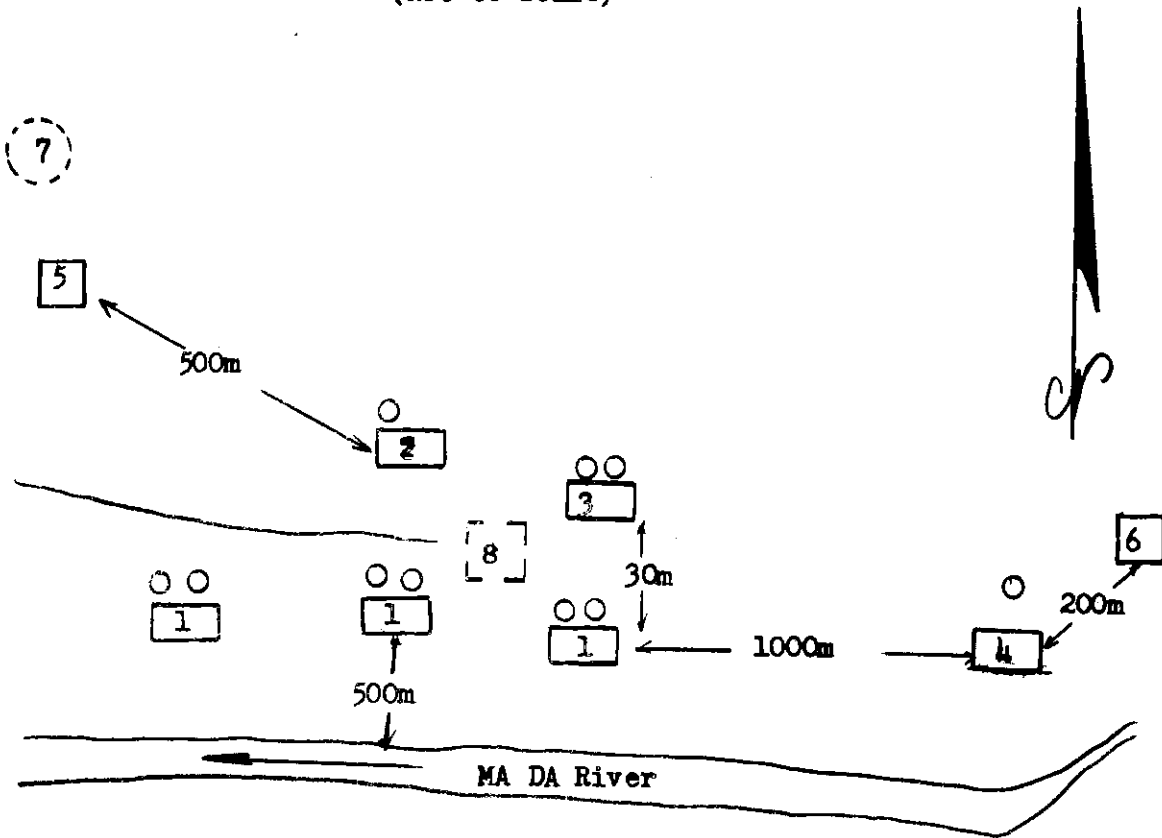
(3) Disposition of Dead. While Source was at the K-76E Hospital, one patient died of malaria. The body was wrapped in nylon cloth (3m x 2.5m) and buried in a hole (2.5m x 1m x 1m) at a distance of 600 to 700 meters from the hospital. The mound of earth at the burial site extended one-half meter above ground level and was covered with clumps of sod taken the original site and randomly from the surrounding area. This procedure was used to prevent detection of the site by low-flying helicopters. The grave site had no marker.

p. Security. Source knew of no security force within the hospital or of any security provided by other units in the area. The only weapon at the hospital was a K-54 pistol (basic load unknown) owned by Doctor BA PHONG.

q. Sources of Light. Oil lamps were the principal source of light in the evenings at the hospital. The hospital also had one flashlight powered by two batteries for use during operations (NFI).

(C) COMMENTS: Source was administered the Cross-Cultural IQ Test and scored Low Average (15). Source was most cooperative and volunteered information frequently. His answers to control questions were consistent. This report partially satisfies requirements of SICR U-UPE-U1689. Collection action continues.

(Not to Scale)



Legends:

- 1. Patients' wards (6m x 4m x 2.5m)
- 2. Kitchen and cooks' residence (4m x 4m x 3m)
- 3. Staff residence (6m x 4m x 3m)
- 4. Medic students' dormitory (4m x 4m x 3m)
- 5. Latrine (3m x 3m x 2m)
- 6. Latrine (1m x 1m x 2m)

(7) Trash pit area

[8] Area where operating tent was set up

○ Bunkers

— Trail

