

1st Bn, 35th Infantry
3rd Bde, 25th Division
Pleiku, RVN

23 Dec 1965 - 21 February 1966

14 Civil Affairs Reports

Note: There was no Civil Affairs Officer assigned at battalion level. In the 1/35th this was an additional duty of the Bn S-2

The 14 reports herein were not the only reports. How many were produced is unknown. At some point in time when the Battalion left base camp vicinity, the Civil Affairs reports were incorporated as part of the Battalion's daily log. Disposition of the daily log is unknown to the undersigned.

John Fielding

Bn S-2 (RVN 24 Dec 65 to 24 June 66 - when
assumed command of Company "A")

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

5 February 1966

SUBJECT: Civil Affairs Summary 23 December 1965 to 31 January 1966

TO: Commanding Officer
1st Battalion 35th Infantry
3d Brigade 25th Infantry Division
APO San Francisco 96225

1. Prior to the deployment of the 1st Battalion, 35th Infantry to Vietnam there was very little concrete information available on Civil Affairs environment in the objective area. The Battalion S2 was assigned the additional duty of Battalion Civil Affairs Officer. No augmentation personnel were provided at battalion level. The S2/Civil Affairs Officer was among the battalion advance party and arrived in Pleiku on 24 December 1965. From then until the arrival of the first elements of the main body on 29 December 1965, the chief source of information was the counterpart S2/Civil Affairs Officer of the 1st Battalion, 8th Cavalry of the 1st Air Cavalry Division, the host unit for the advance party. It was determined that at battalion level the Civil Affairs program consisted primarily of rendering medical aid to native peoples living in the areas of operations assigned. The key to successful Civil Affairs Operations at this level is meeting the immediate specific needs of the local populace rather than becoming committed to an extensive long range program.

2. Due to the priority of getting the base camp established, the first actual civic action was delayed until January. During this month a total of twenty-two visits were made to thirteen separate villages. With one exception these visits consisted of arranging for or conducting medical assistance visits. Following is a list of the more significant medical aid missions and number of people treated:

TLICA-2

5 February 1966

SUBJECT: Civil Affairs Summary 23 December 1965 to 31 January 1966

<u>DATE</u>	<u>VILLAGE</u>	<u>LOCATION</u>	<u>NUMBER TREATED</u>
16 January	Plei Keteng	AR787556	130
19 January	Plei Bre	AR765530	56 in the
	Plei Sao	AR772529	three villages
	Plei Phong	AR777532	
19 January	Plei Rung Dup	AR829538	120 in the two
	Plei Xao	AR838538	villages
19 January	Plei Hol	AR843532	14
19 January	Plei Ring	AR843529	60
24 January	Don Soui Dej	BR004516	30
30 January	Phu Danh	BR209529	90

3. On 10 January 1966 a unique mission was executed when members of the Battalion Reconnaissance Platoon rendered spontaneous assistance to a family of eight in the village of Plei Ja Bruk Rangol (ZA233548) whose home and all belongings had burned to the ground in a freak accident the previous night. Obtaining eight surplus blankets and a quantity of C-rations from Battalion S4, they returned to the village and presented these items to the afflicted family. Additionally they presented them with \$700 (Plasters) obtained by passing the hat around through the platoon members.

4. All totaled, the battalion assisted 508 villagers during the month of January 1966.

5. Problems:

a. No systematic Civil Affairs effort had been initiated in the Brigade during this report period. This produced much duplication of effort and less of effectiveness. A Civil Affairs Officer has been at Brigade level and the program should be stabilized in the near future.

5 February 1966

SUBJECT: Civil Affairs Summary 23 December 1965 to 31 January 1966

b. When dealing with Montagnard villagers there is a significant problem area when forced to use days and figures. Several times when scheduling medical aid visits in advance, the teams arrived to find that they were expected on another day. The best solution seems to be to schedule visits for the next day or at the most two days in advance. They all seem to be able to keep track of Sundays and this appears to be the optimum day to schedule visits.

c. The Vietnamese/Montagnard conflict is acute in the medical area. Ordinarily the Vietnamese government offers its medical facilities (such as Pleiku Hospital) to all citizens. The Montagnards are reluctant to use these because of alleged maltreatment at such institutions. While most Vietnamese villages have government trained nurses, few of the Montagnard villages do. This fact is acutely recognized by the Montagnard chiefs who desire to send personnel to be trained.

