

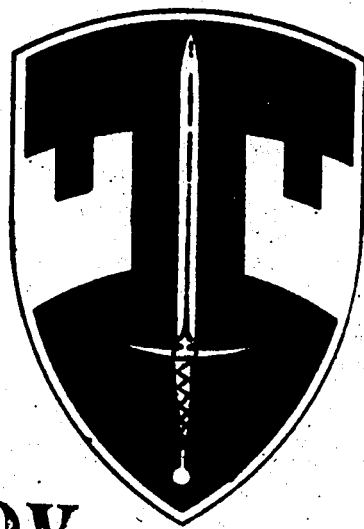
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VC MEDICAL CAPABILITY IN RVN

ENGLISH EDITION

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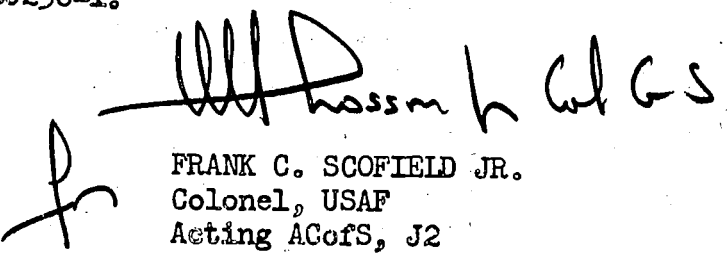
30 March 1966

SUBJECT: VC Medical Capability in RVN

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1. Forwarded for your information is a study on the VC Medical Capability which exists in RVN.
2. This study is based on an analysis of interrogation reports, captured documents, and US and ARVN files. Date of the information used to compile this study is current as of 15 February 1966.
3. This report has been produced with maximum emphasis on timeliness and accuracy of content rather than on details of format and composition. Comments are encouraged on all aspects of this document and should be submitted to J2, ATTN: MACJ236-1.

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BRIEF

THIS STUDY COVERS THE CAPABILITY OF THE VIET CONG MEDICAL SERVICE IN THE REPUBLIC OF VIETNAM. SINCE MOST OF THE INFORMATION ON THE MEDICAL SERVICE CONSISTS OF ISOLATED DATA PERTAINING TO A SINGLE AREA AT A GIVEN TIME, THE COMPOSITE PICTURE DRAWN FROM THESE HOLDINGS MAY NOT NECESSARILY REFLECT THE EXACT SITUATION OF THE VIET CONG MEDICAL SERVICE IN EVERY ASPECT. HOWEVER, THE INFORMATION PRESENTED HERE IS AS ACCURATE AS AVAILABLE INFORMATION WILL PERMIT AND THE STATEMENTS MADE IN THIS STUDY ARE INTENDED TO CONVEY THE GENERAL IMPRESSIONS OF THE VIET CONG MEDICAL SERVICE.

FROM 1960 UNTIL THE PRESENT, THE VIET CONG, WITH CONSIDERABLE ASSISTANCE FROM COMMUNIST AND COMMUNIST-BLOC COUNTRIES, HAVE REORGANIZED AND STREAM-LINED THEIR ENTIRE MEDICAL SERVICE STRUCTURE AND OPERATIONAL PROCEDURES. IN SPITE OF THIS ADVANCEMENT, CERTAIN VERY DISTINCT SHORTCOMINGS ARE STILL PRESENT AND CONTINUE TO HAMPER THE VC MEDICAL SERVICE. BOTH THE ADVANCEMENTS AND THE PRESENT DEFICIENCIES ARE EXAMINED IN THE TEXT.

THE STUDY IS INTENDED FOR DISTRIBUTION TO MEDICAL AS WELL AS NON-MEDICAL PERSONNEL. BECAUSE OF THIS, CERTAIN TECHNICAL DATA AND TERMS ARE INCLUDED FOR COMPLETENESS AND CLARITY. THIS WILL NOT INTERFERE WITH THE OVERALL USE OF THE INFORMATION BY NON-MEDICAL PERSONNEL.

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I. INTRODUCTION.

A. This study is based on information compiled from many sources, the most significant of which are listed in the bibliography. Some of the sources contain unevaluated or 'raw' information. These were included in this study only if the information they contained was compatible with other, more reliable, data.

B. The statements made in each section of this study are intended to convey general impressions of the Viet Cong medical service. Since most of the information on the medical service consists of isolated facts pertaining to a single area at a given time, the composite picture drawn from the data may not reflect exactly the existing situation of the Viet Cong medical service in every area. However, the information presented here is as accurate as available information will permit.

C. It will be evident throughout this study that there are many gaps in our present knowledge of this subject. This is especially true in the areas of medical equipment and medical policy. A program for the collection of medical intelligence which will enable us to expand and qualify our present knowledge is in progress. It is anticipated that this will permit revision of this study in approximately six months.

II. BACKGROUND.

In recent years the Viet Cong have steadily enlarged and improved their medical service. With the increased military involvement of the United States and Allied countries, the battle has been carried successively deeper into Viet Cong territory. The increased number of casualties resulting from this has forced the Viet Cong to expand and reorganize their medical capability.

A. Prior to 1960, the Viet Cong medical service consisted of many independent organizations throughout RVN. Medical personnel were few in number and were mostly hold-overs from the Viet Minh medical service. There was little in the way of central control or policy.^{1,2}

1. The first major reform came in 1962 when the medical service was consolidated on an area basis. A chain of command was established linking each village to a central medical section within each area. At that time, plans were made for further strengthening of the medical capability. The following year a number of senior medical personnel infiltrated into RVN from NVN, reinforcing the existing medical structure. By 1964, the Viet Cong "government" under the Central Office for South Vietnam (COSVN) extended the organization of the medical service and created separate sections for military and civilian medical care.^{1,2}

2. This reorganization brought with it an increased need for centralized logistical and administrative support. Medical depots were established within RVN. Some VC establishments began to manufacture

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medical items and to provide a storage capability.¹ In order to staff new facilities, an increasing number of women as well as men were given medical training. In addition to developing internally, the Viet Cong began to receive increasing medical support from Communist-bloc countries.^{1,3}

B. The urgent need for a larger military medical capability was met by selective emphasis in training and organization. Surgery became, and remains, the most widely taught medical specialty. Instruction is designed to prepare Viet Cong medical personnel to care for combat casualties. New medical units, especially those operating in direct support of combat operations,¹ were designed to be mobile and to adapt to rapidly changing requirements.¹

C. These changes have gradually transformed the Viet Cong medical service from a collection of local dispensaries and hospitals to a highly organized and flexible system of military and civilian medical facilities. Coordination through centralized control is increasingly more evident in all aspects of the medical service. Bolstered by the support of Communist nations throughout the world, the Viet Cong medical service has made significant advances in the past five years.

III. PERSONNEL AND TRAINING.

A. Medical Personnel. Beginning with a small nucleus of medical personnel who had served with the Viet Minh, the Viet Cong have gradually expanded their medical ranks with other personnel trained to provide medical care. Due to the shortage of fully trained physicians, the Viet Cong have had to rely heavily on personnel with limited training and experience. At present, the majority of their medical service is composed of persons who have been trained by the Viet Cong, and they occupy a variety of positions based on their training. (Annex A)

1. First-Aidmen occupy the lowest level of the medical service. They are chosen from the military ranks and given one to three months of training in first aid.⁴ Many of them have had little or no prior education. Following training, they are assigned to military units at the squad or company level or to medical facilities under the command of more experienced personnel.⁵

2. Medics are more extensively trained, receiving basic instructions in patient care and treatment as well as in the administering of first aid. They are selected from among the more capable first-aidmen, and are assigned to combat units or to local dispensaries.¹ Some are given further training, enabling them to function as preventive medicine personnel.²

3. Nurses and medics are similarly trained and employed with the exception that nurses are rarely found in regular combat units. Under the Viet Cong medical system, nurses may initiate care, prescribe medication, and command small medical facilities such as district dispensaries.⁴ The majority of nurses are men with prior experience as first aidmen.

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4. Medical Technicians occupy the next higher position in the medical hierarchy. Most of them have had prior training and experience as medics and usually have some elementary school background. Their course of study varies from one to two years and emphasizes the medical specialties.² They are widely employed at all echelons of the medical service and serve in such specialties as medical training, preventive medicine, general surgery, internal medicine, ophthalmology, otorhinolaryngology.¹ Men with the rank of medical technician serve as battalion surgeons and command mobile surgical units in the absence of more experienced personnel.⁵

5. Doctors, medical practitioners, and medical officers make up the remainder of the Viet Cong Medical Service.

a. The term "doctor" is usually reserved for those personnel who have had formal medical school training. However, there is some evidence that other medical personnel can achieve the rank of Doctor on the basis of longevity and experience.⁶ Doctors are senior to the other ranks in the medical system and command the larger medical facilities as well as serving as medical staff officers.

b. Medical practitioners may have had formal medical training outside of the military, but are commonly promoted from among the better qualified nurses.⁴

c. Medical officers are also promoted from the lower ranks or are trained in special courses lasting seven months to one year.² Both practitioners and medical officers serve in positions similar to those occupied by doctors, but are subordinate to the latter when present in the same unit or organization.

6. The Viet Cong are also known to have personnel trained in other medical and paramedical specialties, although less is known about these specialists. Among the fields covered are dentistry, pharmacy, laboratory analysis, transfusions, and preventive medicine.

a. In addition to dentists, the Viet Cong have trained dental assistants. The latter must have some medical background and receive four to nine months of instruction usually in the form of on the job training. They are taught to use and maintain dental equipment, to perform dental examinations, and to fill and extract teeth.⁷

b. In order to qualify as a pharmacist or pharmacist's assistant, a man must have the rank of Medic and have a grade school education. He is trained in the theory and practice of pharmacology and medical supply. Pharmacists and their assistants are usually assigned to depots or larger facilities such as hospitals.²

c. Laboratory and transfusion specialists are usually assigned to hospitals. In a recently captured TOE for a proposed hospital, both of

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these categories of personnel were assigned to the "test and blood transfusion" section⁸ (Annex B). It may be their responsibility to operate a blood bank at this type of facility. Their training and capabilities are not known.

d. Preventive medicine specialists are chosen from among the older and more experienced medics. They are given further training in hygiene and in the prevention of epidemic diseases.² Among their duties are the inspection of billets, messes, and latrines.²

7. At the present time the Viet Cong are short of qualified medical personnel at every echelon. The most serious shortages are in the higher ranks, especially Doctors. To alleviate the shortages the Viet Cong have promoted lesser qualified people to higher ranks without giving them any additional training. Consequently men with only one year of formal training perform duties which may require them to perform definitive surgical procedures including abdominal surgery.⁴

8. Other Communist countries, notably the USSR and Czechoslovakia,⁹ have sent medical personnel to aid the Viet Cong Medical Service. There is some evidence that these foreign personnel have entered RVN and it is known that they have staffed medical facilities in Cambodia and NVN in support of Viet Cong troops.¹⁰ Reports of Chicom medical personnel in some areas of RVN have not been confirmed.¹¹

B. Medical Training. In order to support the increasing demands for more medical personnel, the Viet Cong have established a comprehensive system for training individuals at all levels of the medical service. This training at the unit level is given under the direction of the unit commander while at the zone or region level it is given under the direction of the training section of the Rear Medical Section.⁴ Both introductory and review programs are given in the form of on the job training or in formal courses.

1. On the job training is usually given to local personnel at the unit level under the guidance of the unit medical personnel. At regimental level, the assistant chief of the medical battalion, with the rank of Medical Technician or higher, is responsible for the training. Courses vary in length and are often interrupted by changes in the tactical situation.⁵ The practical aspects of medical care are emphasized and patients at the facility sponsoring the training are used as training models. This type of training has the advantage of low cost and little time lost in travelling to the training site. However, training is usually limited because of the small size of the facility.¹

2. Formal training is regularly organized at the region or zone level and consist of scheduled courses up to two years in duration. This training is normally conducted at special training sites in rear areas. Military and civilian cadre are assigned to these courses as full time instructors. This

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type of training is relatively costly in both time and money. Students must spend a significant amount of time travelling to the training site.¹ Once there, a part of the time is spent producing food for the training cadre. The training sites are located in areas secure from enemy attack and courses usually are completed without interruption.

3. There is some evidence that VC medical personnel are also trained outside of RVN. In addition to doctors, the majority of whom received their training in NVN, other medical personnel are being trained in the North. Viet Cong nurses have been trained at the Czechoslovakian sponsored hospital in Hai Phong and a course for medical technicians has been offered in Thanh Hoa Province, NVN.¹² There is also evidence that some doctors have been sent to the USSR for post graduate training in certain specialties.¹

4. In addition to training medical personnel, the Viet Cong Medical Service participates in the training of recruits and local villagers. As part of their basic military training some soldiers receive instruction in personal hygiene and in the fundamentals of first aid. Training is also given in basic preventive medicine including sanitation and the prevention of malaria. Men are selected from each squad and are given further training as squad sanitarians.

