

OBSERVATIONS ON THE US
ADVISORY EFFORT IN PHUOC BINH
THANH SPECIAL ZONE - NOV 1962 -
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AS PART OF HIS AFTER TOUR REPORT

RANGER OPERATIONS 1962-63

PHUOC BINH THANH SPECIAL ZONE

In Vietnam, 1962 and 1963 were years of increased military activity accompanied by both military force structure changes as well as controversy over how well the Republic of Vietnam was prosecuting the war. One of the changes carried out by the Army of the Republic of Vietnam (ARVN) was the organization and training of small specialized units of rangers. For the US, a highly visible change was the quadrupling of the advisory effort from 3,000 to almost 12,000. It was also a period of deeply divided opinion among the US advisors assigned to the Military Assistance Command, Vietnam (MACV) concerning ARVN's fighting abilities and effectiveness¹. There were strong opinions voiced by some US advisors concerning the poor combat leadership exhibited by many ARVN commanders. An illustration of this was the reported lack of ARVN command presence and aggressiveness during the Battle of Ap Bac in January, 1963². On the other hand, there were some combat success stories based on operations conducted by the newly formed ranger companies. The media reports as well as historical accounts never gave these combat operations the emphasis that had been given ARVN failures. This article tells the story of some battle successes earned by a particular group of Vietnamese rangers.

The ARVN ranger companies were first established in 1960 when several special forces mobile training units were sent from Fort Bragg, NC to Vietnam to assist in training and organizing ranger units for the Republic of Vietnam. These ranger companies were dispersed

¹Much of this controversy was covered by several journalists reporting the war at that time, and some later published books on their reports. Three of these are: David Halberstam, The Making of a Quagmire (New York: Random House, 1964); Malcolm Browne, The New Face of War (New York: The Bobbs-Merrill Company, Inc., 1965); and Neil Sheehan, A Bright Shining Lie (New York: Random House, 1988).

²Neil Sheehan devoted Book III of A Bright Shining Lie (New York: Random House, 1988) to a detailed description of the Battle of Ap Bac.

among the provinces to act as small, highly mobile and hardhitting tactical forces for the Province Chief. Although never intended, many of the specialized companies became, in fact, personal body guards to the Province Chief. To correct this misuse, ARVN upon advice from MAC-V, in early 1962 formed the 10th, 20th and 30th Special Battalions from separate ranger companies.

The 30th Special Battalion was assigned to III Corps for operations and further assigned to the Province Chief of Phuoc Long Province, LTC Do Van Dien. But before the 30th, as an experimental battalion, could get many missions under its belt, a presidential plan for utilizing about 80% of the entire ranger force was implemented.

President Diem, by decree on November 15, 1962, created Phuoc Binh Thanh Special Zone (PBTSZ) for the purposes of centralizing the Republic of Vietnam's efforts to eliminate the long standing Viet Cong threat in War Zone D. The Zone, located approximately 45 miles northeast of Saigon and roughly covering 30 square miles, was formed by combining three provinces--Phuoc Long, Binh Long and Phuoc Thanh--under one commander. That Commander was LTC Do Van Dien, Phuoc Long Province Chief, a young (26 years old), energetic and brave leader who was a graduate of the ranger school at Fort Benning, Georgia. He had been a captain in President Diem's palace guard and had become a favorite junior officer of the president's. The plan called for the exchange of all regular ARVN units in the provinces for ranger companies. Once the exchange was complete, Colonel Dien had 22 ranger companies (including the 30th Special Battalion) under his operational control. By Christmas 1962, the 32d ARVN Regiment had been assigned to PBTSZ to bolster the force level. The rangers usually operated in three company columns, thus PBTSZ had the equivalent of ten battalions in infantry. The artillery support amounted to one battery of 155mm howitzers, 3½ platoons (7 tubes) and 105mm howitzers and 2 platoons of 4.2" mortars.