d. The language barrier is significant in that while U.S. Forces generally have Vietnamese speaking interpreters available, rarely do they have the Montagnard facility. The battalion has found it most profitable to obtain a member of the cadre from the Bach Viet Montagnard Training Center (AR795533) with a Vietnamese speaking ability to accompany Civil Affairs teams. Many Montagnards speak French and personnel with this facility could be profitably employed.

e. A sufficient security element must accompany all Civil Affairs teams when operating out of the immediate vicinity of base camp. Availability of this depends on the operational mission of the battalion and, of necessity, the Civil Affairs mission must be a secondary consideration. During the reporting period several missions were delayed and even curtailed until proper security forces were available.

f. The generosity of U.S. American forces is often their own downfall. On two occasions convoys were nearly slowed down to a standstill by children on the highway darting for excess C-rations tossed by friendly troops. Steps are being taken to prevent future occurrences of this nature by organizing a program whereby excessive rations may be turned in at a control point for organized distribution to a village.

TLICA-2

5 February 1966

SUBJECT: Civil Affairs Summary 23 December 1965 to 31 January 1966

6. Conclusions:

Civil Affairs work to date has been rewarding experience. Each day has witnessed an improvement in the relationship with the native peoples. As more and more contact is made the bond of friendship is further strengthened. There is no doubt that this groundwork will pay dividends in the future. As the program becomes more refined, much duplication of effort will be eliminated and a maximum contribution to the Civil Affairs mission will be accomplished with a minimum interference with the tactical mission.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
APO US Forces 96225

TLICA-2

12 January 1966

SUBJECT: Civil Affairs Report No. 2

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. Accompanied by an interpreter, a photographer, and a scout squad, the Battalion S-2 and the Battalion Surgeon departed the Battalion area at 120930 Jan for the village of Plei Ja Bruk Rangol (vic ZA 233548) to determine the medical situation amongst the inhabitants (this is the same village where the Battalion had previously assisted a family whose home had been burned to the ground on 10 January 1966).

2. The village is inhabited by 114 Montagnards few of whom speak English or Vietnamese. Through the efforts of the translator, PFC Bell, and a villager named NGOK, a meeting was arranged with the Village Chief. During this meeting, it was determined that this village was visited each Sunday by a doctor from Camp Holloway who routinely administers medical aid to the people. None of the villagers were in need of any immediate medical aid nor were any problems apparent. One hundred surplus candy bars were turned over to the Chief for distribution to his people. After spending approximately twenty minutes at the village, the Battalion representatives left. The Chief expressed gratitude for the interest taken in his people..

3. The group then went to the village of Plei Neh (vic AR 870560) which had been entered previously by a reconnaissance patrol. This old and overgrown village is the market center for approximately 2,300 people living in the immediate vicinity. It is predominately Vietnamese and it is guarded by an ARVN security force commanded by a second lieutenant. No one in the area spoke English. Through the interpreter and the ARVN Lieutenant, a meeting was arranged with the village head. He appeared neatly dressed and appeared to have a formal education. When questioned on the medical situation of his village, he produced the village nurse, apparently placed there by the Vietnamese government, who explained their medical problems. The nurse treats all routine cases and arranges for the evacuation of serious cases to the Pleiku Hospital. There were no serious cases in the village at the time. She did explain that there was a severe shortage of everyday medicines: especially cough syrup, in the village at present. After spending approximately thirty minutes in the village, the Battalion party departed. The Chief expressed his appreciation and the hope that the doctor would return in the future.

FILE COPY

12 January 1966

SUBJECT: Civil Affairs Report No. 2

4. A third village of Plei Rong Dup (vic AR 829538) was visited. This village was a relatively prosperous Montagnard village characterized by neat homes, clean people, and an intensive agriculture program. Only a very broken Vietnamese was spoken by one of the villagers present who was able to arrange for a meeting with the Chief. Due to the language barrier, an adequate interpretation of the medical picture could not be obtained. It was determined that there were no sick people in the village at that time. Likewise, the status of the medical aid that they were receiving could not be obtained. The chief seemed pleased that we had visited his village. The Battalion personnel arrived back at the Battalion CP at approximately 121215 hours.

5. Conclusions and Recommendations.

a. The village of Plei Ja Bruk Rangol (vic ZA 233548) appears to have an established medical aid program. There is no need to pursue efforts in this village.