5. A variety of criteria are used to select an individual for further training or promotion. Prior training in medical subjects, level of general education, and seniority in the medical service are considered. However, a man's attitude, and particularly his political orientation is often given the most weight. The statement, "A cadre who is loyal but who is not technically competent can work better than a cadre who is competent but whose morale is low", has been made to justify the selection of medical personnel on the basis of political criteria.¹³

6. Prototype syllabuses for some of the courses taught by the Viet Cong are listed in Annex A. Several forms of training aids are used. In addition to the use of patients there is evidence that some of the more advanced courses employ cadavers, corpses, dogs, plaster models, and skeletons to teach surgery and anatomy.¹² Mimeographed textbooks covering a variety of medical subjects have been captured. These appear to have been printed at a central location and several have been reprinted annually.³ Bacteriological specimens and pharmaceutical products have been used in training, but their exact use is not known.¹²

IV. ORGANIZATION OF THE MEDICAL SERVICE. (See Annex B)

A. Integration of the Medical Service into the Viet Cong Program.

The Viet Cong have long realized the political value of medical care. For this reason they have attempted to integrate the medical service into the political system. As part of their program to win the support

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of the people, the Viet Cong have sought to provide medical facilities at every level of the civilian and military government. Civil health and preventive medicine programs concerned with sanitation and control of diseases have been developed in many areas.¹³ Plans have been made for medical personnel to circulate within a district in the fashion of a circuit-rider, periodically administering to the sick in each village and hamlet. In addition, a military medical program supporting a complex evacuation system provides constant reassurance to the soldier in the field that he will get medical care if injured.¹

1. In keeping with the practice of political exploitation of medical care, medical personnel receive political instruction as part of their medical training.^{14,15} They are advised to use their contact with patients as an opportunity to strengthen the patient's ideology as well as his health.¹³ As mentioned above, advancement in the medical service and selection for further training may be based more on a man's political loyalty than on his technical skill.

2. Political officers and cadre are regularly attached to the larger medical facilities, usually in the headquarters section of hospitals and dispensaries.¹⁶ Their specific function is not known, but it is reasonable to assume that they provide liaison with the local political committee, conduct political training, and generally ensure the ideological correctness of the staff of the medical facility to which they are assigned.

3. There is evidence that some of the potential political value of medical care has been sacrificed because of the current need to provide medical support to the military forces. Preferential treatment of military patients has become a matter of policy at some medical facilities.^{7,17} Recent information indicates that an epidemic of bubonic plague in a Viet Cong-controlled village was allowed to continue without any obvious effort to give medical aid to those who were sick.¹⁹ There is a large body of intelligence confirming reported shortages of both equipment and personnel within the Viet Cong medical service. Probably the increase in the tempo of the fighting in the past two years has forced the Viet Cong to abandon some of its principles in order to support its military personnel.

B. Medical Chain of Command. Ultimate control over the medical service is exercised by the Central Office for South Viet Nam (COSVN). At that level the medical service is divided into separate military and civilian sections, the former as a part of the Rear Services division of the Military Affairs Committee and the latter as a separate agency of COSVN.¹

1. The medical service at COSVN level appears to have both staff and operational functions.

a. Among its staff functions are the regular collection of health data and the technical supervision of subordinate medical echelons. Monthly and daily reports are submitted to COSVN by lower level medical sections giving morbidity and mortality statistics as well as organiza-

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tional status reports.¹⁹ COSVN also has the power to authorize the creation of new medical units and supervise the assignment of personnel and equipment to existing medical sections.²⁰

b. COSVN has a medical research program,²¹ trains medical officers, and conducts a preventive medicine program.²² An undetermined number of pharmaceutical laboratories, at least one hospital, and one or more dispensaries are directly controlled by COSVN.¹⁷ The latter two treatment facilities are probably co-located with COSVN and serve headquarters personnel. In 1965, a rest camp was organized by COSVN to facilitate the care of convalescent personnel from the Saigon-Gia Dinh-Cholon area.²³

2. As at COSVN, each Viet Cong Military Region has a medical service with separate military and civil health sections. The Regional Medical Section provides direct support to combat regiments and other military elements subordinate to Region Headquarters. It also supervises the medical services operated by the provinces within a given region. Training centers for medical and para-medical personnel, hospitals, dispensaries and medical depots are controlled directly by the region.¹ In addition, there is evidence that a Regional Preventive Medicine Program is in operation, utilizing local personnel under the direction of the Region staff. In the event of a proposed military operation within its geographical boundaries, the Region Medical Section also has the responsibility to organize and coordinate the medical evacuation system.

3. Each province within a region also has an organic medical section. However, at that level it appears that military and civilian medical care may be combined and controlled by a single agency.^{2,24} The province operates its own hospitals and provides medical support to the independent combat battalions under its control. The additional task of training lower ranking medical personnel may be undertaken at the province level.¹

4. Medical sections in charge of dispensaries and small medical facilities are found at the district and village levels.² Some medical support is provided to the military elements within the district. However, this echelon of the medical service appears to be primarily concerned with civilian medical care. The degree of development of the medical services at these levels varies considerably. In some districts each village has a medical staff, usually limited to one or two personnel trained as medics, nurses or midwives. In others, medical personnel circulate within the district periodically visiting each village.³

5. Although the responsibilities and organization of each medical echelon appear to be well defined, there is a certain amount of flexibility and overlapping of functions. Much of this is dependent on the tactical situation within each area. In the event that an operation is planned within a given district, the district medical facilities may be used in the evacuation system. Personnel and equipment are augmented by higher echelons to increase the capability at the district level.

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V. MEDICAL FACILITIES AND PRACTICES. (See Annex C)

A. Rear Medical Facilities. The Viet Cong have established a multitude of medical facilities at every echelon of the medical service. It appears that there is little standardization in the nomenclature or physical characteristics of these facilities. A certain amount of overlap exists between dispensaries and hospitals, but certain general statements can be made.

1. For the most part, the larger Viet Cong treatment facilities fall into the category of hospitals. These vary in size from 20-30 beds²⁵ to one known to have space for over 400 patients.²⁶ Administration and control of these facilities range from COSVN down to district level, although the majority are operated by the military regions or provinces. The physical facilities vary considerably and probably reflect the length of time a given installation has been in operation as well as the tactical situation in the immediate area.

a. The typical hospital encompasses several small buildings, each one designated for a special purpose. Thus, there are wards or buildings for internal disease, external disease (wounds), surgery, post-operative care, dentistry, and other types of care. These wards are usually of simple construction, often with dirt floors. They may hold between ten and twenty patients. Similar buildings are used to house personnel, to provide administrative offices, to serve as depots and as mess halls. The total number of buildings may be as few as five²⁷ or as many as sixty.²⁶ Some hospitals have used trenches²⁸ instead of buildings, and at least one hospital was housed in a network of multi-level tunnels.

b. In the more secure areas, all of the hospital facilities may be located within a single area. The area is surrounded by a fortified perimeter and may be guarded by one or two companies of troops. The Viet Cong attempt to select areas with good concealment.²⁶

c. In less secure areas, the ward buildings may be several kilometers apart. In these instances perimeter fortification is not likely. However, almost all facilities have some troops assigned to them. These provide security against enemy attack and control check points to screen civilians entering the hospital area.

2. In addition to hospitals, the Viet Cong operate many dispensaries. These are found most commonly at the district or village level, but may also be controlled directly by COSVN, province, or region medical sections. They range in size from ten²⁹ to sixty¹ beds and may be permanent or mobile as the situation requires. Some of the dispensaries have a surgical capability while others function as holding stations for patients previously treated.¹ The dispensaries seem to be less well equipped than the hospitals. However, they can be augmented with additional personnel and equipment in order to provide direct medical support to military units in combat. Some dispensaries appear to be designed more for civilian medical care. Several include midwives on the staff and have obstetrical instruments.

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3. Other medical facilities run by the Viet Cong include depots,¹ laboratories,² and convalescent centers.³⁰ The latter apparently are designed to accommodate patients who require a minimum of medical care while recovering from an injury or illness. They may be adjacent to farmland where those patients who are able can produce food to supply the center. The laboratories and depots are chiefly concerned with compounding, dispensing, and storing medical supplies. Some of these have the capability of processing certain raw pharmaceutical materials into usable dosage forms. They are staffed by pharmacists and other technically trained cadre.²

B. Field Medical Service and Evacuation of Wounded. One of the missions of the Viet Cong Medical Service is to organize and prepare facilities to insure timely evacuation and treatment of the sick and wounded as well to return casualties to duty in the shortest possible time.³¹ The Viet Cong place great emphasis upon the retrieval of their dead and wounded from the battlefield.⁴ Evacuation of the dead and wounded provides the Viet Cong with three main advantages. It denies precise casualty figures to their enemies. It permits the Viet Cong to restore the wounded to the battlefield. Finally, it provides some assurance to the Viet Cong soldier that he will be cared for if he is injured or killed.

1. In order to accomplish this mission the medical personnel of Viet Cong units go through certain prescribed steps in order to prepare for a battle.¹

a. The situation and mission of the combat units are reviewed using information disseminated by the Chief of Rear Services.

b. The missions of the various medical sections are studied. Although these are usually clearly defined, they can be altered to fit the situation of each battle.²

c. The status of equipment and the organization of personnel is studied to ensure that each medical unit has sufficient cadre and supplies to carry out its mission.¹ Necessary material is procured from the local depot. Usually the local medical section of the province or district is required to supply additional medical personnel.

d. The Battalion or Regimental Surgeon conducts a terrain reconnaissance and selects evacuation routes. Medical stations are located near evacuation routes and water, and are adequately concealed. Underground tunnels in the combat zone are also noted for possible use.⁶

e. The Surgeon uses the information obtained from the terrain reconnaissance to draft a Medical Resolution to forward to the Chief of the Rear Services at Region Headquarters. This report includes the current status and capabilities of each medical unit. It indicates the proposed deployment and mission of each medical unit. Recommendations and requirements for additional personnel and equipment are also included. The Medical Resolution contains an estimate of the number which will be wounded and type of casualties to be expected.

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f. The next step is to coordinate with the various echelons of the medical service. The routes of evacuation, and the positions and specific missions of each Medical Station are discussed. The shortcomings of medical arrangements in previous battles are reviewed.

g. Following the battle, a critique is held with representatives from each medical section. The strong and weak points of each section are discussed, along with proposals for improvement.¹

2. The medical chain of evacuation is from medical units at company level to province hospital.

a. Medical evacuation begins on the battlefield where medical care is first performed by the wounded soldier or his comrades.¹³

b. He is seen next by the first aid man who gives emergency first aid on the battlefield and evacuates the patient to the next level of medical care. These first aid men are usually from the wounded man's company and have been trained to bandage wounds, control bleeding, and splint broken bones.

c. The wounded soldier is taken from the battlefield to the battalion aid station (aka 'Preliminary Surgical Station'). Here "first aid cells" are found. These are capable of handling battlefield casualties and holding sick call for the battalion staff and support elements. Cells normally consist of three persons and are located from 400 to 2500 meters from the combat zone.¹ Their mission is to provide additional emergency treatment. When desirable, the personnel at the battalion aid station can be augmented to provide a surgical capability. From this level soldiers with minor wounds are returned to the battle while others are evacuated by civilian porters to the regimental medical section.

d. At regimental level, casualties are handled by the 'Mobile Surgical Unit' (aka 'Final Surgical Station'). This unit is organized to administer first aid, treat shock, perform routine and orthopedic surgery, and provide post operative care. A patient may be held at this level for as many as fifteen days to allow total recovery.⁷ Patients arriving at the Mobile Surgical Units are evaluated and placed into one of three sections, depending upon the severity of wounds.

e. From the Mobile Surgical Unit patients can be sent back to the battle or evacuated to region or province medical facilities. At this level, the care provided varies according to the capabilities of the staff and equipment at each facility. Regional facilities may be used forward of the Mobile Surgical Unit if the combat zone is close by.⁶ The Province Military Hospitals are used for casualties that need a longer convalescent period than the lower echelons can provide. It is at this level that blood transfusions are said to be available.

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f. After treatment at region or province level, the patient may be sent back to a combat unit or sent to a convalescent camp.⁷ If permanently disabled, he may be returned to his home.¹⁷ Patients needing treatment not available at these facilities may be evacuated to hospitals in adjacent countries or to NVN.⁵

3. The transportation of the wounded is carried out by several methods. Most commonly, the patient is carried on a litter or a hammock by civilian laborers.¹⁰ However, captured documents indicate that some combat battalions may have a thirty-man platoon assigned to evacuate the wounded. When possible, motor boats and other small craft manned by civilians are used.³² Ox-carts,¹⁴ and even elephants³³, have been used for this purpose. There is also some evidence that air evacuation to NVN from bases in Cambodia and Laos has been used.⁵

4. Since most of the evacuation, at least in the forward areas, is by porters travelling on foot, there is often a considerable delay before a patient receives definitive care. An example of this delay is found in the documents captured in November 1965, during the Plei Me battle. From these documents it was learned that one Viet Cong medical facility treated a total of 112 casualties. Only eighteen (16%) cases were treated within twelve hours of the time they were wounded; ninety-four (84%) cases had to wait for more than twelve hours after they were wounded to receive medical treatment.³¹

5. The Viet Cong have encountered several other problems in evacuation of their battle casualties. The civilian laborers used for evacuation often get lost, take longer routes to avoid airstrikes and artillery fire, or are killed while evacuating casualties. Also, medical personnel are usually too scarce to permit any of them to accompany a patient between stations. This means that a patient may be without medical care for a long period of time. Another problem is that liaison between the various medical facilities is often incomplete or slow. This may lead to confusion when there has been a change in evacuation routes or policy. Even if a patient arrives safely at a medical station he may receive inadequate or incomplete care due to the lack of skilled personnel or shortage of equipment and supplies. These two reasons have been given as major causes of death during evacuation.¹

6. Evacuation of the dead from the battlefield is given a higher priority than the evacuation of the wounded. It is the responsibility of a dead man's comrades to evacuate his body from the battlefield. If this is not done, a combat unit may be sent forward solely for this purpose.⁶ The importance the Viet Cong place on evacuating the dead probably stems from the religious beliefs of the people of this area. However, it is also of psychological value, since it insures a soldier that an attempt will be made to evacuate him whether he is alive or dead.

