Southeast Asia Automatic Telephone System

(U) The Southeast Asia Automatic Telephone System (SEA-ATS) provided direct dial service to all Class A telephone subscribers throughout RVN and Thailand. The system was managed by the Defense Communications Agency-Southeast Asia Mainland (DCA-SAM). The first SEA-ATS long distance tandem switching center was completed at Bang Pla, Thailand in November 1968, with the system's nine centers completed and operational by late 1969. Six of the switching centers were located in RVN at Can Tho, Da Nang, Tan Son Nhut, Nha Trang, Pleiku, and Vung Chau Mountain, with the remaining three sited in Thailand at Bang Pla, Korat, and Warin. Of the nine centers in RVN, Can Tho and Pleiku were operated by the US Army, while the other four were under Air Force control. Each of the nine centers was interconnected to all of the others in both RVN and Thailand. Thus, the customer had direct dialing service to dial telephones in both countries.

(U) In November 1970 the switch at Pleiku was deactivated, and in 1971 the Vung Chau Mountain switch was also deactivated. This left seven switching centers operative at the end of 1971.51

Dial Telephone Exchange System

(U) Integral to SEA-ATS was the dial telephone exchange (DTE) systems which were begun throughout RVN and Thailand in 1967. By the end of 1970 the long distance SEA-ATS was handling approximately 500,000 calls per day using 42 US-operated DTEs serving over 160,000 lines. As of 31 Dec 71, 245,000 calls a day were borne by 25 US and six RYNAF-operated DTEs. The number of US DTEs for each major agency was as follows:52

<table>
<thead>
<tr>
<th>Service</th>
<th>No of DTE</th>
<th>Lines Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Army</td>
<td>18</td>
<td>28,160</td>
</tr>
<tr>
<td>US Air Force</td>
<td>4</td>
<td>11,500</td>
</tr>
<tr>
<td>State Dept</td>
<td>3</td>
<td>2,700</td>
</tr>
<tr>
<td>Totals</td>
<td>25</td>
<td>42,420</td>
</tr>
</tbody>
</table>

Automatic Digital Data Network

(U) The Automatic Digital Network (AUTODIN) was a worldwide, high-speed, common-use defense communications system (DCS) managed by the Defense Communications Agency (DCA) to provide direct user-to-user and message switching record communications service for DOD and other government agencies. The AUTODIN system began operations in RVN in 1968, and by

THIS PAGE RESPADED UNCLASSIFIED mf
Order Sec. Army By CAGIN per

81424 IX-2b
the end of 1970 there were 24 operational digital subscriber terminal equipment (DSTE) terminals in RVN with 13 others programmed for completion in early 1971. By the end of 1971 there were 32 DSTE terminals operational in RVN. Twenty of these were homed or connected to Phu Lam, Gia Dinh Province, while the remaining 12 were homed to Korat, Thailand. Although the total number remained constant, three US Marine Corps terminals were deactivated in conjunction with the Marines' redeployment while some Army terminals were deactivated through redeployments and new sites were activated.54

(U) In March, the Phu Lam Automatic Switching Center (ASC) experienced a failure of its uninterrupted power supply. This outage necessitated implementation of the Pacific AUTODIN Restoral Plan (PARP) which remained in effect for approximately 36 hours. While there were some delays in processing low precedence traffic, this ASC failure did not significantly affect operational traffic. Some valuable lessons were learned which led to changes relating to restoral and alternate routing actions by DCA at selected ASCs.55 Many corrective actions were taken after a comprehensive survey of the ASC operation by a quality assurance team of manufacturer's representatives, DCA personnel, and power and environmental control specialists. Another 12-hour failure of the Phu Lam ASC in late July also resulted in no loss of message traffic.56