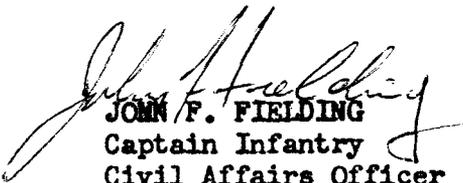
b. The village of Plei Neh (vic AR 870560) although it has a nurse working in conjunction with the Pleiku Hospital could undoubtedly use more help. In addition, there is an expressed lack of common medical items. A weekly visit by trained medical personnel and the provision of surplus medicines would do much to aid the health problem in this village.

c. Due to the language barrier at Plei Rung Dup (vic AR 829538), no conclusions can be drawn until an interpreter with a Montagnard speaking ability is made available.

d. Civil Affairs Authorities in the area should be informed as to the various activities that are taking place in this area. Ede S-5 should be able to coordinate task force elements in the area to avoid duplication of efforts.

e. Native interpreters should be assigned at the battalion level.

f. Impress funds for civil affairs should be made available as soon as possible.


JOHN F. FIELDING
Captain Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
APO US Forces 96225

TLICA-2

13 January 1966

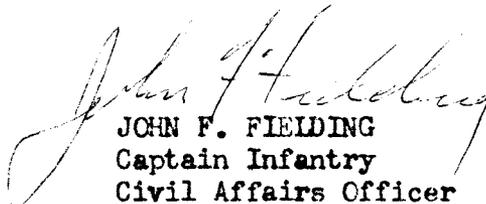
SUBJECT: Civil Affairs Report No. 3

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. While inspecting the facilities of Pleiku Hospital on 11 January 1966, MADCAP representatives told of a possible plague outbreak in the vicinity of Camp Holoway. They asked the Battalion Surgeon if it would be possible for him to furnish them with three personnel to assist in the inoculation of the inhabitants of the afflicted village.

2. On 120730, the Battalion Medical Service Officer and two (2) EM from the medical platoon left for Pleiku Hospital where they teamed-up with MADCAP representatives before going to the village. The village is located vic AR 807426 and it has approximately 350 Montagnard inhabitants. The team inoculated 342 persons with plague serum. All supplies used in the operation were furnished by the MADCAP group at Pleiku Hospital. The Battalion personnel returned at 121115 Jan 1966.

3. Projects of this nature provide good training for the Battalion medical personnel. Similar aid should be provided when consistent with the battalion mission. This type of aid places no drain on the Battalion medical supplies.


JOHN F. FIELDING
Captain Infantry
Civil Affairs Officer

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HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
APO US Forces 96225

TLICA-2

15 January 1966

SUBJECT: Civil Affairs Report No. 4

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 140850, a group of ten battalion personnel including the S2 and the surgeon departed on a civil affairs mission. At the BACH VIET Montagnard Training Center (AR795533), the group was joined by five Montagnard cadre under the supervision of a warrant officer who were to be our escorts and security. In a previous meeting with the Battalion Surgeon on 13 January, the officials at the center had pointed out those villages in the area most in need of medical assistance. The party then proceeded to the Montagnard villages indicated below.

2. The first village visited was PLEI KOTENG (AR787556) which was a vigorous community for 541 inhabitants. The chief was absent, but in conversation with his deputies the following medical picture was obtained. They have a local male nurse who was trained at the Pleiku Hospital. However, he has no medicines. Acute shortages expressed were for tooth ache, cough syrup, stomach ache medicine, and pills of any kind. The nurse speaks French and Montagnard but not Vietnamese. They said that no doctor had visited the village for many months and requested aid. The village was determined to be more in the 2nd Battalion 35th Infantry area of responsibility rather than in that of our Battalion. The 2/35 Surgeon who had accompanied our group made arrangements with the chief to visit them on Sunday, 16 January 1966.

3. The next village visited was PLEI BRE (AR765530) which was a village of 330 inhabitants. This village also had a Pleiku Hospital trained male nurse who likewise was short on medicine. The chief indicated that they were in need of medical assistance. Arrangements were made to combine the three villages of PLEI BRE, PLEI SAO (AR772529) and PLEI PHONG (AR777532) in a joint visit on Wednesday, 19 January 1966. Although these three villages are shown on the map as three grouping under the title PLEI BRE, they are separate villages with their own chiefs and community relationships. Though these villages are old, they do have such conveniences as piped in water and their appearance reflects it.

15 January 1966

SUBJECT: Civil Affairs Report No. 4

4. The next village visited was PLEI RONG DUP (AR829538). This village had been visited previously (See CA Report No. 2). The chief was absent from the village, so the group continued on to PLEI XAO (AR838538). In all actuality, this village is an extension of PLEI RONG DUP although it does have its own government. It was arranged with the chief to hold a sick call for his village and PLEI RONG DUP at 210900 Jan. It was further learned that this village did not have a formally trained medic.