7. Provisions for burying the dead are often made in advance of a battle. The Rear Services Medical Section has the responsibility for selecting gravesites and providing coffins and burial clothes. Some of the

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gravesites are adjacent to medical facilities in the rear areas.³⁴ Local Viet Cong guerrillas and militiamen are organized to perform the required labor. The dead are buried individually or in small groups. When the death toll is high there is evidence that mass burials are made with as many as 200 bodies in a single grave.²

IV. LOGISTICS. (See Annex D)

A. Sources of Medical Supplies.

1. Examination of captured materiel indicates that most Viet Cong medical supplies have been obtained within RVN.³ Although recent efforts by GVN have made it more difficult for the Viet Cong to purchase and transport medical materiel within RVN, this probably remains the chief source. Both Oriental and Western drugs are purchased on the open market in Saigon and larger towns.³ These are transported clandestinely into Viet Cong territory. The majority of Western medical items purchased in RVN are manufactured in non-Communist countries including France, Great Britain, India, Italy, Japan, Pakistan, Portugal, Switzerland, West Germany, and the United States.³ Whether the items made by these countries reach the Viet Cong via other routes is not known.

2. The Viet Cong have also captured and stolen supplies from ARVN and US medical facilities. Items bearing US federal stock numbers are frequently recaptured from the Viet Cong.⁶ Recently an intelligence source disclosed that the Viet Cong have sent their personnel to local GVN facilities instructing them to feign illness in order to obtain medication. The extent to which this practice flourishes is not known.³⁶

3. Since possibly before 1964, the Viet Cong have operated several facilities within RVN which process and package a limited amount of drugs and supplies. Bulk lots of raw materiel are transported to these facilities, made into solutions or tablets, and repackaged into smaller lots for distribution to medical facilities.^{4,1} Recently captured materiel has included items which indicate that the Viet Cong are reusing glass ampules and vials in their production centers. Some of the machinery used at these facilities has been obtained in Cambodia.¹ The origin of the raw materials is not fully known.

4. Medical supplies manufactured by Asian and European Communist-Bloc countries have also been captured. To date, the majority of these appear to have been made in NVN by the two state-controlled pharmaceutical factories in Hanoi.³ Items originating in Bulgaria, Communist China, Czechoslovakia, East Germany, Hungary, North Korea, Poland, and the USSR have also been identified.³ All of the latter have been Western-type drugs or bandages. Some of the items appear to be packaged especially for field-use by military facilities.

5. Cambodia is another source of medical supplies. In September 1965 the Cambodian government made outright gifts of certain drugs and sup-

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plies to the Viet Cong.¹ Prior to that time, and probably up to the present time, Viet Cong personnel periodically crossed into Cambodia to purchase medical supplies. The relative proportion of supplies obtained from this source is not known.

B. Organization of the Supply System. The Viet Cong have used several methods of purchasing, transporting and storing medical supplies. These methods vary somewhat with the geographical area and the tactical situation. It also appears that each Viet Cong medical facility has several alternate methods of obtaining necessary drugs and equipment.

1. A man infiltrating from NVN into RVN is usually issued a basic load of medical supplies before he leaves.⁵ Upon reaching his destination, he is instructed to turn in the unused portion to the local medical facility. NVA units are supplied by this method initially. However, after the basic load is exhausted NVA units probably rely on local sources for medical supplies.

a. The individual basic load is usually small, weighing approximately 2 kilograms. However, it appears that a limited number of individuals are given larger amounts, up to twenty kilograms.¹ Since weight is the limiting factor in the amount of supplies which can be transported in this manner, the Viet Cong have attempted to transport in bulk certain drugs, eliminating the weight of the individual containers.⁵ These items are thought to be repackaged in RVN as discussed above.

b. Because this is a relatively slow method of transportation,¹ there is a considerable amount of drug deterioration due to heat and humidity. The lack of refrigeration in transit precludes the shipment of certain items, such as liquid vaccines and antibiotic solutions.

2. When available, waterways are used in preference to land routes. There is evidence that the quantity of supplies transported in this manner has increased since 1963.¹ This method provides greater speed and larger load capacity while requiring fewer personnel. A variety of vessels ranging from sampans to sixty ton ocean-going ships have been used.³ Some deterioration of supplies, probably due to poor packaging, has been reported.¹

3. Within RVN, medical supplies have been transported by a variety of means such as trucks, scooters, and oxcarts. Because of the recent emphasis on preventing the outflow of medical supplies from sources in Saigon and other GVN centers, various clandestine methods of shipment have been used. The use of trucks with false bottoms, resoldered milk cans and loaves of bread concealing ampules of penicillin have been reported.

4. Upon reaching Viet Cong territory, medical supplies are stored either at a treatment facility or at one of the medical depots. Supplies are occasionally buried in the ground,¹ especially when the tactical situation indicates that the Viet Cong will have to abandon an area without sufficient time to carry the medical supplies away with them.

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5. In addition to storing supplies, the medical depots serve as distribution points for the medical facilities in their area.¹ It is known that standardized "sets" of drugs and equipment,³⁸ each designated by a supply code symbol, are issued periodically to some medical units. Whether these "sets" are packaged at depots in RVN or shipped intact from NVN is not known. Each "set" is labeled according to its contents and the number of patients for which it is designed.

6. Financial support of the medical system appears to vary widely.

a. Some Viet Cong soldiers receive a sum of money designated for medical supplies as part of their monthly pay. This sum usually ranges from 10 to 20\$VN.³⁹ There is evidence that these individuals must pay for the drugs and services they receive.⁴⁰ When this sum is not sufficient, the patient's family is expected to provide additional money.⁴¹ Under this system, the cost of hospital care averages 1,000\$VN a month. The rate at a dispensary is 600\$VN for the same period.³⁹

b. Other personnel appear to receive free medical care from the Viet Cong.³⁷ The basis of differentiation between these two groups is not known.

c. Some combat and medical units are allocated a sum of money for medical supplies as part of their annual budget.⁴⁰ This money appears to originate from higher headquarters. When the allocated sum is insufficient, additional collections are made in the form of taxes or contributions.³⁹

d. Unlike the Defense Supply System in the United States, some of the units are required to pay cash at the depot when drawing supplies.¹ If depots are not available or cannot meet the demands, the unit is free to purchase the medical supplies on the local economy. There is evidence to suggest that the depots also use direct purchase as one way to maintain their inventory.¹ Although the individual units appear to be somewhat independent in obtaining their supplies, central coordination at the province level or higher is characteristic of preparations for large-scale battles.¹

VII. MATERIEL. (See Annex D)

A. Pharmaceutical. Examination of captured medical materiel indicates that the Viet Cong use a wide variety of pharmaceutical agents. The lack of uniformity in the quantity and type of medication captured to date suggests that the inventory of drugs at the forward echelons of the medical service is non-standard. It is probable that the type of medication in use at any given time depends less on medical policy than on the availability of the medicine. Unlike the practice in the US military medical services, there is no widespread standardization of drugs and dosage forms. The individual preferences of medical personnel for certain pharmaceutical drugs is said to be another reason for this lack of uniformity. A Viet Cong

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captive told interrogators that this reason has led to the storage of significant amounts of certain drugs which were not in favor with local medical personnel. Despite the apparent lack of uniformity, certain general trends in the use of drugs can be discerned.

1. Due to the medical influence of the French, the Viet Cong make extensive use of oral and parenteral vitamins. The water soluble vitamins are especially prevalent among captured medical supplies. Treatment records indicate that vitamins are administered to treat almost all forms of illness, usually in conjunction with more specific therapy. Of the fat soluble vitamins, only vitamin K is in widespread use. The frequency with which vitamin K is found in captured medical supplies and the repeated mention of "hemostatic injections" in captured medical documents suggests that the Viet Cong are using vitamin K and its derivatives in an attempt to induce a hypercoagulable state.^{4,7,2} Although vitamin K is necessary for proper coagulation, there is no known scientific evidence supporting its use in the emergency control of active hemorrhage. While a certain amount of malnutrition and vitamin deficiency is known to exist in Vietnam, it is probable that the use of vitamins by the Viet Cong is in excess of actual physiologic needs.

2. The widespread use of stimulants such as caffeine and strychnine is another peculiarity of Viet Cong medicine. Other drugs with similar actions (lobelline, nikethamide and aminophylline) have also been captured, but not as frequently. The use of these agents is probably another instance of the influence the French have had on local medical practices.

3. The sulfa drugs are predominant among drugs used by the Viet Cong in the treatment of infection. While sulfas are the least expensive of these medications, there is no evidence that this is the controlling factor in its use. Packets of sulfanilamide crystals manufactured in Communist China and designed for direct application to open wounds have been recovered. The direct application of penicillin powder to wounds has also been advocated by the Viet Cong.⁷ The practice of applying these agents directly into wounds was discontinued by the United States Army in the early 1950s because of problems with resistant super-infection and foreign body reactions.

4. Examination of captured materiel and statements of captives indicate that certain pharmaceutical items are relatively unavailable within the Viet Cong Medical Service. General anesthetics and analgesic agents are especially scarce. Small quantities of thiopental and chloroform have been captured. The small amount of general anesthetics captured to date suggests that the majority of surgery is done under locally infiltrated anesthesia. Of the analgesics, only the salicylates are found with any frequency.

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5. Intravenous fluids are also relatively scarce.⁴ The use of blood by the Viet Cong has been mentioned by several sources, but to date blood has not been recovered at any of the captured medical facilities. Small amounts of dried human plasma and polyvinylpyrrolidone, both imported from outside the Communist-bloc, have been captured.

6. Sympathomimetic vasopressor agents are equally scarce. Shortages of both volume expanders (blood and intravenous fluids) and pressor agents would greatly interfere with the Viet Congs ability to treat shock. Solutions of various calcium salts have been found with some frequency. It is likely that both calcium and the xanthine stimulants mentioned above are used in the absence of more effective treatment for shock.

7. Other classes of drugs which are conspicuous by their absence or infrequent appearance are the antihistamines and ophthalmic, otic, and dermatological preparations. These agents have limited use in the emergency care of combat casualties. It may be that they are more readily available farther back in Viet Cong held territory where larger medical installations are known to exist.³

B. Equipment. Relatively little is known about the quality and quantity of medical equipment used by the Viet Cong. Although several large medical facilities have been captured, the majority of the equipment found has been limited to surgical instruments, bandages, and the like.³ The assortment and condition of the instruments captured at any given facility has varied considerably. All have been of standard design and similar to those in current use in the United States.

1. There are several indications that all types of medical equipment are in short supply in the Viet Cong medical service.⁴

a. It is known that standard "sets" of instruments are issued to some medical facilities on the basis of the projected number of patients to be treated per month.³⁸ However, some of the captives interrogated have stated that in spite of this there remains a widespread shortage of equipment.⁴ The Viet Cong do not have the capability of manufacturing medical instruments other than a few simple items fashioned from bamboo.¹ The suppliers of manufactured items have been NVN, Communist China, USSR, Poland, Czechoslovakia, and Hungary.^{1,3}

b. The noticeable lack of more complex equipment may be due to several factors. Most of the medical facilities captured to date did not appear to have access to electricity. This would preclude the use of such items as X-ray equipment, electrocardiographs, refrigeration apparatus, and other electronic or motor driven equipment. At the one unit known to employ generators, the electricity was used only for lights and refrigeration.²⁶ The fact that controlled refrigeration is not generally available in other locations would severely hamper attempts to store whole blood and certain medications.

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c. In addition to the lack of a power supply, two other key factors may limit the use of major pieces of medical equipment. Most of the more sophisticated items of equipment require trained personnel capable of operating and maintaining each item. Such personnel are not known to be generally available. Furthermore, many of these items are bulky, heavy, and hard to transport. Since many Viet Cong transportation resources are used to carry drugs and basic supplies into the field, widespread importation of major medical equipment probably would interfere with the supply of more essential items.

2. One of the most significant shortages in the Viet Cong medical service is the lack of sterile supplies.^{4,1} Basic items such as syringes, hypodermic needles, and bandages are often dirty and show evidence of prior use when captured. In addition to an inadequate supply of these items, there is evidence that the facilities for re-sterilizing them are limited. Boiling is the method of sterilization in widest use at present.^{7,1} Although this requires little equipment, the instrument requires drying and consequently is potentially recontaminated. The effect of this on the medical care given by the Viet Cong is not fully known but the relative lack of syringes and needles suggests that many of the drugs designed to be administered by injection are in fact taken orally.³ In certain instances this practice could alter the effects of a given drug.

3. Laboratory equipment, particularly that used in diagnostic procedures, is in very limited use. One microscope and some litmus-like paper have been captured, but items such as centrifuges, hemocytometers, and other basic laboratory equipment have not been reported. Although fundamental pathology,² including bacteriology, is taught at several levels in the training program, there is no evidence to suggest that the Viet Cong are able to process pathological specimens.

4. Other significant items which have not been captured or described include: anesthesia apparatus capable of dispensing gas-state anesthetics, prosthetic limbs, braces, and other forms of equipment used in rehabilitation. These and other items mentioned may well be in use in the rear areas where larger, more permanent, medical facilities are known to exist.

VIII. SUMMARY.

A. Over the past five years the Viet Cong have expanded their medical capability. Faced with the increasing need for medical support of their military forces, they have enlarged and improved their medical service. New medical facilities have been created and old ones reorganized. In order to provide personnel to staff these facilities, an extensive training program was established. An increasingly more sophisticated chain of command with ultimate control at COSVN has resulted in improved efficiency through better coordination.