US Advisor Communications Support Below MR Level

(C) The Vietnamization of US advisor communications support below the MR level, as outlined in the Communication-Electronics Improvement and Modernisation Plan (CEIMP), began in the spring of 1970 and was completed successfully in 1971. By October the responsibility for communications support of 39 provinces, 11 Division Combat Assistance Teams, the 44th Special Tactical Zone headquarters at Can Lanh, Kien Phong Province and the 1st Task Force at Quang Ba, Quang Ngai Province was assumed by ARVN units from US advisory teams, which thereby became dependent on ARVN for their communications support. Because of the continued high density of the US presence in certain areas, the five provinces of Pleiku and Khanh Hoa in MR 2, Binh Hoa, and Gia Dinh in MR 3, and Phong Dinh in MR 4 were not included in this program.57

Signal Support of NVA PW Repatriation

(U) As an example of special communications requirements, MACJ6 was tasked to prepare the signal plan for supporting the repatriation of sick and wounded NVA PW in June. The communications system provided for this operation was as follows:

-- One multipoint circuit from the USNS Upshur to the 7AF and the MACV Command Center.
-- One multipoint circuit from the USNS Upshur to Monkey Mountain and XXIV Corps Tactical Operations Center.
-- Radio teletypewriter facilities for press copy from the USNS Upshur to Military Assistance Command Office of Information (MACOI).

The above communications system was provided by both 7AF and USARV personnel aboard the USNS Upshur and at appropriate ground sites in MR 1.58

(C) On 4 June the Upshur arrived at the designated rendezvous point with 13 sick or wounded NVA PW repatriates aboard. As it sailed, however, US agencies monitored a Hanoi radio broadcast to the Vietnam News Agency in Paris. This broadcast labeled the repatriation a US-Saigon "trick" and declared the transfer terms "annulled," thus aborting the project.59
UNCLASSIFIED

MEDICAL SUPPORT ACTIVITIES

(U) MACV medical support operations were no less affected than all other activities by the on-going redeployments of US units and troops and the increasing emphasis on RVNAF self-sufficiency. Fewer American troops and decreased numbers of casualties reduced requirements for medical units, facilities, and support. Operation LAM SON 719 bore witness to the capability of RVNAF to tend to their own combat medical needs, although they still had some hard lessons to learn. In other areas the US services continued to advance medical programs which improved living conditions and health standards of the remaining US and FWMAF forces, as well as RVNAF personnel, their dependents, and Vietnamese civilians.

Civilian War Casualty Program

(U) The Civilian War Casualty Program (CWCP) was originally approved by the Department of Defense in 1967 to provide definitive treatment in US military hospitals for Vietnamese civilians suffering from war-related injuries or sickness. For humanitarian reasons emergency and non-war-related patients were also cared for at US facilities. The CWCP accommodated that segment of the civilian war casualty (CWC) workload which temporarily exceeded the capacity of the GVN Ministry of Health (MOH) system. Care was provided for GVN civilian patients whose medical condition could be improved by a relatively short period of treatment. US air ambulances were authorized to be used for civilian patient evacuation, subject to the availability of resources.

(U) Based on an estimated 50,000 CWCs annually, only half of which could be supported by GVN means, DOD approved construction of facilities for 1,100 hospital beds. In 1968 the Army constructed three CWCP hospitals at Da Nang (400 beds), Chu Lai (300 beds) and Can Tho (400 beds). When it was discovered that the Vietnamese were reluctant to be hospitalized in facilities located away from their homes, DOD directed the joint utilization of all US hospitals by both CWCs and US military patients, while authorizing a total of 1,100 beds throughout the US medical support system for use by CWCPs. In October 1969 the US Mission Council requested that its Medical Policy Coordinating Committee (MPCC) reconsider the number of beds programmed for CWCPs in light of the admission rate and anticipated redeployments of US medical units. The Committee's recommendation to reduce the number of CWCP beds to 500 was approved by the US Mission Council in December 1969. Later, again on the recommendation of the MPCC and with the approval of the US Mission Council, CWCP hospital beds in US military facilities were reduced from 600 to 400 on 2 Sep 71, with the approval of the American Embassy, to 200 on 1 December. These actions were in response to the continued reduction of US forces, the concomitant decrease in US medical resources, and the drop in the number of daily average beds occupied by CWC patients. The chart below shows the decreasing trends in both the daily average number of CWCP beds occupied per calendar year and the total number of beds authorized.