5. The last village visited was that of PLEI RING. On the map this village is plotted in the vicinity of coordinates AR860510, but it was established on the ground that it was located at approximately AR843529. The Montagnards were questioned on this discrepancy several times, but they insisted that PLEI RING was located at AR843529. It could not be determined if the village had been relocated or if, in fact, there were two such villages. At PLEI RING, the chief made a plea for medical aid. He had no trained medic and a doctor had never visited his village. A child had died in the village the previous day, and its mother and other villagers were seriously ill. The Surgeon could not make a determination of the affliction due to the lack of equipment. Both persons refused removal to a hospital. Arrangements were made to conduct a sick call at 211100 Jan. The sick from the village of PLEI HOL (AR843532) will also be present at that time. The group returned to the base area at 141330 Jan.

6. Conclusions and Recommendations.

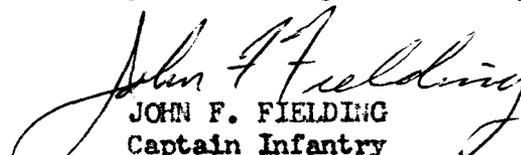
a. The medical pattern seems to follow the same line in each village. Most villages have a Pleiku Hospital trained medic. None have been visited by a doctor in recent months. All are critically short of medical supplies which would allow the medic to perform his duties properly.

b. Montagnards are not encouraged to go into the Pleiku Hospital by the Vietnamese. Superstition also keeps the sick villagers confined to their homes.

c. Village chiefs are eager for medical attention and are willing to organize cooperative sick calls.

d. All medical aid groups going to native villages must be accompanied by a sufficient security element. This is particularly true when an advance notice is given of a return to a village. Possible alternate routes of entry and exit must be used. A Montagnard escort should be arranged when going into a Montagnard village. Likewise, an interpreter capability is a necessity.

e. Surplus FX supplies, especially soap, could be put to good use in any of the villages.


JOHN F. FIELDING
Captain Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3RD BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

18 January 1966

SUBJECT: Civil Affairs Report No. 5

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 160900 Jan, a medical aid team under the direction of the Bn Surgeon went to the Montagnard village of PLEI KOTENG (AR787556) to render medical assistance. Originally the Bn Surgeon of the 2nd Battalion, 35th Infantry had arranged to conduct this Civil Affairs mission but could not accomplish it due to the lack of supplies and other priorities.

2. "The CACTI" medical team treated approximately 130 of the inhabitants largely for minor illness. The team worked in conjunction with the village medic who had been trained in Pleiku (See Civil Affairs Report # 4). The overall health of the village was good considering the lack of medical attention in the past. The village medic was given some surplus medicines for his future use. The medic was instructed to make arrangement for two inhabitants to go to Pleiku Hospital for further consultation and treatment.

3. The Bn S-2 and the 3d Brigade Civil Affairs Officer visited the village while the team was there. Once again interpreters were provided by the BACH VIET Montagnard Training Center (AR795533). The group returned to base camp at 181230 hours.

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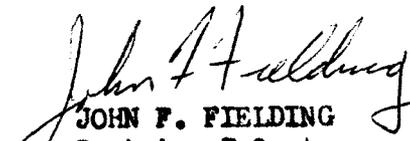
18 January 1966

SUBJECT: Civil Affairs Report No. 5

4. Conclusions and Recommendations:

a. Civil Affairs personnel must be extremely careful not to over commit themselves or their unit. No firm promises of aid should be extended in advance when the operational mission of the unit may preclude a thorough follow thru.

b. By coordinating through the Brigade Civil Affairs Officers last minute coverage could perhaps be arranged when one unit is unable to meet a planned commitment.


JOHN F. FIELDING
Captain, Infantry
S-2

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3RD BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

18 January 1966

SUBJECT: Civil Affairs Report No. 6

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 190830 Jan the Bn Surgeon and a medical aid team departed the Battalion base camp on a Civil Affairs mission to the village of PLEI BRE (AR765530). Accompanying them were a security element from the Strike Platoon and two Montagnard interpreters from the BACH VIET Montagnard Training Center (AR795533).