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A. OBSERVATIONS

1. OPERATIONS

a. I can only add more weight to the already existing declarations that the type of war being fought in Vietnam is one that should emphasize small units and decentralized control.

b. The war is being fought by the people. This, ipso facto, makes it ubiquitous, low level and fragmented. On the guerrilla side, it is being fought by the most part by platoons and companies and occasionally battalions. On the ARVN side, most of the fighting brunt is being borne by the SDC, Civil Guard and ranger companies. This, of course, is reasonable to conclude since they are the only units that can match the decentralization and the wide coverage of guerrilla activity. Once the VC concentrates their forces and tries to fight in the open, the superior fire power and support elements of ARVN certainly place the VC in a disadvantageous position. It follows that in the majority of cases the emphasis should be on decentralization of control and small unit actions. If ARVN is to get the proper area coverage, and since most VC contacts I have personally experienced have been no more than platoon size units, the extensive use of small units is a logical way of operating. While this concept is realized by many and certainly given much lip service, ARVN still insists upon Corps, Division and Regimental operations. Even the operations where Lt Col Dien has used three to four ranger companies in a column, the number of troops has always been excessive. I have observed no more than two platoons actually firing in a meeting engagement with the VC before contact is broken. The point is, companies, particularly in the jungle, are the largest unit I feel is necessary. The VC never concentrate a larger force than a company unless they are attacking and then the concentration usually takes place at the last moment. It is rare indeed to catch a VC battalion or company at this exact moment of concentration.

c. I observed one operation where the entire 5th Division CP was utilized to control five ranger companies that eventually killed two VC. The number of people in the CP, plus the security provided by a M-113 company, far outnumbered the soldiers actually out in the jungle. Quite frankly, a five or six man command group with radio could have controlled the operation just as well. I might add that I counted over fifty trucks in the CP area. This should never have been a division controlled operation.

d. The problem of effectively implementing the principle of decentralized control is one of small unit leadership. I personally feel that in many cases the small unit leaders, given the chance, would rise to the occasion. But in every case a calculated risk should be taken and once the problem is brought out in the open by forcing small units to operate, the lack of junior officer leadership can be dealt with in a more realistic manner.

e. In conclusion, until the over concern with planning large scale Corps, Division and Regimental operations is overcome, ARVN will never come close to maximum effective utilization of its manpower. The decentralized, ubiquitous war in South Vietnam demands smaller units, constant operations and greater area coverage.

2. VC MODUS OPERANDI

a. I have been constantly amazed over the last 12 months at the ineptness and inability of the VC to react. It has appeared to me that the VC took over much of South Vietnam through government default rather than superior tactical judgment and devotion to "cause." It has been my experience that anytime GVN forces have taken the initiative, they can do so almost without effective retaliation by the VC. In many instances, we hit small VC units in Zone D that presumably could and should have given warning to other units in the vicinity, but we gained complete surprise on installations only 3 or 4 kilometers away and 24 to 36 hours after we had been discovered by the first unit. VC communications in Zone D did not prove to be very effective.

b. Other indications were the failure of VC units to mount large attacks in reaction to increased GVN operations and consequent control over an area once conceded to the VC. The Viet Cong appeared to be reluctant to reassert themselves on a large scale once the initiative had been taken from them. The times that they did act, it was usually a well-planned night attack, using several companies and always directed at a very weak target. They had some minor success in overrunning several uncompleted hamlets, but they also had several reverses in attacking the well-motivated SDC at Thai Hung Hamlet. All in all there are so many things they could have done and so many GVN installations that would have crumbled under the least little show of initiative by the VC that one must conclude, while they maintain many capabilities their motivation is waning.

c. In Phuoc Binh Thanh Special Zone food for the VC is scarce. The activities they follow is one of survival. Most units have several campsites in the jungles of Zone D, Bien Duong Province and Zone C. They rotate between campsites and concentrate only before an attack. Whereas constant movement improves their chances of survival, perhaps the problem that looms largest for them is food. The food that is so plentiful for the VC in the delta and other regions is scarce in the jungle of Phuoc Binh Thanh. They must obtain rice and vegetables from the populated areas. As a result of the clear and hold operations of the 48th Separate Regiment and the Strategic Hamlet Program food from the local populace is more difficult to get, forcing the VC to spend more and more time in clearing land and planting rice in the jungle.

d. This preoccupation with survival is mainly a defensive concept. It indicates that it is rather a simple matter to place the VC on the defensive.