<table>
<thead>
<tr>
<th>CY</th>
<th>Daily Average Occupancy</th>
<th>Beds Authorized</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>542</td>
<td>1,100</td>
</tr>
<tr>
<td>1969</td>
<td>660</td>
<td>600</td>
</tr>
<tr>
<td>1970</td>
<td>452</td>
<td>600</td>
</tr>
<tr>
<td>1971</td>
<td>214</td>
<td>400 (to Sep)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 (Oct-Dec)</td>
</tr>
</tbody>
</table>

UNCLASSIFIED

IX-28
(U) The number of civilian war casualties admitted to GVN Ministry of Health hospitals since 1969 was also on the decline. The following chart shows the number of CWC admissions to MOH hospitals, the percentage of these CWCs to the number of MOH admissions for all causes, and the number of CWC admissions to US military hospitals categorized by injuries resulting from hostile action (IRHA) and disease and combat injuries (DNBI). 94

CWC SUMMARY OF HOSPITAL ADMISSIONS

<table>
<thead>
<tr>
<th>Year</th>
<th>CWC to MOH Hospitals</th>
<th>Percent of CWC to all MOH Admissions</th>
<th>CWC to US Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>46,783</td>
<td>9.9</td>
<td>IRHA 6,137</td>
</tr>
<tr>
<td>1968</td>
<td>76,702</td>
<td>12.4</td>
<td>IRHA 8,184</td>
</tr>
<tr>
<td>1969</td>
<td>59,284</td>
<td>11.3</td>
<td>IRHA 7,850</td>
</tr>
<tr>
<td>1970</td>
<td>46,247</td>
<td>8.0</td>
<td>IRHA 4,920</td>
</tr>
<tr>
<td>1971</td>
<td>38,318</td>
<td>6.4</td>
<td>IRHA 974</td>
</tr>
</tbody>
</table>

* Feb through Dec only

(U) The continuing drawdown of US medical units in 1971 contributed to the decrease in the number of admissions of CWC patients to US facilities. Because of the strong attachment of civilians to their own geographic area, Vietnamese patients were rarely transferred to another US hospital. The decreasing number of overall CWC admissions reflected the lower level of military activity. Since there continued to be strong political interest in the CWCP it was recognized that the beds provided a protective measure of medical resources which could be utilized in the event that large-scale CWC admissions to US facilities became necessary because of enemy action. Future reviews of US support would consider these factors along with the daily average bed occupancy by CWC patients. 95

Medical Services at the Central PW Camp

(G) Reports from the International Committee of the Red Cross (ICRC) in October 1970 revealed the presence of unsatisfactory conditions at the RVN Central Prisoner of War Camp (CPWC) on Phu Quoc Island (located in the Gulf of Thailand). The US Secretary of State informed the American Ambassador in Saigon and COMUSMACV that senior officials in Washington were seriously concerned about the unfavorable reports. Subsequently, the MACV Com S directed that MACJ1 organize and conduct a staff visit to the CPWC, which was done on 20-23 Oct 71. Staff findings were that the camp was not complying with both US and GVN standards relative to seven articles of the Geneva Prisoner of War Convention (GPW), including those pertaining to medical treatment of PW. Thereafter, the MACV staff made special efforts to assure GVN compliance with established standards of PW conditions and treatment. 66