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B. The Viet Cong have not been without help. Evidence of widespread support of the medical service by NVN and other Communist countries is growing. Significant amounts of medical materiel from Eastern Europe, Communist China, and the USSR have been captured in the past few months. Moreover, personnel from these same countries have conducted training courses, advised medical cadre, and staffed treatment facilities in RVN and NVN.

C. In spite of foreign aid and the many improvements the Viet Cong have fostered, the medical service has shortcomings. One of the major deficiencies is the present lack of adequate transportation facilities in support of the medical effort. There is a significant delay between the time some men are wounded and the time they first receive medical treatment. This has undoubtedly affected the mortality and morbidity rates. Unless more rapid means of transportation are obtained, this will remain a serious problem for the VC.

D. The lack of adequate transportation has also affected the medical supply system. At present, the Viet Cong are short of many types of drugs and equipment. They are forced to rely heavily on local purchases to resupply their depots and treatment facilities. Because of this, they must resort to multiple small shipments to avoid detection and capture. This requires a large number of personnel and consequently is inefficient. Although larger shipments have been made by sea and inland waterways, not all Viet Cong areas are accessible by these routes. This problem will increase as the Viet Cong are forced away from the coastal towns and cities which are their major sources of supply.

E. The shortage of adequately trained medical personnel is another problem which will not be solved easily. Although a large number of medical personnel are trained annually, the training they receive is limited. By Western standards, these personnel lack both experience and knowledge in relation to the positions they fill. The greatest need is for physicians with medical school training. At present, the Viet Cong have no facilities in RVN capable of providing this type of personnel.

F. Although well organized in theory, the medical service remains only slightly above the field expedient level. Lacking in trained personnel, supplies, and transportation, it falls below acceptable Western standards. Until these basic problems are solved, the Viet Cong will not be able to improve significantly the present level of medical care.

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FOOTNOTES

1. MIC 0682 17 Dec 65
2. Log No 8-358-65 13 Oct 65 MACV J2
3. Captured Viet Cong Material
4. SIC 214/65 18 Aug 65
5. "The Viet Cong" Hq USAJFKGENSPWAR Dec 64
6. OB Studies VC Medical Service Mar 65
7. MIC 0674 5 Oct 65
8. Log No 01-1000-65 29 Dec 65 MACV J2
9. SIC 33/64 28 Feb 64
10. CIA Report # CS 311/13051-65 Sept 65
11. Intelligence Information Report #385/66 19 Jan 66
12. SIC 376/65 6 Jul 65
13. Log No 6-479 29 Jun 64 MACV J2
14. MIC 0613 24 Jun 65
15. MIC 0683 21 Jun 65
16. Log No 01-1002-65 29 Dec 65 MACV J2
17. Log No 01-1007-65 29 Dec 65 MACV J2
18. Sport Report 1-66 5 Jan 66 521st Med Det
19. Log No 01-1032-66 13 Jan 66 MACV J2
20. Log No 01-1024-66 29 Dec 65 MACV J2
21. Log No 01-1022-66 29 Dec 65 MACV J2
22. Log No 6-265-65 17 Dec 65 MACV J2
23. Log No 01-1527-66 31 Jan 66
24. DIA Digest July 65 PP20-22

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25. Intelligence Information Report #571/66 27 Jan 66
26. Intelligence Information Report #275/66 13 Jan 66
27. Intelligence Information Report #272/66 11 Jan 66
28. MIC 0808b 21 Oct 65
29. Intelligence Information Report #603/66 31 Jan 66
30. Log No 01-1436-66 27 Jan 66
31. Translation of Document captured at Song Cam Dispensary during Plei Me battle
32. Log No 01-1023-66 29 Dec 65
33. Manta 1659/65 1965
34. Log No 6-266-65 13 Jun 65 MACV J2
35. MIC 0682f 24 Jul 65
36. Intelligence Information Report #279/66 14 Jan 66
37. SIC 352/65 18 Nov 65
38. ISUM #0151440z AFF4
39. Log No 12-0818-65 11 Jan 66 MACV J2
40. MIC 0582 25 May 65
41. Rand Report AG 199 20 May 65
42. SIC 139/65 24 July 65
43. Log No 10-264-65 17 Dec 65 MACV J2
44. Log No 01-1026-66 29 Dec 65 MACV J2
45. Intelligence Report #2-905-0223-65 17 Sept 65
46. MIC 0915a 10 Jan 66
47. Log No 11-0180-65 10 Jan 66 MACV J2
48. Log No 11-0197-65 10 Jan 66 MACV J2

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ANNEX A

(A-1 through A-10)

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ANNEX A: I. PERSONNEL AND TRAINING

A. FIRST AID MAN

1. Selection and Training Local recruits trained in first aid.
2. Skills Bandaging, splinting, control of bleeding, administration of injections, evacuation of casualties.⁴
3. Assignments Squads, regimental sections, battalion aid stations, dispensaries, surgical units.⁵

B. MEDIC

1. Selection and Training Local recruits who have had first aid training or trained in advanced first aid. Selected individuals receive further training in preventive medicine.
2. Skills Bandaging, splinting, control of bleeding, administration of injections, evacuation of battle casualties.⁴
3. Assignments Company medics, battalion aid stations, regimental medical sections, dispensaries, surgical units,⁵ clearing stations.

C. NURSE

1. Selection and Training Local recruits with first-aid training who have been promoted to nurse from first aid man or who have been to nurse's school. Advanced first-aid, common diseases, obstetrical care and pharmacology.
2. Skills Bandaging, splinting, control of bleeding, administration of injections, treatment of common diseases, prescription of medicine,⁴ preparation of oriental medicines.
3. Assignments Squad leader in charge of drug service, surgical technician, chief of a district or a company medical section, battalion headquarters medical section.⁴

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ANNEX A: I. PERSONNEL AND TRAINING (Continued)

D. PHARMACIST

1. Selection and Training
Must have the rank of Medic, have 4th grade education, good political background and a steady ideology.² Trained in the use and theory of medications, effects of drugs, medical supply and maintenance of equipment.¹³
2. Skills
Compounding, storage, and distribution of drugs and medical maintenance.
3. Assignments
Pharmacy of a province medical section, dispensaries and medical depots.²

E. MEDICAL TECHNICIAN

1. Selection and Training
Older medics, who are promoted to medical technician from medic or who have been to medical technician school.¹ Trained in internal and external diseases, first aid and surgery.
2. Skills
Treatment of internal and external diseases, wounds, treatment and care of surgical patients, and first aid.¹²
3. Assignments
Chief of a dispensary or chief of a surgical unit. Medical specialist in ophthalmology, preventive medicine,² ear, nose, and throat diseases.¹

F. MEDICAL OFFICER

1. Selection and Training
Personnel who have received advanced medic and medical technician training. Trained in surgery,¹⁴ external diseases and civilian health work.²
2. Skills
Surgery, internal medicine.
3. Assignments
Medical officer in a regimental surgical unit,⁵ Asst Chief of the Civilian Health Section, or battalion medical officer.²

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ANNEX A: I. PERSONNEL AND TRAINING (Continued)

G. DOCTOR

1. Selection and Training
Medical officers or nurses promoted directly to doctors and doctors who have graduated from medical school. Trained in internal medicine, surgery and the specialties.
2. Skills
Internists, preventive medicine specialists, abdominal surgeons, orthopedic surgeons, rehabilitation specialists.¹
3. Assignments
Chief of Civilian Health Section.²
Rear services medical section,¹
regimental medical section⁵ and zone hospitals.

ANNEX A: II. SUBJECTS TAUGHT AT VARIOUS LEVELS OF VC MEDICAL TRAINING

A. FIRST AID MAN

1. First Aid
 - a. Control of Bleeding
 - b. Bandaging
 - c. Splinting
 - d. Evacuation
2. Medical Techniques
 - a. Administering injections
 - b. Taking blood pressure
 - c. Taking temperature
3. Origins of Diseases
4. Common Medicines

B. MEDIC^{1,4,2,43}

1. Physiology
2. Pharmacology
3. Internal Diseases ✓

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ANNEX A: II. SUBJECTS TAUGHT AT VARIOUS LEVELS OF VC MEDICAL TRAINING (Continued)

4. External Diseases
 5. Surgery
 6. Obstetrics
- C. NURSE^{4,6}
1. Physiology
 2. Anatomy
 3. Pharmacology
 4. Sanitation
 5. Internal Medicine
 6. External Medicine
 7. Obstetrics
 8. Practical Training
- D. PREVENTIVE MEDICINE SPECIALISTS²
1. Prevention of Epidemic Diseases
 2. Hygiene
 - a. Messes
 - b. Billets
 - c. Latrines
- E. DENTAL ASSISTANTS⁷
1. Dental Anatomy
 2. Dental Pathology
 3. Dental Equipment
 4. Dental and Oral Hygiene
 5. Dental Exams
 6. Oral Surgery

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ANNEX A: II. SUBJECTS TAUGHT AT VARIOUS LEVELS OF VC MEDICAL TRAINING (Continued)

F. PHARMACY ASSISTANT^{1,2}

1. Mathematics
2. Physics
3. Chemistry
4. Theory of Medications
5. Effects of Drugs
6. Medical Supply
7. Maintenance of Equipment

G. MEDICAL TECHNICIAN¹²

1. Basic Sciences
 - a. Physiology
 - b. Anatomy
 - c. Pharmacology
 - d. Bacteriology
2. Internal Diseases
3. External Diseases
4. Obstetrics
5. Diagnosis of Obstetrics
6. Surgery

I. MEDICAL OFFICER^{2,14}

1. General Education
 - a. Chemistry
 - b. Physics
 - c. Mathematics
2. Political Training
3. Anatomy
4. Pharmacology

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ANNEX A: II. SUBJECTS TAUGHT AT VARIOUS LEVELS OF VC MEDICAL TRAINING (Continued)

- a. Western
 - b. Oriental
5. Pathology
 6. Patho-physiology
 7. Internal Medicine

ANNEX A: III. CAPTURED VIET CONG MEDICAL TRAINING PUBLICATIONS³

<u>TITLE</u>	<u>PUBLISHED BY</u>	<u>DATE PUBLISHED</u>
1. <u>Sanitation and Prevention of Disease</u>	Long An Province Civilian Health Section	1965
2. <u>Basic Understanding of Pharmacy</u>	Long An Province Political Service	1965
3. <u>Basic Virtues (or) Qualities of a Revolutionary Medic</u>	Unk. (Political Type Information)	1964
4. <u>First Aid Lesson, Vol II</u>	Long An Military-Civil Health Section	1965
5. <u>First Aid Lesson, Vol III</u>	Long An Military-Civil Health Section	1965
6. <u>Recapitulation of Experience Gained in 200 Medical Lessons, Vol II</u>	SVN Medical Section, Republished by Long An Province	1964
7. <u>Medical List of Diseases (Neurology and Respiratory)</u>	Dr. Than Dhe Nghiep	1964
8. <u>New Medical Concepts and Virtues of Revolutionary Medics. Discussion of the Combination of Eastern and Western Medicine. Means of Evacuation. Mission of a Nurses Aide.</u>	Unk.	Unk.

NOTE: Titles are translated

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ANNEX A: IV. MEDICAL COURSES CONDUCTED BY THE VIET CONG

A. MILITARY REGION II (1 JAN 64 - 17 DEC 65)

<u>TITLE</u>	<u>LOCATION</u>	<u>LENGTH</u>	<u>NUMBER OF STUDENTS</u>
First Aid	1 Medical Section T-2	2 Months	UNK
First Aid	2 Dispensary #1 T-2	2-4 Weeks	30
First Aid	2 Dispensary #2 T-2	2-4 Weeks	25
Third Aid	2 Dispensary #3 T-2	2-4 Weeks	15
Medic Training	15 Ba Tri District T-2, Kien Hoa Province	4 Months	6
Medic Training	1 Medical Section T-2	3-4 Months	UNK
Medic Training	2 Province Civic Health and Medical Sections T-2	3-4 Months	UNK
Dental Assistant	2 T-2 Region Medical Section, Ke Sach Canal Area, Tuyen Binh, Kien Tuong Province	4 Months	7-9
Pharmacist Assistant	2 T-2 Region Medical Section 2nd Lab My Thien Village, Sung Hieu, Dinh Tuong Prov.	9 Months	20
Pharmacist Assistant	1 Medical Section T-2	OJT	UNK
Medical Technician	1 Medical Section T-2	Approximately 9 Months OJT 6 Months - 1 year after graduation	30
Medical Technician	1 Medical Section T-2	18 Months	30
Medical Officer	2 Medical Section T-2 Region, Med Service COSVN	12 Months	UNK

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ANNEX A: IV. MEDICAL COURSES CONDUCTED BY THE VIET CONG (Continued)

B. OTHER TRAINING SCHOOLS IN RVN (JAN 62 - DEC 65)

<u>TITLE</u>	<u>LOCATION</u>	<u>LENGTH</u>	<u>NUMBER OF STUDENTS</u>
First Aid	1 Phu Giao District, Phouc Thanh Province	3 Months	8
Aidman	5 Tuyen Duc Province	3 Months	UNK
Aidman	⁴⁴ Medical Group 83	1 Month	27
Aidman	⁴⁴ Medical Group 83	1 Month	54
First Aid	4 Quang Ngai Province, Ba Nha Area	3 Months	15-20
Aidman	⁴² Thua Thien Province	3 Months	20
First Aid	⁴² Quang Ngai Province	3-4 Months	50-60
Medic	5 Quang Ngai Province	UNK	35
Medic	⁴⁴ Medical Group 83	3 Months	28
Medic	⁴³ Kien Giang Province	4 Months	UNK
Medic	⁴³ Kien Giang Province	8 Months	80
Medic	⁴² Quang Ngai Province	4-5 Months	50-60
Medic	2 Quang Tin Province	UNK	40
Medic I	2 UNK	6 Months	58
Medic II	2 UNK	6 Months	50
Nurse	4 Quang Ngai, Ba Nha Area	5 Months	UNK
Nurse	⁶ 270th Regt. Dispensary, Phouc Thanh Nat'l Rt #1	5 Months	50