It is my opinion that what once was thought to be great VC initiative was only the great lack of GVN initiative and consequent government control being lost by default. With the present plans that are based on GVN seizing the initiative the VC aura of success appears to be fading.

e. In summary, the VC are not ten feet tall - they never have been. They now appear to be a captivated group of people living in the jungle, kept together by the well-known communist party discipline, but losing hope and the initiative rapidly. The most important single concept that we can learn from this is gain the initiative. All else will follow.

3. ALLOCATION OF ARVN RESOURCES

a. In discussing this matter I am going somewhat afield from my personal experience in Phuoc Binh Thanh and making a judgment on information I have collected from briefings at I, II and III Corps. It struck me rather blatantly that ARVN resources are not allocated according to priorities based on the VC threat but rather upon a vague criteria involving political subdivisions. For instance, in First and Second Corps, the least threatened areas of Vietnam, there are 5 divisions and in Third and Fourth Corps there are 4 divisions plus 2 military districts. Neither is there justice in the allocation of square mile area coverage.

b. If we look at the priority areas in Vietnam we see the toughest area where the VC have a real toehold and can subsist without any problems as the 21st Division Tactical Zone in the CA MAO area. Another priority area is the VC buildup around Saigon in Zone C and Zone D with its consequent threat to the political and economic lifeline of South Vietnam. A third and northernmost priority area, face the VC threat of invasion across the 17th parallel, infiltration from Laos and Cambodia and holding enough territory to cut Vietnam in two. From the purely allocation of resources point of view, it appears that none of these areas has been given top priority. The war in each area is given the same priority and the Vietnamese are trying to meet the VC equally on all fronts.

c. It appears that the time has come for an overall National priority system to be established. In my opinion the threat to Saigon should be given top priority. If this is the case, then the forces have to be allocated to do the job and they should be placed under one commander. For instance, in the area of most of my experience the VC threat in Tay Ninh, Binh Duong, Bien Hoa, Phuoc Thanh and Binh Long constitute a problem that should be handled as an entity. It is known that the 5 battalions that operate out of Zone D have bases in Bien Hoa, Binh Duong and Tay Ninh as well as Phuoc Thanh. The major line of communications between Zone D and Zone C runs through Binh Long Province. The major base areas, where extensive VC fortifications have been found, are along the Phuoc Thanh - Binh Duong boundary. Before

any effective measures can be brought to bear against the heavy VC concentration around Saigon two things must be done. The military forces of the provinces mentioned must be put under one division commander and he must be given the military resources to do the job. At present, both essentials are missing.

d. I am fully aware of the rationale behind carving PBTSZ out of the 5th Division and in my opinion it was a wise move on the part of the President, but I feel very strongly that reduction of the VC threat to Saigon must be accomplished by closer coordination than can be obtained by dividing the responsibility between the 5th Division and Phuoc Binh Thanh Special Zone. Again, the military forces of ARVN must be allocated to meet the areas of greatest VC threat. There are more VC constituting a greater threat to Vietnam in but two Provinces - Tay Ninh and Phuoc Thanh - than in all of First and Second Corps, yet the forces allocated are less than 1/5 of those allocated to First and Second Corps.

e. To conclude, a national reappraisal of the VC threat must be made, priorities established and resources reallocated accordingly.

4. ADVISING

a. Perhaps the most illusive aspect of the advisor's role is the actual advising he does and the impact he has upon his counterpart. In many instances an advisor can be completely fooled by how much influence he feels he is exerting upon his counterpart. The criteria is not so much how agreeable his Vietnamese counterpart is, but how much the responsible official acts upon the advisor's suggestions. In many cases the actions may not take place until some time after the suggestion is made. No Vietnamese officer desires to feel that he is acting only at the insistence of the American advisor. Often the Vietnamese Commander will go out of his way to show he is still in control and will refuse the suggestion outright.