(S) In 1971 commendable progress was made in improving the medical facilities and services at the CPWC hospital, largely as a result of greater emphasis by MACMD (Command Surgeon’s Office) in effecting through its staff and advisors needed reforms by RVNAF agencies. Following a survey by a MACV Medical Supply Advisory Team, the levels of consumable medical supplies were increased at the CPWC. In response to the direction of the RVNAF Surgeon General that 100 percent of routine medical items be filled, 51 45 tons of medical supplies and equipment were delivered in January alone, as well as an additional 12 CONEX containers of medical supplies by July. Permission was granted in mid-January to expand the hospital into existing buildings, five of which were converted into 25-bed wards, and another building was constructed to

---

THIS PAGE REGRADED UNCLASSIFIED
Order Sec Army By DAIM per
IX-29

841424
house the laboratory and dental clinic. Medical Civic Action Program (MEDECAP) activities by personnel from the 3d Surgical Hospital, Binh Thuy Province, provided treatment for 300 PW, 55 ARVN disciplinary prisoners, and 105 Quan Canh (QC, ARVN Military Police) personnel and their dependents. In addition, 200 QC dependent children were given diphtheria-pertussis-tetanus immunations. To maintain high levels of treatment, a program of continuous training was established which upgraded the effectiveness of ARVN enlisted airmen and the QC dispensary personnel. Select PW were also trained as preventive dentistry technicians to instruct other PW in oral hygiene and preventive dentistry.68

(U) In response to a MACCMD recommendation,69 the RVNAF Surgeon General's Office informed the CPWC commander that the food ration rate of $VN34.6 per PW per day was to be increased to $VN47.5, which would make it more equitable with the rate allowed ARVN patients. To further supplement the prisoners' diet, the camp established an extensive gardening program in which the PW voluntarily participated.70 Close liaison between the MACV Civilian Health Office and the Provost Marshal, and frequent staff visits to the CPWC by a combined US-RVNAF team comprised of members of the Command Surgeon's Office and the RVNAF Surgeon General's Office served as means of exchanging information, monitoring progress, and recommending further improvements.71

Redeployment of the USS Sanctuary

(U) Ending 4 years of service in RVN waters the hospital ship USS Sanctuary (AH 17) redeployed to the US on 1 May. The Sanctuary had a capacity of 560 beds and was staffed by 26 medical corps officers, 7 medical service corps officers, 3 dental corps officers, 30 nurses, and 255 enlisted corpsmen. From the time of her arrival off the coast of Da Nang on 10 Apr 67, a total of 18,760 helicopter landings were made on her platform, 26, 197 inpatients were admitted, and 47,237 outpatients received treatment.72 Upon the ship's departure, COMUSMACV sent to her officers and men a letter of profound thanks on behalf of MACV in appreciation of their efforts. The Sanctuary was the last of two hospital ships that performed such service in RVN, the USS Repose having redeployed in March 1970 after 4 years of providing medical support to the III Marine Amphibiuous Force.

Plans for Treating Repatriated US PW

(U) An ad hoc committee was established in late 1971 by the MACV Command Surgeon to address the medical aspects of the possible in-country repatriation of US PW. The committee, composed of representatives from each component service, including specialists in internal medicine, surgery, psychiatry, and aviation medicine, held its first meeting on 7 Oct 71. Over a period, the committee conducted a comprehensive review and analysis of existing plans to establish procedures for medically processing future returnees. Medical data from returned PW of the Korean conflict, the Pueblo, and previous in-country repatriations were studied and evaluated.

(U) The committee made the following recommendations which were supported by MACV and forwarded to CINCPAC:

- One or more offshore PACOM hospitals should be designated to handle large scale PW repatriations, in view of the constantly decreasing in-country medical capability.

- A hospital facility within Vietnam should be designated for the temporary staging of returnees prior to their medical evacuation to a PACOM hospital.

This page regraded unclassified
Order Sec Army by DAIM per IX-31
UNCLASSIFIED

The established processing time prior to evacuation to CONUS should be 10 days instead of the current 7, to provide an adequate period of time for medical treatment and psychological adjustment.