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ANNEX A: IV. MEDICAL COURSES CONDUCTED BY THE VIET CONG (Continued)

B. OTHER TRAINING SCHOOLS IN RVN (JAN 62 - DEC 65) (Continued)

<u>TITLE</u>	<u>LOCATION</u>	<u>LENGTH</u>	<u>NUMBER OF STUDENTS</u>
Preventive Medicine Cadre Refresher Course	2 UNK	1 Month	30-280
Dental Assistant	7 Phouc Thanh Province, Phu Giao District	9 Month (OJT)	1
Intermediate Medical Officer	14 Northeast Dong Rum	12 Months	UNK
Medical Officer	2 UNK	7 Months	65

C. MEDICAL COURSES AVAILABLE TO THE VIET CONG GIVEN IN NVN 1960 - 1965

Nurse	9 NVN Czech Friendship Hospital, Hai Phoung	5 Months	UNK
Adv Med Training	1 NVN	6 Months	43
Medical Technician III	12 Thanh Hoa Province NVN 10th Mil Hospital	18 Months	150
Military Doctor	1 Ha Dong NVN	4 Years	UNK

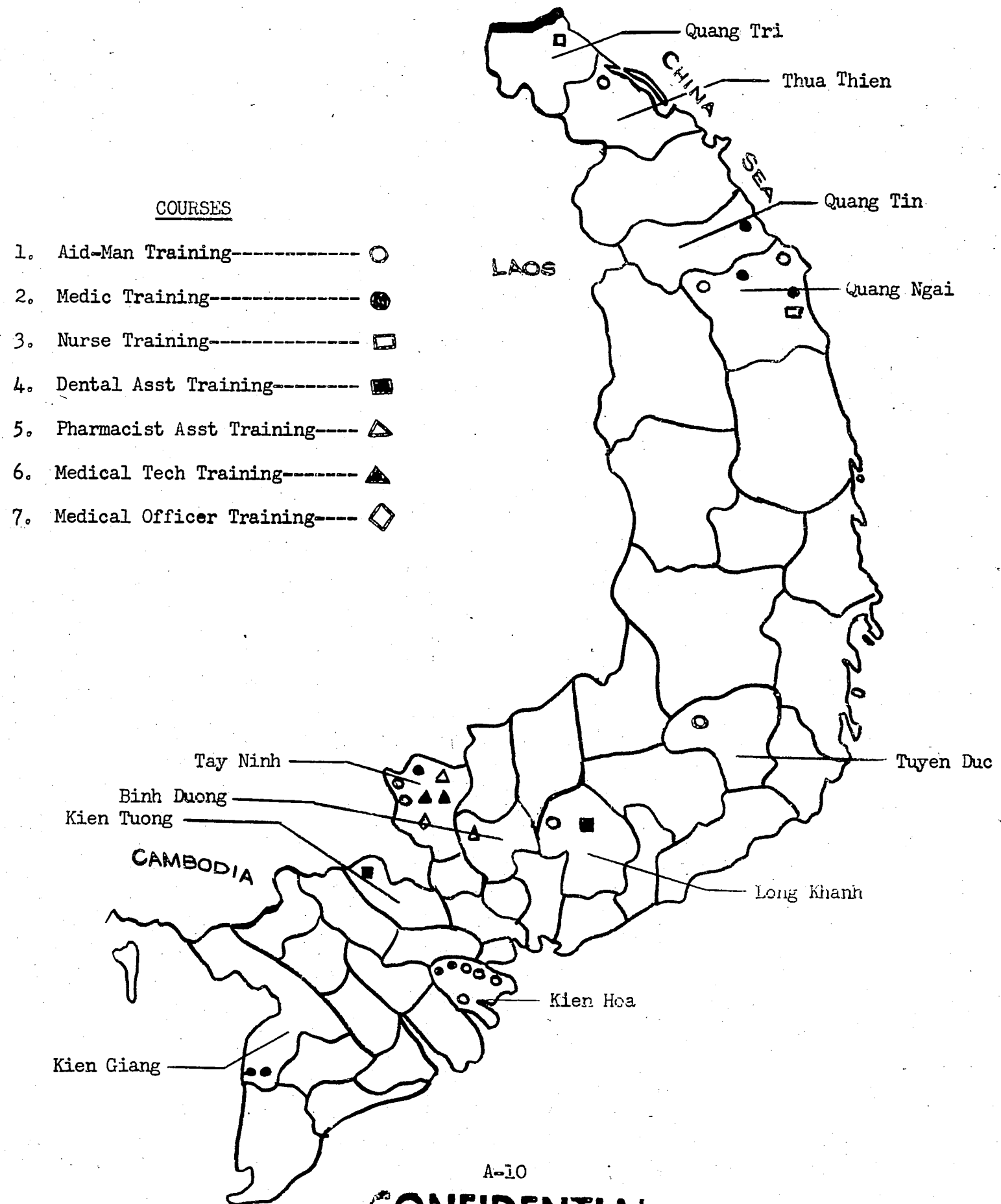
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ANNEX A: V. LOCATION OF VIET CONG MEDICAL TRAINING SITES



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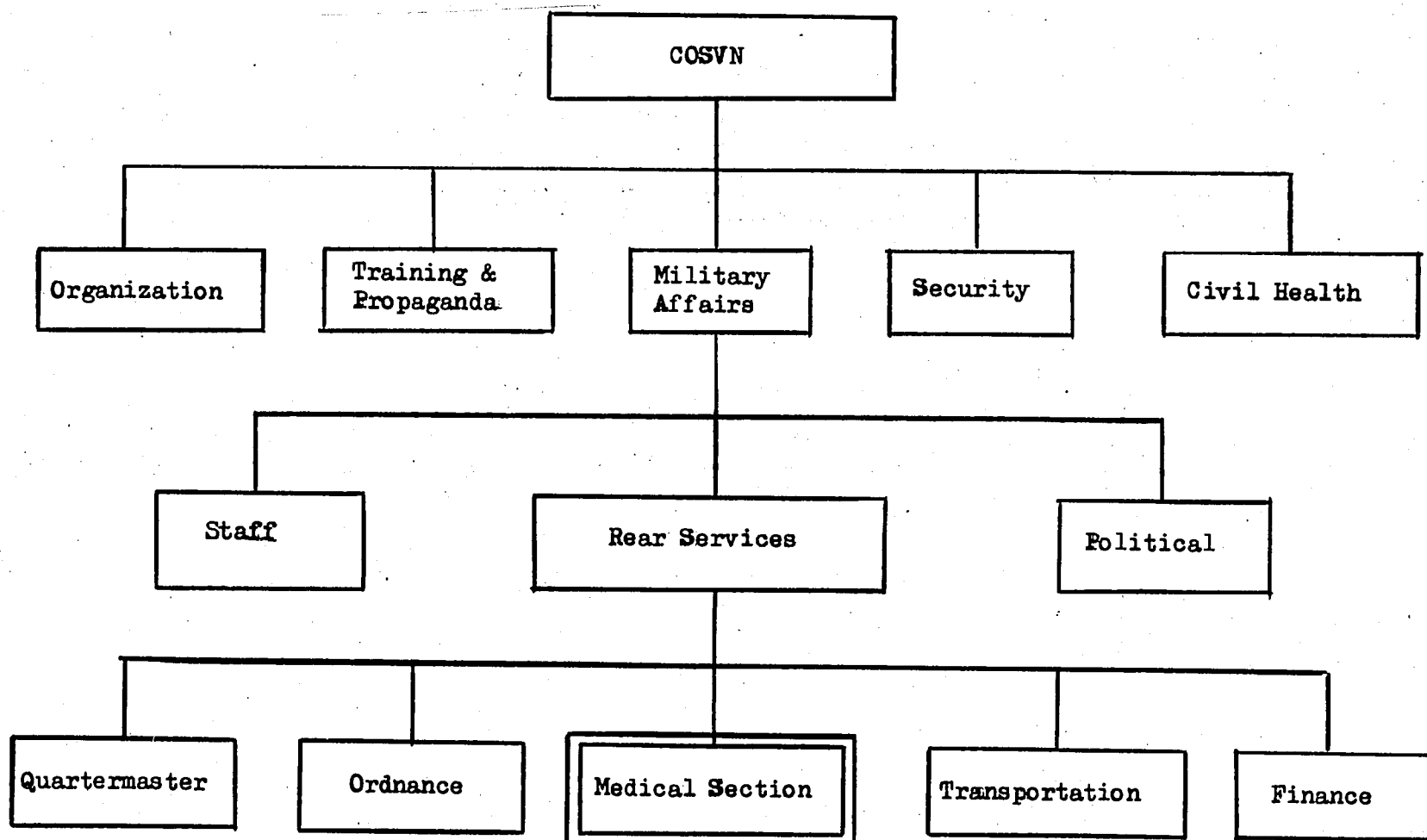
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ANNEX B

(B-1 through B-9)

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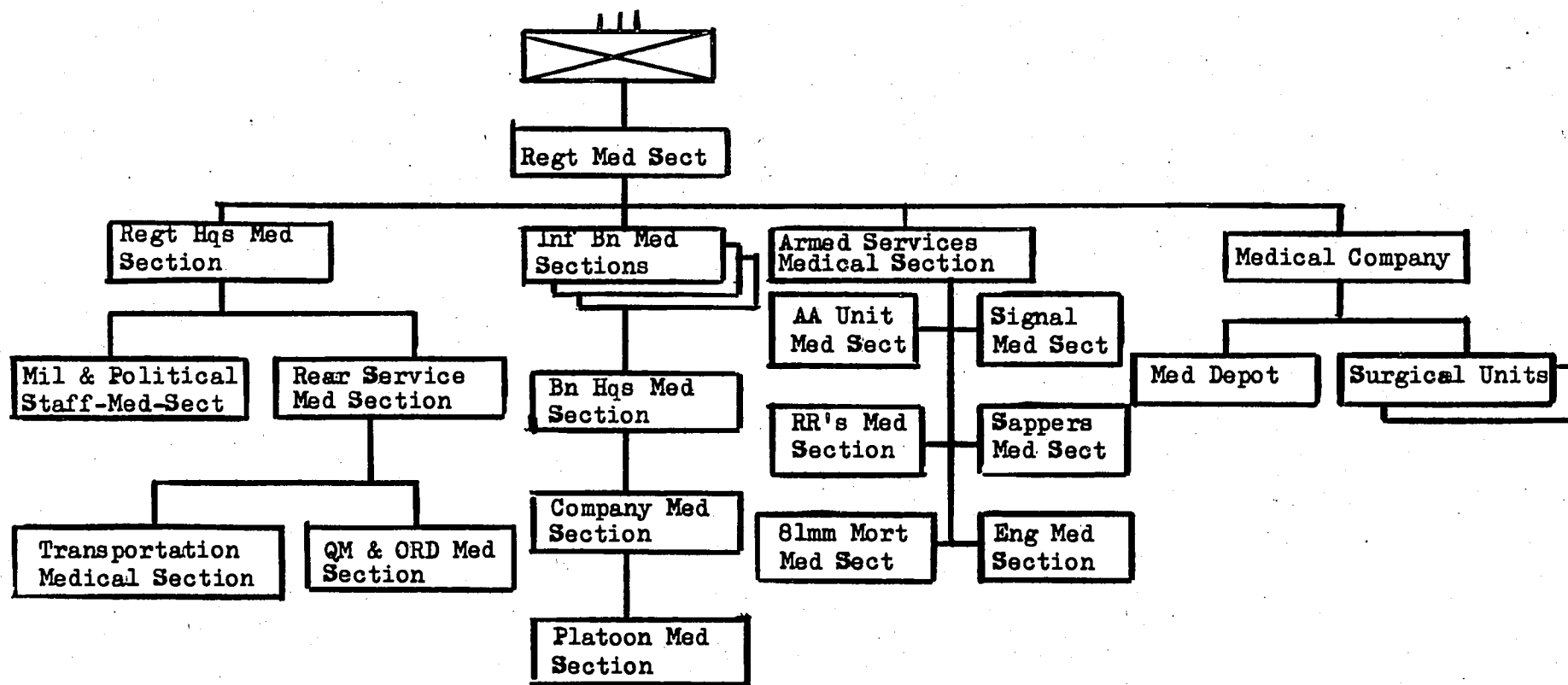
ANNEX B: I. ORGANIZATION OF COSVN SHOWING POSITION OF THE MEDICAL SECTION ^{10,46}