b. The instances of immediate acceptance of an idea and immediate implementation are few and generally are at times when your counterpart faces a tough decision where there is no easy solution. Here he asks your advice and may follow it quite readily. If things are running favorably, advice is seldom asked for. There also appears to be a tendency among the Vietnamese officers to feed you selective facts and withhold things that they know you will not like. Lt Col Dien's staff is more prone to do this than Lt Col Dien himself.

c. Rather than constantly calling attention to the multitude of things that need emphasis or changing, a technique of selective advising has worked for me. That is, selection of the most important points and staying with those until they are accomplished. One of the most important areas I have found to emphasize is guidance in planning and setting forth objectives to be accomplished on

a time schedule. Planning, setting objectives and articulating a clear concept of operations is a wide-spread deficiency among Vietnamese officers.

d. My first approach to advising Lt Col Dien was to fill in his professional blind spots. He is aggressive and operationally minded, so I attempted to bring more supporting elements in his concept of operations. My staff and myself developed concepts of air support, helicopter support, psychological operations and artillery support. After these ideas were implanted and became somewhat routine the next phase of advising concentrated on trying to get Lt Col Dien on a planned basis. That is, to develop a concept of operations that can be followed on a long term basis. Lt Col Dien generally operated on a day-to-day basis reacting to unevaluated intelligence information of VC concentrations. Sometimes this paid off, many times it did not, but it almost always kept his subordinate commanders ⁱⁿuninformed of his plans.

e. The emphasis on the present advisory effort is to provide a workable plan and goals for at least the next six months. One technique we are trying out is to give all units an area of responsibility with enough flexibility in the plan so task forces or units can be pulled out of their areas, if needed, on an ad hoc basis to mount larger operations. If Lt Col Dien will stick to his plan, I feel much wasted motion and manpower will be saved. It will perhaps be our biggest contribution to the pacification of PBTSZ.

f. If I were to select the single most important advisory aid under my control it would be the HU1B. It has provided Lt Col Dien with the type of face-to-face communications with his subordinate commanders and village officials that has been so lacking in the past. He can visit as many as ten different locations in one day. It does wonders in making the people feel that they belong to a group that is recognized and can provide them assistance. Lt Col Dien is a natural for this type of communicating. He always uses the opportunity of HU1B visits to talk to the people and the soldiers. I have seen a period when we were without HU1B support for three weeks. I could see Lt Col Dien's control and effectiveness go down to almost zero. The HU1B is just one part of the overall concept of communications of which new roads, radios, telephone lines, and other projects of that nature make up the whole. Communicating with the people in an underdeveloped country that has never had any significant unity is a key program in the nation building process. It can give them a sense of identity and feeling of belonging that is so necessary to the final solution of counterinsurgency. The HU1B has performed miracles in this field. It would be my recommendation that more HU1B's be made available to Province Chiefs during the consolidation phase of the National Campaign Plan.

g. In conclusion, I believe given all of the obstacles of advising, the Vietnamese are receptive to advice and a tremendous amount of good has been accomplished by those US advisors who are professionally competent and doing their job of advising.

5. SECTOR ADVISORY ORGANIZATION

a. A concept that I feel is worthwhile reviewing is the phasing into selective provinces a different type US advisory organization which would take into account the progress the sector has made towards consolidation of GVN control. That is, when the emphasis should change from the purely military actions of the campaign to civic action type aspects, the advisory organization should change with it. In two of the three provinces in Phuoc Binh Thanh, I feel we can begin planning for a change of advisory emphasis. For instance, in Phuoc Long a definite shift to medical civic action, communications, and engineering technical help and a means to get the province chief about the province appears to be more important at this time than a purely military effort. Phuoc Long is almost pacified. The consolidation of GVN control is the most important aspect of the National Campaign Plan. Binh Long will probably be in this same position in another six months. Phuoc Thanh, of course, is still very definitely in the military phase. What I would like to see in the way of a U. S. Advisory effort in Phuoc Long, and for that matter, all provinces that are in a similar situation, is a USOM representative, a medical civic action team, communications and engineer technicians that can both advise and do. Finally, I believe each sector advisor should have an HU1B assigned to him to be able to get his province chief around.

b. Unless we are capable of being flexible in our approach to the problems of counterinsurgency in Vietnam, we will find ourselves applying the judgment that everything is the same in every province in Vietnam. It really doesn't take much of an insight to see that this is wrong. The foregoing proposal may be a drastic departure from our present thinking but in my opinion a war of this nature demands fresh thinking and undoctinaire positions. The essence of our aid over here is toward a constructive program. A pure military effort is essentially destructive. A definite delineation should be made and planned for from the destructive phase to the constructive phase.