At year's end the report and its recommendations were under consideration by the OSD (ISA) PW/MIA Task Force for possible revision of current DOD policies. 73

Medial Support of Operation LAM SON 719

(U) US medical advisory and operational aspects of the LAM SON 719 incursion into Laos were important because of the striking similarity of the problems faced by the RVNAF medical services to those confronted earlier by the US military medical services. RVNAF results were also a measure of the progress of Vietnamese medical medicine.

(U) Considering the low level of RVNAF medical service support experience, the short planning period, and the complexity of the operation, RVNAF medical service support in LAM SON 719 was labeled a success. Once the ARVN Medical Groups were informed and briefed on the impending operation, they responded with a workable plan, organized their resources, established treatment facilities, alerted their medical depots, and commenced treating and evacuating casualties. The major evacuation method from Laos was by US Army Dustoff and logistical helicopters to the Khe Sanh area. Within South Vietnam, US CH-47s and RVNAF CH-34s evacuated patients from Khe Sanh to Dong Ha or Quang Tri for more intensive care before further evacuation to hospitals at Hue or Da Nang. As military hospitals in MR 1 became more crowded, the RVNAF Office of the Surgeon General responded with a sound plan for further evacuation to the RVNAF Office of the Surgeon General, responding with a sound plan for further evacuation to hospitals in MRs 2 and 3. Medical supply support was admirably responsive throughout the operation. The degree of the success of the RVNAF medical services in supporting LAM SON 719 signalled their growing capabilities and resourcefulness.

(U) US medical support of LAM SON 719 was relatively limited, except for the major role played by the Dustoff units assigned to the 57th Medical Group and the 101st Airborne Division. The two detachments of the 57th Medical Group were placed under the operational control of XXIV Corps and further under the 101st Airborne Division. This unprecedented development was in response to the operational necessity to provide gunship escorts for every flight and to effect the coordination necessary to enter US fire zones safely. Other ways in which US medical services participated were in furnishing advisory assistance and hospitalization of patients requiring special treatment. The US Air Force provided the final link in the chain of evacuation south to Saigon.

(U) Based on problems confronting US and RVNAF medical personnel during the operation, the following lessons were learned:

-- Medical commanders, their staffs, and US advisors should have been included in the earliest stages of operational planning if proper medical was to be provided. Advisors must urge their counterparts to seek information and participate in planning from the outset.

-- US advisors must train counterparts in Dustoff request and coordination procedures until ARVN personnel can perform them reliably and consistently.

-- ARVN medical personnel and their supporting operations centers must be kept informed of the location of medical units receiving casualties for treatment and of the displacement of medical treatment facilities.

UNCLASSIFIED

DX-32
-- Gunship support for Dustoff aircraft is necessary for successful operations in areas of intense hostile fire.

-- Interpreters are essential whenever indigenous troops are supported by Americans to preclude difficulties from arising because of language differences.

-- Maximum effectiveness of medical support operations was achieved when control of Medevac missions was centralized.

(C) Following are statistics relating to the medical aspects of Operation LAM SON 719:

**Patients Evacuated by US Dustoff from 5 Feb to 6 Apr 71:**

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>RVNAF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Operations</td>
<td>1,325</td>
<td>2,845</td>
<td>4,170</td>
</tr>
<tr>
<td>(Laos only)</td>
<td>22*</td>
<td>2,511</td>
<td>2,533</td>
</tr>
</tbody>
</table>

* Air crew members

**US Dustoff Crew and Aircraft Statistics:**

- KIA: 6
- WIA: 14
- Aircraft hit: 34
- Aircraft lost: 10
- Aircraft hours (Laos): 1,660
- Flying hours (Laos): 687
- Aircraft utilized: 25

**Patients Evacuated by US Fixed Wing Aircraft:**

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>RVNAF</th>
<th>Patient Movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>777</td>
<td>2,503</td>
<td>3,280</td>
<td></td>
</tr>
</tbody>
</table>