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B-1

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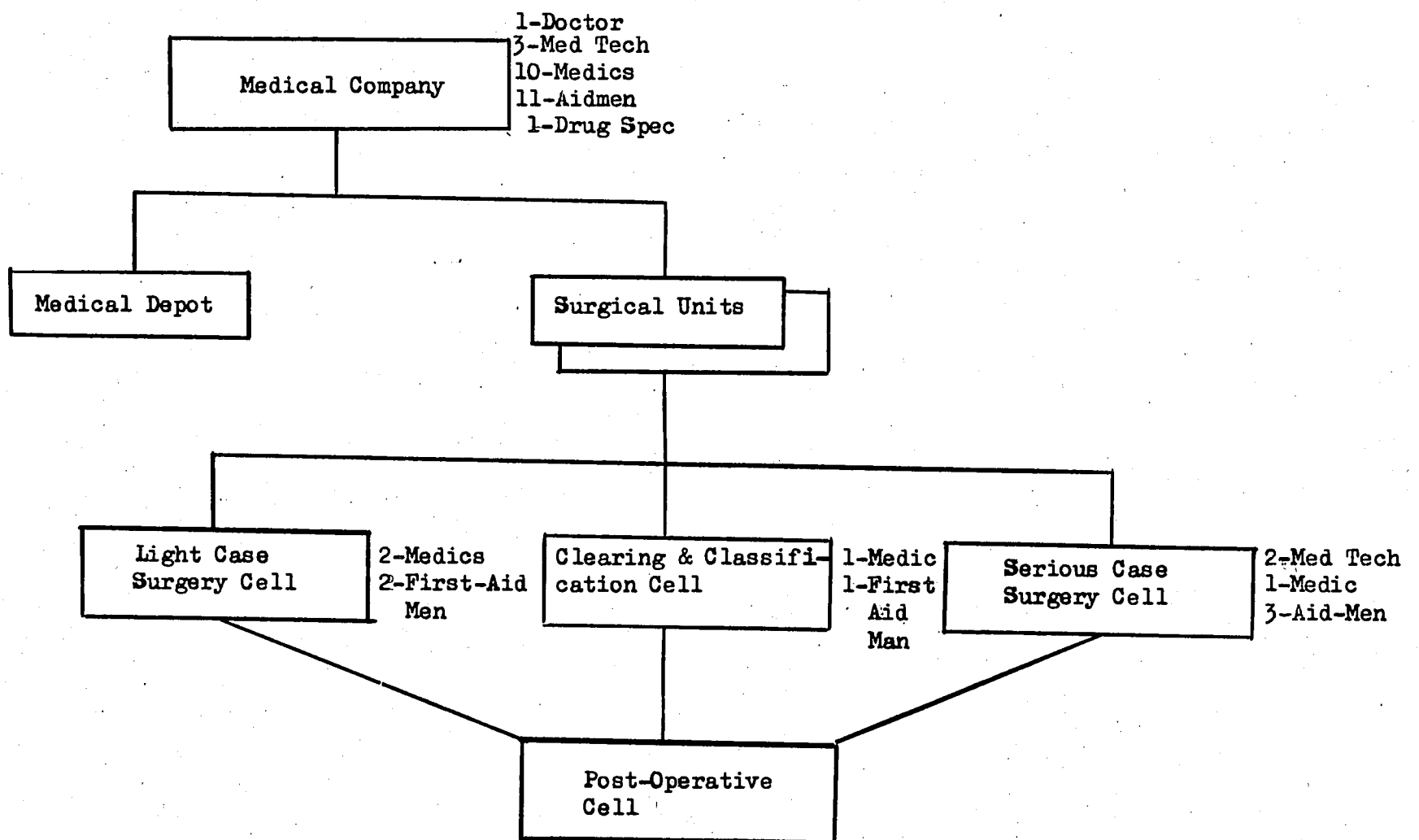
ANNEX B: II. ORGANIZATION OF A REGIMENTAL MEDICAL SERVICE⁴⁶



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ANNEX B: III. ORGANIZATION AND PERSONNEL OF A MEDICAL COMPANY⁴⁶



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ANNEX B: IV. ORGANIZATION AND CADRE OF DISPENSARIES SUBORDINATE TO MILITARY REGION II^L

A. First Medical Dispensary

Cadre and Personnel

Chief - - - - -	Medical Officer (Lt)
Assist. - - - - -	None
Ward Chief - - - - -	Medic
Medics - - - - -	6
Other Personnel - - - - -	24

Organization and Activities

External Disease Wards - - - - -	2
Internal Disease Wards - - - - -	1
Medical Depot - - - - -	1
Administrative Section (Food and Supply) - - - - -	1
Treatment Cells (within Internal and External Disease Wards) - - - - -	3
Operating Room - - - - -	1

Other Data

Wards are located one (1) kilometer apart.
Each ward is a house that holds ten (10) patients.
Maximum capacity for this dispensary is 60 patients.

B. Second Medical Dispensary

Cadre

Chief - - - - -	Medical Officer
Assist. - - - - -	Medical Officer
Medics - - - - -	3
Other personnel - - - - -	35

Organization and Activities

Same as First Medical Dispensary.

C. Third Medical Dispensary

Cadre

Chief - - - - -	Medical Officer
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ANNEX B: IV. ORGANIZATION AND CADRE OF DISPENSARIES SUBORDINATE TO MILITARY REGION II¹

Other personnel - - - - - 20 (including female nurse)

Activities

To receive about fifty (50) light cases who have received preliminary treatment from the regional surgical unit.

ANNEX B: V. DRAFT OF TOE FOR A VIET CONG FIELD HOSPITAL PREPARED BY MEDICAL SECTION OF GROUP 50¹⁶

COMMAND COMMITTEE

	Number of Personnel
Head - - - - -	1
Assistant - - - - -	1
Political - - - - -	1
Political Staff Cadre - - - - -	1
Liaison Agent - - - - -	1

SECTIONS

A. Medical Affairs Section

Medical Officer in Charge - - - - -	1
Medic in Charge of Reception - - - - -	1
Medic in Charge of Patient Yard - - - - -	1

B. Surgical Section

1. Doctor Head of Section - - - - -	1
2. Patient's Yard	
Medical Officer Charge - - - - -	2
Administrative Clerk - - - - -	1

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ANNEX B: V. DRAFT OF TOE FOR A VIET CONG FIELD HOSPITAL PREPARED BY
MEDICAL SECTION OF GROUP 50¹⁶ (Continued)

	Number of Personnel
Medics and Nurses - - - - -	10
Janitors - - - - -	2
3. Surgical Room	
Medical Officer - - - - -	2
Administrator - - - - -	1
Medic - - - - -	6
Janitor - - - - -	2
Transfusion Specialist - - - - -	1
C. Administrative Section	
Adjutant - - - - -	1
Transportation - - - - -	40
Supply - - - - -	12
Equipment - - - - -	1
Guard - - - - -	9
Cook - - - - -	7
	<hr/>
TOTAL STRENGTH - - - - -	106

ANNEX B: VI. DRAFT OF 150 BED HOSPITAL TOE PREPARED BY MEDICAL
SERVICE OF GROUP 50⁸

	Number of Personnel
A. Command Committee	
Hospital Head - - - - -	1

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ANNEX B: VI. DRAFT OF 150 BED HOSPITAL TOE PREPARED BY MEDICAL SERVICE OF GROUP 50⁸ (Continued)

	Number of Personnel
Assistant - - - - -	1
Political Officer - - - - -	1
Political Staff Asst - - - - -	2
Educational Staff - - - - -	1
Assistant Liaison Agent - - - - -	1
B. Medical Affairs Department	
Staff Assistant - - - - -	1
Medical Officer in Charge of Sick Call and Training - - - - -	1
Specialist for Disease Prevention and Hygiene Clearing Room Medic - - - - -	1
Typist - - - - -	1
C. Surgical Section	
1. Doctor Head of Section - - - - -	1
2. Surgical Room	
Medical Officer (anesthetist) - - - - -	1
Aseptic Specialist - - - - -	2
Antiseptic Specialist - - - - -	2
Janitors - - - - -	2
3. Patient's Yard	
Medical Officer in Charge - - - - -	2
Administration Clerk - - - - -	1
Medics - - - - -	8

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ANNEX B: VI. DRAFT OF 150 BED HOSPITAL TOE PREPARED BY MEDICAL SERVICE OF GROUP 50⁸ (Continued)

	Number of Personnel
Midwife - - - - -	1
Janitors - - - - -	2
D. Medical Section	
Doctor Head of Section - - - - -	1
Medical Officer - Practitioners - - - - -	2
Administration Clerk - - - - -	1
Nurse - - - - -	6
Medics - - - - -	6
Janitors - - - - -	2
E. Pharmaceutical Section	
Pharmacist - - - - -	1
Assistant - - - - -	2
Janitors - - - - -	2
F. Dental Section	
Dentist - - - - -	1
Assistant - - - - -	2
Dental Worker - - - - -	2
G. Test and Blood Transfusion Section	
Test Specialist - - - - -	1
Transfusion Specialist - - - - -	1
Janitor - - - - -	1
H. Administration Section	
Head - - - - -	1

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ANNEX B: VI. DRAFT OF 150 BED HOSPITAL TOE PREPARED BY MEDICAL SERVICE OF GROUP 50⁸ (Continued)

	Number of Personnel
Adjutant - - - - -	1
Supply Store Keeper - - - - -	1
Supply Clerk - - - - -	6
Duty Attendant for Patients - - -	8
Duty Attendant for Hospital Personnel - - - - -	5
Production Personnel - - - - -	10
Transportation Personnel - - - - -	30
Guards - - - - -	8
Carpenters - - - - -	3
Tailor - - - - -	1
TOTAL STRENGTH	<u>138</u>

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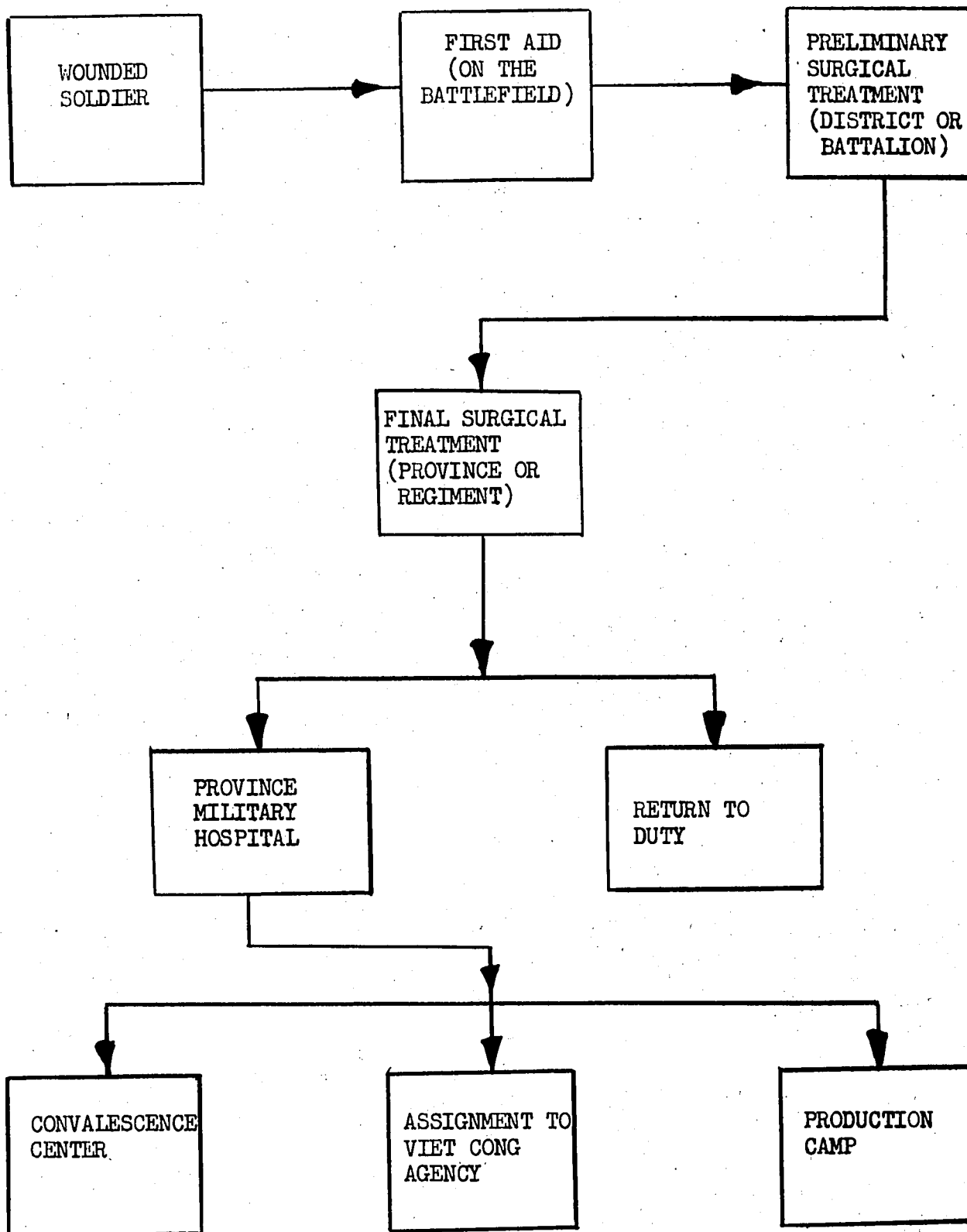
ANNEX C

(C-1 through C-4)

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ANNEX C: I. PROTOTYPE PLAN OF VIET CONG EVACUATION SYSTEM⁹



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ANNEX C: II. VIET CONG ESTIMATE AND DISPOSITION OF WOUNDED IN A REGIMENTAL MILITARY OPERATION¹