B. MEDICAL CIVIC ACTION TEAM (MEDCAP) REPORT

23 Feb-1 Jul 1963

1. INITIAL SITUATION

a. The rural health program in Phuoc Binh Thanh Special Zone as it existed in Feb 63 can be described most easily by these phrases: lack of initiative, lack of organization (and use of proper channels), and lack of planning. Provincial hospitals, district health stations and village health stations did exist in all three provinces, but the outlook of the personnel was shortsighted and there was no definite plan to carry the rural health program down to the hamlet level (which is the end results desired of the program). Some hamlet health workers had been trained, the amount varied from one province to another, but few were actually working at their jobs. Indeed, it seemed as though the entire rural health program was felt to be unfeasible in the eyes of both the province chiefs and province "medcinchefs."

b. The level of proficiency of the ARVN medical units as observed by US MAAG in PBTSZ was extremely low. Not only were the aidmen unable to perform the lifesaving tasks adequately, but also there was a lack of proper supplies and inventories. Very little inservice refresher training was given and few, if any, lectures were given to the troops about first aid and sanitation.

2. US MEDCAP TEAM PLANS

The initial plans for PBTSZ were perhaps too bold and depended upon considerable support from the province chief, but fortunately the support was readily given and the plans for the most part succeeded. The initial mission was stated as follows:

- a. Training of health workers and placement in hamlets.
- b. Refresher and initial training of Ranger, CG and SDC aidmen.
- c. Provide medical care to hamlets in conjunction with provincial, district and local health workers.
- d. Reorganization and support of the provincial hospital.
- e. Provide medical care to US troops in the area.

As the program progressed, certain portions were completed and other parts were assumed by the Vietnamese personnel. We are now proceeding in the

direction of being advisors rather than doers, although the program is still very dependent upon active supervision and guidance by the US MEDCAP team.

3. ACCOMPLISHMENTS OF MEDCAP

a. The training of hamlet health workers and their placement in hamlets is one of our primary missions and receives much of our attention. Our success varies from one province to another, being very dependent on the factors of: cooperation from the province chief, province "medcin-chef" and other personnel; ease of transportation and security; availability of acceptable persons to train; willingness of the health worker once trained to work without pay for a few months until the GVN funds are released; and the presence of initiative in the provincial medical personnel. To date we have had most of our success in Phuoc Long province, since many of the factors necessary were present there. The other provinces are either in the process of training new health workers (Binh Long) or are soon to start (Phuoc Thanh), but they have some catching up to do to fill the health worker gap. In Phuoc Long a total of 39 health workers have been trained, including 9 Montagnards (who were previously thought to be unusable as health workers). Thirty-four of these people are working at present and the others are awaiting placement. Six female Psy-War singers were trained along with one of the health worker classes, they are to function as nurses wherever they perform. The initial classes were run almost entirely by the MEDCAP team, utilizing the USOM manual and supplies and following the approved one month course. Gradually the Phuoc Long hospital personnel became more involved and soon taught the classes by themselves with only minimal US supervision (procurement of films, manuals, GTA's, projector, and Aid-kits). In Binh Long province, after a suggested program was presented to the province chief, the province "medcin-chef" initiated a training program and presently has 18 people in training. In Phuoc Thanh province we are still attempting to initiate a Vietnamese run program to start with 20 students who are available at present.