**Admissions to US Hospitals:**

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>RVNAF</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,558</td>
<td></td>
<td>97</td>
<td>1,655</td>
</tr>
</tbody>
</table>

**Admissions to RVNAF Hospitals (estimated):**

- 3,000 to 4,000 patients
- 6,000 screened at Dong Ha (one-third to one-half returned to duty)
White Medevac Helicopters

(C) Disproportionate losses of aeromedical evacuation helicopters due to enemy ground fire were a matter of continued concern in 1971. The USA Medical Command, Vietnam (USA-MEDCOMV) with a fleet of 95 UH-1H lost a total of 141 helicopters in the period from 30 Jun 66 to 30 Apr 71. This corresponded to a rate of 0.42 aircraft lost per 1,000 hours of flying time, as compared to a rate of 0.17 for all other Army helicopters. This was considered excessive, even granting the hazardous nature of the Medevac mission.  

(C) The idea that conspicuously marked helicopter ambulances might be immune to enemy fire was advanced by Dustoff pilots who reported during the LAM SON 719 operation of January-April 1971 that they were not fired on in certain landing zones in which nonmedical aircraft received intense fire. These observations and similar experiences reported in the past led the MACV Command Surgeon to request that a study be initiated of the advisability of painting medical helicopters white with large red cross markings, to facilitate their identification by the enemy.  

As a result of the study recommendation, MACV tasked USARV to test and evaluate the proposal.  

(U) On 1 Oct 71 USARV implemented the test program to determine whether Medevac helicopters painted white with large red crosses would result in decreased losses from hostile fire. In conjunction with an extensive PSYOP campaign designed to inform the enemy of the white helicopter program, six air ambulances were initially employed in the two southernmost provinces of MR 1, Quang Ngai and Quang Tin. On 1 Dec the test area of operations was extended to include all of MR 1.  

(U) As of 31 Dec 71, 12 of the programmed 68 USA-MEDCOMV Medevac helicopters were painted white, and some were operating in MR 3. The original 3-month test period was extended another 1 months to 31 Mar 72 in order to obtain more statistical data on which to base a valid determination about the results of the program, and plans to paint the helicopters white continued.
UNCLASSIFIED

LOGISTICS - Chapter IX

3. Interview (U), LTC Piolunek, MHB, with CPT McAteer, MACJ62, 9 Apr 72.
5. OPLAN (U), MACMA, 10 Oct 71, Subj: OPLAN Reorganise, pp 1, 1-C-1 and 2, and 4-C-1.
9. Rpt (C), MACJ4, 28 Mar 72, Subj: Scrap Ammunition Brass Recovery (U), pp 1, 2, Gp-4.
10. Msg (U), COMUSMACV to DA, 121003Z Feb 71, Subj: Recovery of Scrap Ammunition Brass.
11. Msg (U), DA to CINCSAR PAC, 031913Z Mar 71, Subj: Recovery of Scrap Ammunition Brass (SAB).
13. Msg (C), COMUSMACV to DA, 150452Z Feb 71, Subj: Scrap Ammunition Brass (U), Gp-4.
14. Memorandum (U), MACJ4 to Amemb, Saigon, 3 May 71, Subj: Recovery of Scrap Ammunition Brass from Civilian Holders.
15. Msg (U), COMUSMACV to DCG, USARV, 130840Z May 71, Subj: Payment of Local Holders for Scrap Ammunition Brass (SAB).
16. Msg (U), COMUSMACV to DCG, USARV, 241132Z May 71, Subj: Scrap Ammunition Brass (SAB 122).
17. Memorandum (C), MACJ4 to Amemb, Saigon, 3 Jun 71, Subj: Investigation of Source of Unfired Primers in Scrap Ammunition Brass (U).
19. Msg (U), COMUSMACV to DCG, USARV, 070456Z May 71, Subj: Issue of Ammunition to RTFV.