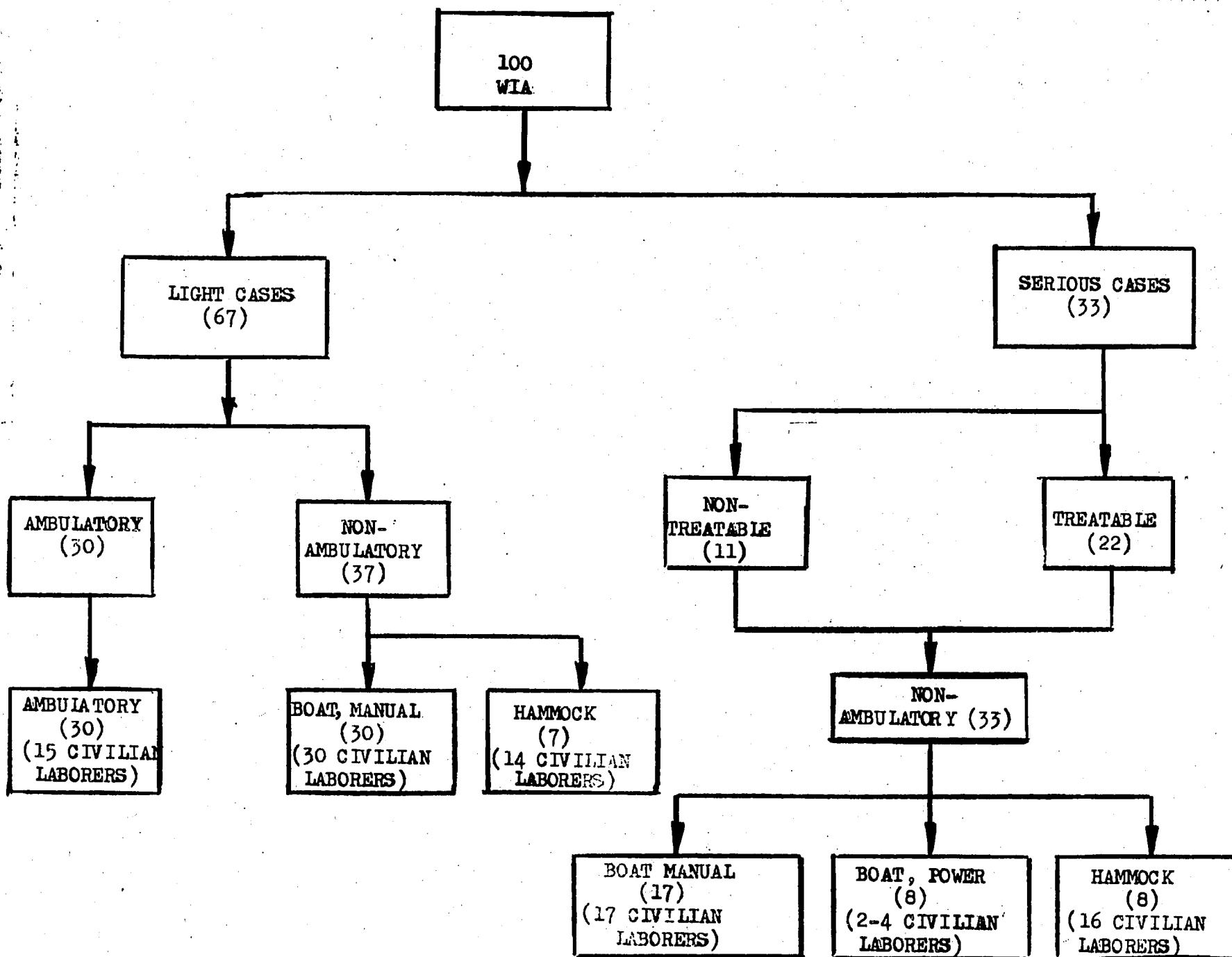
The following pre-battle estimate made by the 1st Dong Thap Regiment Medical Section shows the number, type, and disposition of the expected WIA.

In a regimental size engagement 100 casualties are expected. Of these $1/3$ will be serious cases and $2/3$ will be light cases. The serious cases are further divided into treatable and non-treatable cases. It is expected that $1/3$ of the serious cases will have head, spine, or genital wounds. These are considered non-treatable cases. The remaining $2/3$ of the cases will be abdomen, chest, and extremity wounds which can be treated.

Of the 100 wounded, 30 are expected to be ambulatory while 70 will be non-ambulatory. One civilian laborer is necessary to accompany two ambulatory casualties. Non-ambulatory patients evacuated by hammocks requiring two laborers or evacuated by boats requiring one or more laborers.

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ANNEX C: VIET CONG ESTIMATE AND DISPOSITION OF WOUNDED IN A REGIMENTAL MILITARY OPERATION¹⁰

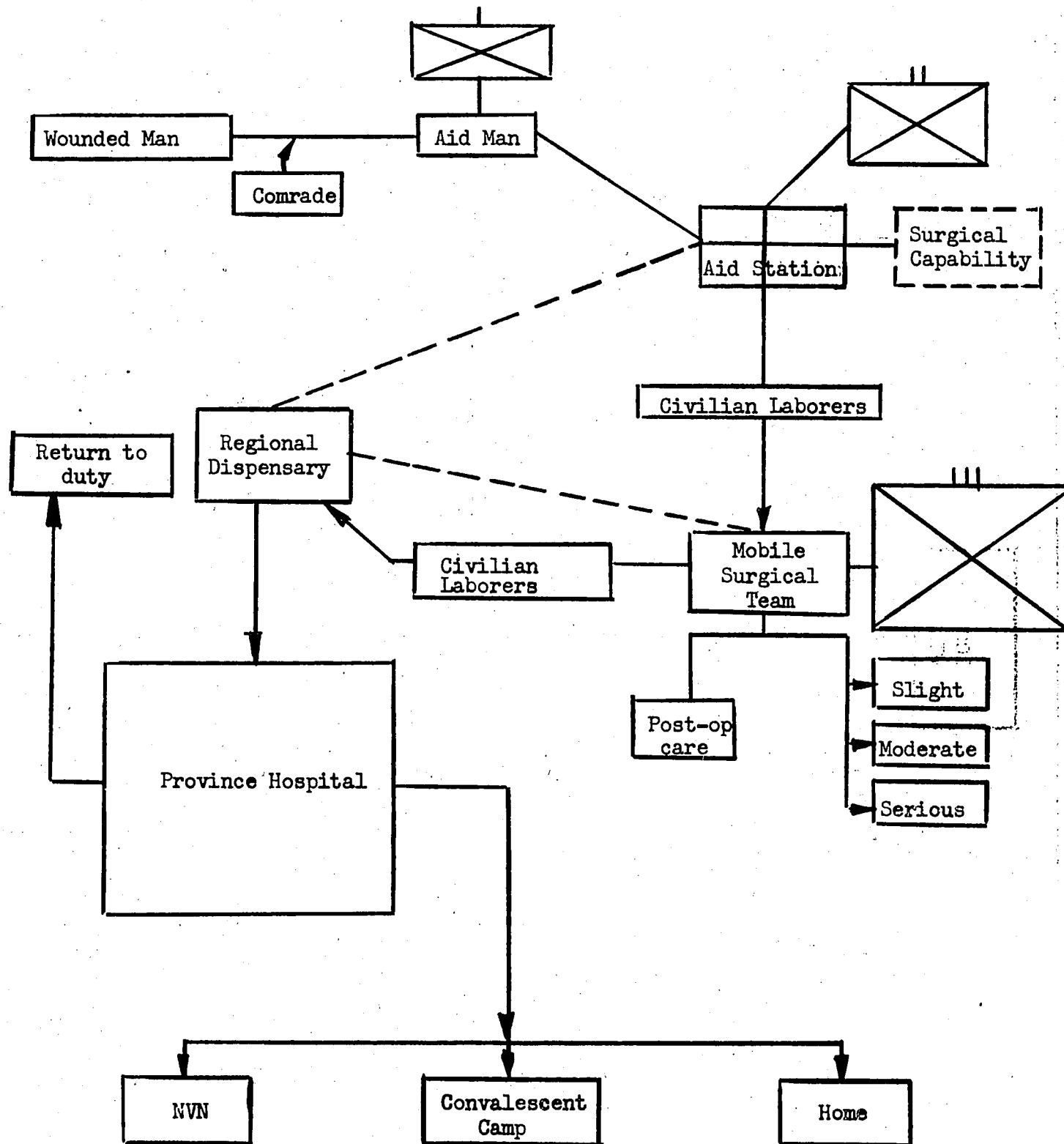


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ANNEX C: III. EXAMPLE OF VIET CONG REGIMENTAL EVACUATION SYSTEM 9,17



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ANNEX D

(D-1 through D-14)

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ANNEX D: VIET CONG MEDICAL SUPPLIES

I. Communist Manufactured Medical Materiel Captured from the Viet Cong³

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
	<u>BULGARIA</u>	
Biomycin	Chloretetracycline	Antibiotic
	<u>COMMUNIST CHINA</u>	
Penicillin G Crystallin	Penicillin G Crystallin	Antibiotic
Sulfanilamidum	Sulfanilamide	Antibiotic
	<u>CZECHOSLOVAKIA</u>	
Lobelum Chloratum	Lobeline	Respiratory Stimulant
Penicillin	Penicillin	Antibiotic
Tesa	Tetanus Antitoxin	Treatment of Tetanus
Thiopental	Thiopental with Pencillin	Anesthetic agent
	<u>NORTH VIETNAM</u>	
Adhesive tape		Binding Bandages
Aminazine	Chlorpromazine	Tranquilizer and antiemetic
Atropine	Atropine Sulfate	Stomach disorders and anti-spasmodic
Caffeine	Caffeine	Stimulant
Emetin	Emetin	Amoebacide
Hac Lao	Not Known	Fungus Infections
Ka-Vet	Not Known	Stomach Ulcers
Kinin Cl	Quinine	Antimalarial

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ANNEX D: VIET CONG MEDICAL SUPPLIES

I. Communist Manufactured Medical Materiel Captured from the Viet Cong³ (Continued)

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
Long-Nao	Camphor	Stimulant
Mo-Phin	Morphine	Analgesic, narcotic
Novocain Cl	Procaine Cl	Local Anesthetic
Nuoc Cat	Distilled Water	Diluent
Piperazin	Piperazin	Anthelminic
Penixilin	Penicillin	Antibiotic
Polyvitamin	Vitamins	Vitamin Deficiencies
Sin-to-mi-xin	Chloramphenicol	Antibiotic
Sparto Camphre	Sparteine Camphosulfonate	Stimulant
Stovarson	Acetarsol	Treatment of Syphilis
Strychnine Sulfate	Strychnine Sulfate	Stimulant
Sulfaganin	Sulfaguanidine	Anti-infective
Sunfatazon	Sulfathiazole	Anti-infective
Vitamin B ₁	Thiamin Chloride	Vitamin Deficiencies
Vitamin B ₁₂	Vitamin B ₁₂	Vitamin Deficiencies
Vitamin C	Ascorbic Acid	Vitamin Deficiencies
Vitamin K	Vitamin K	Vitamin Deficiencies

HUNGARY

Phiplophene	Not Known	Anti Convulsant
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ANNEX D: VIET CONG MEDICAL SUPPLIES

I. Communist Manufactured Medical Material Captured from the Viet Cong³ (Continued)

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
Transzfuzios Szerelek	Plastic tubing	Administering I. V. Solutions
	<u>NORTH KOREA</u>	
Pluvis Stomachis	Not Known	For stomach disorders
Ungentum Acid Boric	Boric acid ointment	Antiseptic
Ungentum Zinc	Zinc Oxide ointment	Emollient and protectorate
	<u>USSR</u>	
Bandage (20 cm x 20 cm)	Cotton and Gauze	Bind wounds
Chloroforminum	Chloroform	Anesthetic
Vitamin C	Ascorbic Acid	Vitamin Deficiencies

ANNEX D: VIET CONG MEDICAL SUPPLIES

II. Viet Cong Medical Materiel Originating in Non-Communist Countries Outside the RVN³

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
	<u>GREAT BRITAIN</u>	
Dihydrostreptomycin	Streptomycin	Antibiotic
Nesdonal	Not Known	Not Known
Sulfate B. C. Calaxo	Not Known	Not Known

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ANNEX D: VIET CONG MEDICAL SUPPLIES

II. Viet Cong Medical Materiel Originating in Non-Communist Countries Outside the RVN³ (Continued)

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
	<u>FRANCE</u>	
Bevitine	Vitamin B	Vitamin Deficiencies
Citrosodine Tablets	Sodium Citrate	Laxative and antacid
Flavoquine	Amodiaquin	Antimalarial
Gouttes de Genatropine	Atropine Solution	Antispasmodic for gastrointestinal disorders
Hemostatic Sponge	Treated Cellulose	Hemostasis
Quinimax	Quinine Mixture	Antimalarial
Serum Anti-Gangreneux	Polyvalent Gangren antitoxin	Treatment of gangrene
Solute Injectable	Dextrose 5%	Intravenous fluid
Stovarsol	Acetarsol	Treatment of syphilis
Suture	Braided, Black silk	Closing wounds
Catgut	Catgut	Suturing wounds
Catgut Ordinaire	Catgut	Suturing wounds
Catgut Seralese	Catgut	Suturing wounds
Periston	Polyvinylpyrrolidone in electrolyte solution	Intravenous fluid for treatment of shock
Thiamin Fodlehen	Vitamin B ₁	Vitamin deficiencies

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ANNEX D: VIET CONG MEDICAL SUPPLIES

II. Viet Cong Medical Materiel Originating in Non-Communist Countries Outside the RVN³ (Continued)

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
	<u>JAPAN</u>	
Normal Human Plasma	Dried Plasma	Intravenous fluid for treatment of shock
Saponated Cresol Solution	Saponated Cresol	Disinfectant
	<u>WEST PAKISTAN</u>	
Bipenicillin	Penicillin	Antibiotic
Diarrhea Tablets	Bismuth Subcarbonate Morphine sulfate	For diarrhea
Streptomycin S	Streptomycin	Antibiotic
	<u>USA</u>	
Ascorbic Acid	Ascorbic Acid	Vitamin deficiencies
Ascorbic Acid (Injection)	Ascorbic Acid	Vitamin deficiencies
Atropine Tartrate	Atropine Tartrate	Antispasmodic for stomach disorders
Benadryl Capsules	Diphenhydramine	Antihistamine and sedative
Calcium Glucoheptonate	Calcium Glucoheptonate	Hypocalcemia and Cardiac stimulant
Cevalin	Ascorbic Acid	Vitamin deficiencies
Chophytol	Not Known	Not Known
Gauze 3" x 3"	Cloth	Bandage

