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NORTH VIETNAMESE ARMY/VIET CONG MILITARY MEDICAL CAPABILITIES*

[Redacted]
Life Sciences Division
OSI/CIA

SUMMARY AND CONCLUSIONS

NVA/Viet Cong units in South Vietnam place considerable emphasis on evacuation of their personnel wounded in combat. This program has been relatively successful, and in spite of delay in definitive treatment, medical care that they afford is acceptable by indigenous standards in Southeast Asia. Effective medical care for combat personnel probably will continue under the present level of activities if there is no major epidemic, if sanctuaries are permitted in neighboring countries, and if there is no major interruption of supply routes through Laos and Cambodia.

There is a planned and organized effort on the part of the NVA/VC to provide for evacuation and treatment of battlefield casualties. A hierarchy of battalion, regimental, and divisional level aid stations and hospitals has been established to evacuate and treat sick and wounded troops. The organization of each medical unit is dependent upon the military unit to which it is assigned; duties vary from giving support to

small VC guerrilla-types to NVA divisions operating predominantly in the north near the DMZ.

The military medical system is similar in principle to the US system where care is first provided by an aid man at platoon level, then at a battalion aid station where some surgical capability is provided, at regimental level where patients may be kept a maximum of 15 days, and finally at regional or provincial hospitals. Initial treatment and evacuation of wounded is a major problem. In forward areas, evacuation is usually accomplished by laborers traveling on foot, and there is often considerable delay before a patient receives definitive care. For example, in an extreme case, 42 percent of the wounded were not treated for over 26 hours after one major engagement.

The VC have a well organized, coordinated medical supply system, receiving supplies from Communist and Free World countries and from within South Vietnam itself. This system has been maintained on a priority basis, often at the expense of the population in North Vietnam. There is, however, increasing evidence of shortages of medical

SID 68-10
Oct 68

- 27 -

SECRET

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supplies and equipment. In addition, in recent months the Viet Cong medical civic action program has been affected by the accelerated warfare and has suffered because of the priority given to combat personnel.

The high incidence of endemic diseases in areas under VC control continues to tax their medical care system. Despite an active preventive medicine program, diseases cause more casualties among the Viet Cong when compared with battle wounds except during

sustained battles. This is especially true in South Vietnam where VC medical facilities are more limited than in North Vietnam and where the fluid tactical situation makes prophylaxis against communicable diseases and maintenance of sanitary procedures difficult to control. Viet Cong medical facilities would be seriously strained if combat activities on regimental or divisional scale were carried on, since battle wounds generally result in a more prolonged convalescence.

SID 68-10
Oct 68

- 28 -

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