UNCLASSIFIED

IX-35
UNCLASSIFIED

LOGISTICS - Chapter IX

21. DF (U), MACJ42, 21 Jan 72, Subj: Brass Retrograde Program.
22. Report (C), MACJ4, Undated, Subj: MACV Retrograde Programs (U), Gp-Not stated.
27. Rpts (S), MACJ4, Jan-Dec 71, Monthly Logistical Historical Activities Reports (U), Gp-Not stated.
28. MFR (U), MACJ031, 8 Feb 72, Discussion with LCDR Hassler, MACJ45, Subj: Delta Transportation Plan (DTP).
29. Same as # 27.
30. Same as # 28.
31. Msg (U), COMUSMACV to DCG, USARV, 120444Z Aug 71, Subj: Liaison Detachments.
32. Fact Sheet (C), MACJ4, 10 Oct 71, Subj: Move Out of Saigon Expedi (MOOSE)(U), Gp-Not stated.
35. DF (U), MACDC, 27 Apr 71, Subj: MACDC Quarterly History Report, p II-5.
38. DF (U), MACDC, 8 Mar 72, Subj: MACDC Quarterly History Summary, pp II-7, 8.
39. Same as # 38, p II-8.
40. Same as # 38, pp II-8, 9.
41. Same as # 37, p II-4.
UNCLASSIFIED

LOGISTICS - Chapter IX

1. Same as # 18, pp II-2, 3; and pp 1, 2 of incl 1.

2. Briefing (U), MACDC-LOC, for DEPCOMUSMACV, 9 Dec 71, Subj: LOC Highway Maintenance.


4. Same as # 44.

5. Mag (U), MACDC, O10915Z Mar 72, Subj: Review of RVNAF Dependent Shelter Program, pp 1-5.


7. Same as # 46, pp 35, 38.

8. Same as # 46, pp 35, 39.

9. DF (C), MACJ6, 19 Jun 71, Subj: Historical Activities Report (U), Op-4; and Interview (C), LTC Piotunek, MNB, with MAJ Adams, MACJ632, 25 Feb 72, Subj: AUTOSEVOCOM (U), Op-Not stated.

10. Same as # 50; and Interview (U), LTC Piotunek, MNB, with MAJ Heiden, MACJ53, 26 Feb 72, Subj: SEA-ATS.

11. Same as # 50.


13. DF (C), MACJ6, 21 Aug 71, Subj: Historical Activities Report (U), Op-Not stated.

14. Same as # 50.

15. Same as # 54.

16. DF (C), MACJ6, 20 Jan 71, Subj: Historical Activity Report (U), Op-Not stated; and Interview (C), LTC Piotunek, MNB, with CPT Dubie, MACJ62, 21 Feb 72, Subj: Advisor Communications Support (U), Op-Not stated.

17. Same as # 50.


20. Fact Sheet (U), MACMD, 5 Sep 71, Subj: Civilian War Casualty Program, pp 1, 2.

UNCLASSIFIED

IX-37
UNCLASSIFIED

LOGISTICS - Chapter IX


63. Same as # 61, p 2.


69. DF (U), MACMD, 3 May 71, Subj: Historical Summary.

70. Memo (U). MACMD, Not Dated, Subj: Medical Plan for the CPWC.

71. DF (U), MACMD, Not Dated, Subj: Periodic Historical Summary, 2d Qtr, FY72, pp 5, 6.


73. Same as # 71, pp 7, 8.

74. DF (C), MACMD, 8 Jun 71, Subj: Report of Medical Service Critique of LAM SON 719 (U), Op-4.

75. Staff Study (C). MACJ3, 15 May 71, Subj: Staff Study on White Medevac Helicopters (U), Op-4.

76. DF (C), MACMD, 8 Jun 71, Subj: Report of Medical Service Critique of LAM SON 719 (U), Op-4.


78. Same as # 71, pp 8, 9.

UNCLASSIFIED

IX-38