b. When the MEDCAP team first arrived at PBT we spent much of our time visiting villages and hamlets in the province holding clinics for the populace. Since it was very difficult to return to the same places with any regularity the patients treated did not receive any follow-up care and any gains we had made in curing the patient's ills were soon lost. Thus, it became obvious quite early that this was a futile method of resolving the area's health needs. We, therefore, placed all our efforts into training and placing health workers in the hamlets so that once treated by the US MEDCAP team the patient could return to the health worker for further care as needed. Visiting villages and hamlets is continuing to be done, but on a much smaller scale and only with the province authorities as a Psy-War effort.

c. In the past two months, after we had a sufficient number of hamlet health workers placed and functioning, members of our team made daily trips to assist the worker as well as to bolster his image in the eyes of the hamlet members requiring medical care. This was done in two ways: visits were made by jeep to the hamlets surrounding the MAAG detachment (since transportation was easy and protection not needed) or a two-man team plus interpreter was sent by HU-1B (or convoy) to a distant district to remain 5-7 days and work under the protection of the district chief while visiting the health workers. Both these methods were utilized concurrently and 100-150 patients were seen daily with health worker counterparts. When the team visited the health workers they also checked on supplies, need for aid-station building and other problems, these were reported to the province health personnel for correction. This system of health worker support is the most important phase of the MEDCAP program and in the future will be our primary job. And, although it is currently going on only in Phuoc Long province, as soon as workers are trained and placed in the other provinces we intend to bring our support there as well.

d. Since there was an obvious need for re-training the military aidmen (Ranger, CG and SDC) we used part of our team, as well as two US Ranger medic advisors in the PBT area, to carry out this program in a minimum of time. We convinced the province chiefs that a full time 2-3 week course (the men being excused from operations, and only 1/2 of the medics training at one time) was the best and fastest method. They accepted this and in 3 months time 120 men were trained in all three provinces, including a 10-man dispensary team in Binh Long. The course included many of the subjects in FM 8-230, with lectures, demonstrations, practical work on each other, films, GTA's and ended with a final exam under semi-field conditions. Most of the men trained were very anxious to learn and seemed to profit from the courses. Although the US team initiated all classes, in Phuoc Thanh and Binh Long provinces medical aspirants were utilized to do most of the teaching, the US advisor being present only to see that all went smoothly. In Phuoc Long province the medical aspirant could not be used and the teaching program was run by the US team utilizing Vietnamese NCO's to demonstrate procedures. At the termination of the course and the final exam, a certificate was presented to the men by the province chief.

e. Even though working in and with the Phuoc Long provincial hospital is not strictly part of the MEDCAP program (as set down by MAAG), we have found it to be an indispensable part of our activities. Not only are we kept up to date on all the happenings in the rural health program in the province, but we are in an advantageous position to check on and advise on matters of supply, maintenance, correct procedures, administrative improvements, disease outbreaks and other health matters. We hold clinics with them three times a week, other activities permitting, and in doing so show a feeling of togetherness of purpose and gave us excellent working relations with the

entire rural health program in the province. We also are on call for consultation purposes if they have a difficult case and desire our help. I feel that much of our initiative rubbed off on them and helped them to have faith in the success of the program. Many of our earlier suggestions suddenly appeared as their own ideas and ventures a month or two later. And I can honestly say that the provincial hospital in Phuoc Long has improved its physical plant, administration, ward work and ideas of medical care considerably since our arrival. The provincial hospital in Binh Long has from the start been better because of greater funds in that province and the presence of a Vietnamese doctor. In Phuoc Thanh the patient load is small and the hospital quite adequately staffed for the job. Thus neither place will require our support in the near future. The least time consuming part of our mission is to provide medical care to the US troops in the PBTSZ area. Soon after our arrival we distributed first-aid and common ailment medicines to each detachment, as well as an emergency field aid-kit for use by the MAAG personnel on operations. Daily sick call was held in the combined Phuoc Long and PBT detachment and an average of 2-3 patients were seen daily. An active immunization program was started, and water chlorination and rodent control was supervised by the MEDCAP team. Whenever necessary, team members were sent to the other detachments to provide medical care on a temporary basis. Our presence gave the US troops the security of knowing that both minor illness as well as emergency casualties would receive prompt and proper care.