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ANNEX D: VIET CONG MEDICAL SUPPLIES

II. Viet Cong Medical Materiel Originating in Non-Communist Countries Outside the RVN³ (Continued)

<u>DRUG</u>	<u>COMPOSITION</u>	<u>USE</u>
Gauze 4" wide	Cloth	Bind bandages
Menadione Sodium	Vitamin K	Vitamin necessary for coagulation
Mephyton Injection	Vitamin K	Vitamin necessary for coagulation
Mercurochrome	Sodium Dibromoxymeuri-fluorescien	Antiseptic
Needles and Syringes	Glass and Stainless Steel	Injections
Nicotinamide	Nicotinamide	Vitamin deficiency
Penicillin G Buffered	Penicillin G	Antibiotic
Pronapen	Procaine and Crystalline Penicillin G	Antibiotic
Streptomycin	Streptomycin	Antibiotic
Sulfadiazine	Sulfadiazine	Antibacteriel
Water for Injection	Sterile Water	Diluent for other drugs

ANNEX D: VIET CONG MEDICAL SUPPLIES

III. Viet Cong Formulary Compiled from Medical Materiel Captured, Oct - Dec 1965³

ANTI-INFECTIVES

1. AMEBACIDES

- a. Chloroquine
- b. Emetine

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ANNEX D: VIET CONG MEDICAL SUPPLIES

III. Viet Cong Formulary Compiled from Medical Materiel Captured, Oct - Dec 1965³ (Continued)

2. ANTHELMINICS

- a. Piperazine
- b. Quinacrine

3. ANTIBIOTICS

- a. Chloramphenicol
- b. Chlorotetracycline
- c. Combiotic (Penicillin & Streptomycin)
- d. Oxytetracycline
- e. Penicillin G Crystalline
- f. Penicillin G Procaine
- g. Streptomycin

4. ANTITUBERCULAR (Isoniazid)

5. PLASMOCIDES

- a. Amodiaquin
- b. Chloroquine
- c. Proguanil HCl
- d. Quinacrine
- e. Quinine
- f. Quinine-Quinidine Mixture

6. SULFONAMIDES

- a. Sulfadiazine
- b. Sulfadimerazine
- c. Sulfanilamide
- d. Sulfapyridine
- e. Sulfathiazol

7. TREPONEMACIDES

- a. Acetarsol
- b. Sodium Arsenillate

8. URINARY GERMICIDES (Hexamine)

AUTONOMIC DRUGS

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ANNEX D: VIET CONG MEDICAL SUPPLIES

III. Viet Cong Formulary Compiled from Medical Materiel

Captured, Oct - Dec 1965³ (Continued)

1. PARASYMPATHETIC

- a. Atropine n-oxide
- b. Atropine Sulfate

2. PARASYMPATHETIC (Atropine Tartrate)

BLOOD DERIVATIVES (Plasma, Normal Human (Dried))

CARDIOVASCULAR DRUGS

CARDIAC DRUGS (Strophanthin)

CENTRAL NERVOUS SYSTEM DRUGS

1. GENERAL ANESTHETICS

- a. Chloroform
- b. Thiopental

2. ANALGESICS and ANTIPYRETICS

- a. Aspirin
- b. Quinine-Phenacetin-Aminopyrine powder
- c. Sodium Salicylate

3. ANTI-CONVULSANTS (Pipolphone)

4. PSYCHOTHERAPEUTIC (Chlorpromazine)

5. RESPIRATORY and CENTRAL NERVOUS SYSTEM STIMULANTS

- a. Aminophylline
- b. Caffeine
- c. Camphor
- d. Nikethamide
- e. Strychnine

DERMATOLOGICAL PREPARATIONS

- 1. Boric Acid Ointment
- 2. Potassium Permanganate
- 3. Sulfanilamide Powder
- 4. Zinc Oxide Ointment

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ANNEX D: VIET CONG MEDICAL SUPPLIES

III. Viet Cong Formulary Compiled from Medical Materiel
Captured, Oct - Dec 1965³ (Continued)

DILUENTS

1. Glucose 5%
2. Sodium Chloride 20%
3. Water for injection

ENDOCRINE PREPARATIONS

1. Desoxycorticosterone Acetate
2. Progesterone

EYE PREPARATIONS (Chloramphenicol Ophthalmic Ointment)

EXPECTORANTS and COUGH PREPARATIONS

1. Eskalyptine
2. Terpin Hydrate and Codeine Tablets

GASTROINTESTINAL DRUGS

1. ANTACIDS (Sodium Bicarbonate)
2. ANTI-EMETICS (Chlorpromazine)
3. ANTI-DIARRHEALS (Paregoric Tablets)
4. CATHARTICS (Sodium Citrate)

INTRAVENOUS SOLUTIONS

1. Dextrose 5% in water
2. Polyvinylpyrrolidone

LOCAL ANESTHETICS (Procaine 2%)

MINERALS

1. Calcium Gluconate
2. Calcium Glucoheptonate
3. Iron, Strychnine and Arsenic Tablets

VACCINES AND ANTITOXINS

1. ANTITOXINS
 - a. Gangrene Antitoxin
 - b. Tetanus Antitoxin

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ANNEX D: VIET CONG MEDICAL SUPPLIES

III. Viet Cong Formulary Compiled from Medical Materiel

Captured, Oct - Dec 1965³ (Continued)

2. VACCINES

- a. Cholera
- b. Smallpox

VITAMINS

- 1. Nicotinamide
- 2. Vitamin B₁
- 3. Vitamin B Complex
- 4. Vitamin B₁₂
- 5. Vitamin C
- 6. Vitamin K

ANNEX D: VIET CONG MEDICAL SUPPLIES

IV. Medical Supplies Purchased in RVN by Viet Cong Personnel

A. Medical supplies to be purchased in Binh Duong Province during June 1964⁵

- | | |
|-----------------------------|-----------------------------|
| 1. Bichlordyrate of Quinine | 10. Novocain (powder) |
| 2. Bichloroquinine | 11. Phenophthaline |
| 3. Chloroquinine | 12. Pure Glucose, anhydrous |
| 4. Cloroform | 13. Seignette Salt |
| 5. Copper Sulfate | 14. Serum Glucose |
| 6. Dolosol | 15. Silver Nitrate |
| 7. Erushine Berique (sic) | 16. Sparcuport (sic) |
| 8. Nesdoral | 17. Spongiel 6.m |
| 9. Novocain (ampules) | 18. Stethoscope |

B. Medical Supplies purchased in Ben Cat, Binh Duong Province, August 1964 and the prices paid (\$VN)⁵

- | | |
|----------------------------|-------------------------------|
| 1. Basic Fuchine H | 690 \$ per 25 grs |
| 2. Chloroquinine 0.25 | 100 boxes @ 450 \$ per box |
| 3. Copper Sulfate | 200 \$ (no other information) |
| 4. Dolosol, vial | 320 \$ " " " |
| 5. Novocain, vial | 2 \$ per vial |
| 6. Novocain, powder | 8,200 \$ per kilogram |
| 7. Phenolphthaline, powder | 2,100 \$ per kilogram |
| 8. Seignetts Salt | 500 \$ (no other information) |
| 9. Spongiel 6.m | 130 \$ " " " |

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ANNEX D: VIET CONG MEDICAL SUPPLIES

IV. Medical Supplies Purchased in RVN by Viet Cong Personnel (Continued)

C. Medical supplies purchased at Than Phu market, Kien Hoa Province³⁷

1. Absorbent cotton bandages
2. Anti-rheumatism
3. Anti-tetanus
4. Cod Liver oil
5. Rubbing alcohol
6. Sleep inducing medicine
7. Taeniaicide

ANNEX D: VIET CONG MEDICAL SUPPLIES

V. Medical Supplies Purchased in, or Obtained from Cambodia¹⁴

A. Medical supplies purchased in Cambodia as of June 1965.

Item	Unit	Quantity
1. Balm essence (sic)	tube	300
2. Bandage	roll	100
3. Bipenicillin 500,000 UI	ampule	300
4. Camphor oil	ampule	400
5. Cotton	kilogram	3
6. Hendouale anesthesia (sic)	ampule	30
7. Iodine, powder	kilogram	1
8. Mercurochrome, powder	kilogram	1
9. Novocain	ampule	500
10. Penicillin	ampule	500
11. Sulfaguanidine	tablet	40,000
12. Sulfamid	tablet	30,000
13. Supervit (sic)	tablet	2,000
14. Suptosan (sic)	tube	20
15. Thread (suture)	roll	20
16. Vitamin B	ampule	10,000
17. Vitamin B1	tablet	1,000
18. Vitamin C	ampule	300

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ANNEX D: VIET CONG MEDICAL SUPPLIES

V. Medical Supplies Purchased in, or Obtained from Cambodia¹⁴ (Continued)

B. Medical supplies given to the Viet Cong by the Cambodian Government,⁴⁵ 2 September 1965.

Item	Unit	Quantity	Remarks
1. Aspirin 0.50	tablet	40,000	imported
2. Cacodylate de Na Roc (sic)	ampule	5,000	IMOH*
3. Camphosulfonate	ampule	20,000	IMOH*
4. Compress 0.60 x 0.20	pack	250	local mfg.
5. Cotton bandage 5m x 0.05	pack	100	local mfg.
6. Cotton, card	kilogram	40	local mfg.
7. Cotton hydrophile (sic)	kilogram	56	local mfg.
8. Emetine 0.40	ampule	5,000	IMOH*
9. Emetine 0.20	ampule	5,000	IMOH*
10. Penicillin 200,000 UI	vial	10,000	imported
11. Penicillin 500,000 UI	vial	10,000	imported
12. Serum Glucose isotonique	ampule	10,000	IMOH*
13. Streptomycin 1 tr (sic)	vial	5,000	imported
14. Sulfaguanidine 0.50	tablet	30,000	imported
15. Sulfate de Spartiots (sic)	ampule	10,000	IMOH*
16. Sulfathaisol 0.50	tablet	20,000	imported
17. Strychnine Sulfate 5 cc	ampule	10,000	IMOH*
18. Vitamin B1 0.250	ampule	5,000	IMOH*
19. Vitamin B1 0.100	ampule	5,000	IMOH*
20. Vitamin C 0.100	ampule	5,000	IMOH*

* prepared by the laboratories of the Ministry of Health.

VI. Medical Supplies Manufactured by the Viet Cong¹

Item	Unit	Size
1. Cacodylate	ampule	8 cc
2. Cough syrup	not known	not known
3. Elixir Paregoric	" "	" "
4. Nivaquinine	tablet	" "
5. Novocain	not known	" "
6. Quinine	tablet	" "
7. Serum Glucose	not known	" "
8. Strychnine	ampule	8 cc
9. Vitamin B1	not known	not known
10. Vitamin C	tablet	" "

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ANNEX D: VIET CONG MEDICAL SUPPLIES

VII. Classification and Contents of Prepackaged Viet Cong Medical Supplies

A. Prepackaged sets of drugs and equipment issued to a medical facility participating in the Plei Me battle.³¹

1. "K" issue

Item	Unit	Quantity	Remarks
a. Atropine $\frac{1}{4}$ mg	ampule	100	1 box
b. Camphor	-	100	1 box
c. Cotton, absorbent	pack	2,750	55 x 150 Gm
d. Distilled Water	ampule	150	50 per box/3 boxes
e. Nikethamide	-	50	1 box

2. "Y" issue

Item	Unit	Quantity	Remarks
a. Aureomycin 0.125	tablet	96	24 per bottle/4bottles expiration date 3/66
b. Cotton, grease (sic)	pack	450	50 per box/9 boxes
c. Penicillin	bottle	50	1 pack-exp date 2/66
d. Plasma, dry	box	2	not known
e. Bandage, rolling 5m	roll	90	9 per pack/10 boxes

B. Symbols used by the Viet Cong to identify various types of medical supplies⁴⁶

1. Items coming from NVN

a. Medicinal herbs and medical instruments-----Y
b. Oriental medicine-----Y/B
c. Surgical equipment-----Y/Y
d. Western medicine-----Y/T

2. Western drugs and medical supplies

a. Chemical agents-----D/E
b. Medical equipment-----D/H
c. Pharmaceutical equipment and documents-----D/R
d. Raw products of various types-----D/T

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ANNEX D: VIET CONG MEDICAL SUPPLIES

VIII. Medical Supplies Issued to each of two Viet Cong Soldiers Infiltrating from NVN to RVN

A. Item ⁴⁷	Unit	Quantity
1. Antimalaria medicine	tube	2
2. Aspirin	tube	1
3. Dysentary medicine	tube	1
4. First aid dressing	each	1
5. Malaria preventative medicine (sic)	tube	2
6. Vitamin B ₁	tablet	200
7. Vitamin C	tablet	200

B. Item ⁴⁸	Unit	Quantity
1. Antibiotic (penicillin)	tube	1
2. Balm (sic)	flask	1
3. Malaria tablets (quinine)	flask	1
4. Mercurochrome	flask	1
5. Sulfamid	tube	1
6. Tape	roll	1
7. Vitamin B ₁ - C	bag	2
8. Water purification tablets	flask	1