4. SUGGESTIONS FOR FUTURE ACTIVITY OF MEDCAP

Other than some of the suggestions mentioned above there are a few points that deserve emphasis. Among these are the following:

- a. It is necessary to "sell" the MEDCAP program to both the Vietnamese authorities as well as MAAG, this can be easily done by showing our record of accomplishments.
- b. It will always be paramount to keep pace with the Vietnamese, go where they go, and get involved wherever we can in the rural health program; this means that we must be mobile and ready to form separate teams to work in different provinces.
- c. Our relationship with the Vietnamese medical personnel, USOM, and MAAG must be kept strong and mutually supporting as it is now.
- d. Continuing efforts must be made to get the Vietnamese to run the program themselves.
- e. Pressure must be made upon the GVN by both MAAG and local Vietnamese authorities to provide the funds necessary to run this program, or else all our efforts will be in vain.

f. The provincial and district health agencies must continue to support our efforts and develop their own methods of assisting the hamlet health workers.

g. If possible, a "provincial" health worker should be part of the strategic hamlet staff of the province and accompany the officials in their tour of the province; this would accomplish two things: provide immediate care to those encountered in new hamlets without a health worker and also provide a medical evaluation of the entire province to determine future plans.

h. We must not lose sight of the endpoint of our activities, i. e. , a functioning health worker in every hamlet.

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C. CONCLUDING REMARKS

1. U.S. ADVISORY EFFORT

a. In my personal opinion the three greatest accomplishments of the U.S. Military Advisory effort in Vietnam have been: (1) getting the military operations and the nation building process on a planned basis, i. e., the development of the National Campaign Plan, (2) the introduction of Army Aviation, and (3) putting advisors at sector level. The latter two, of course, are nothing more than supporting programs for the National Campaign Plan.

b. The National Campaign Plan was the first essential step in putting the entire country on a planned basis. It gave the Corps areas and the National Strategic Hamlet Program clear objectives. Each Corps, Division and Province has since been able to develop a plan guided by the objectives set forth by each higher headquarters. The approach is so obvious that it is difficult to find excuses why it wasn't done before.

c. The greatest U.S. gamble, if it can be called a gamble, to pay off is the almost overwhelming support of Army Aviation. It has provided the mobility, flexibility and communication lines that are so vital in this war of scattered actions and small units. The helicopters and light aircraft are doing the most good at the lowest level--regiment, battalion, sector -- where the action is going on. My only comment would be to get them more decentralized and to stay with units in the field where they can be responsive to the people that need them the most.

d. Our sector advisory effort, in my opinion, is the single most important element in our advisory organization. This is where the war is being fought, and where the war will be won. It should be the last element to be withdrawn, although I fear it may be the first. Because many provinces are in the consolidation phase and many more will be within the next six months, I feel that the sector advisory organization should be more tailored to a construction effort, i. e., health and welfare aspects, than to the military, "kill the VC" aspects.

e. Killing the VC is not the end solution. Making conditions unfavorable for VC existence and making it no longer worthwhile for them to fight effectively is a reasonable goal. These conditions must be realized at the sector level. I feel very strongly that the sector advisory organization must be reshaped to the constructive effort.

f. I also feel that the very best majors in Vietnam should be sector advisors, this is the choicest job in this country. To make anything short of our best effort at this level is detrimental to good US-Vietnamese relations and consequently the whole effort. I would personally establish graduation from

C&GSC as the minimum criteria. I think we can afford lesser degrees of competence at division and corps levels, where immediate influence of the staff officer is of a lesser degree.

2. ARVN EFFORT

a. From my observations of ARVN plans and operations during the past year, I feel three of the most important guidelines for the Vietnamese Government to follow are: (1) maintain the initiative, (2) establish priorities and reallocate forces accordingly, and (3) emphasize small unit operations.

b. The initiative can only belong to one side. If GVN has it, the Viet Cong do not. In my opinion, GVN now has it. It must keep it.

c. The establishment of priorities and reallocation of forces according to those priorities which were thoroughly discussed earlier in this report must be accomplished.

d. Finally, a guerrilla war is one of dispersion and decentralization. To cover the vast areas necessary in finding and fixing guerrillas, small unit operations must be the rule rather than the exception.