2. The visit had been arranged on a visit by the Battalion Civil Affairs Officer on 14 Jan (See Civil Affairs Report No. 4). The initial plan called for the sick from the village of PLEI SAO (AR772529) and PLEI PHONG (AR777532) to gather at a central point in PLEI BRE to facilitate treatment. Upon arrival it was learned that the village chief had miscalculated the date and expected the team the previous day. As a result those needing treatment were not in a central location and maximum utilization of time was not taken advantage of. A total of 56 people were treated. Most of these were treated at their homes as the chief knew where the more severe cases were located. Many more would have been treated except for the mix up in dates. The team returned to base camp at approximately 191200 hours.

18 January 19

SUBJECT: Civil Affairs Report No. 6

3. Because of the limitations imposed by the TET holiday period of 20-23 Jan 66 the visit to the village of PLEI RING scheduled for 211100 Jan (See Civil Affairs Report No. 4) had to be moved up to an earlier date. At 191300 hours the same group that made the above visit went to the villages of PLEI RONG DUP and (AR829538) and PLEI XAO (AR838538), PLEI REI HOL (AR843532) and PLEI RING (AR843529). As in the morning instance the original plan was to combine these villages into two instead of four stops, with the TET restrictions forcing the change in schedule much the same problem encountered in the morning visit was repeated in the afternoon. The sick villagers were not centralized and many who could have benefited from the treatment were absent.

4. In spite of the difficulties the following approximate number of villagers were treated.

PLEI RING - 60
PLEI HCL - 14
PLEI RONG DUP and PLEI XAO - 120

The ailments were of a general nature with the following exception. At PLEI XAO a mother and child died after a brief illness. Several other villagers were severely ill with similar symptoms. A thorough investigation by the Battalion Surgeon resulted in the conclusion that the illnesses of the individuals involved did not tie in together and there was no fear of an epidemic-type outbreak.

5. While at the village of PLEI RING, a thirty man ARVN patrol appeared coming from the east. They were on a six-hour patrol sent out by sector according to the NCOIC. The patrol spent approximately forty-five minutes in the village and returned in the direction from which they had come. Evidence showed that they had appropriated vegetables from the local inhabitants as they left through the gardens of the villagers. The villagers (Montagnard) and the ARVN (Vietnamese) seemed to know each other as individuals indicating that perhaps this particular village had been visited with frequency in the past.

6. Conclusions and Recommendations:

a. Visits must be coordinated in advance to fit around holidays during which an increase in enemy terrorist activity can be expected. They must not be scheduled so far in advance that it overtaxes the village chief's ability to keep track of the days. The ability to count abstractly is a rarity amongst the Montagnards. Perhaps, the ideal solution would be to set up a visit one day for the following day. With this method the number of visits cancelled due to unforeseen operational missions would also be cut to a minimum.

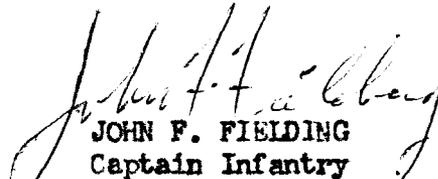
TLICA-2

18 January

SUBJECT: Civil Affairs Report No. 6

b. The Brigade S-5 should coordinate all medical missions in conjunction with the Brigade S-2 in order to determine if there is any type friendly military operation scheduled in the vicinity.

c. A sufficient security element must be taken at all times. This requirement will necessarily vary with the location of the individual village and the availability of the support from the other friendly elements.


JOHN F. FIELDING
Captain Infantry
Civil Affairs Officer

1ST BATTALION 35TH INFANTRY (THE CACTI)
3RD BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

27 January 1966

SUBJECT: Civil Affairs Report No. 7

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 240900 Jan the Bn Surgeon and a medical team went to the Vietnamese outpost called DON SUOI DOI (vic BROU 4516) to offer medical assistance. This outpost is manned by 16 ARVN soldiers of the 426th Company. They have responsibility for securing National Highway 19 for a distance approximately 8 miles West and 10 miles East of their position. They are commanded by an ARVN Lieutenant who lives in Pleiku and who makes a trip daily to inspect their positions. They secure the highway by conducting daily patrols. The NCOIC stated that the last enemy contact in the area was in October when they captured 8 Viet Cong. The outpost consists of dirt embankments surrounded by a minimal amount of protective wire reinforced by Claymore mines. There are two 60mm Mortars at the site.

2. There are approximately 24 dependants living in the outpost. Living conditions are extremely poor with shelters constructed of old ammunition cases and corrugated aluminum. Sanitation in the outpost is primitive and this condition is reflected in the health of the inhabitants. There is no water supply in the village. Water must be hauled from a stream approximately 600 meters to the Southwest.

TLICA-2

27 January 1966

SUBJECT: Civil Affairs Report No. 7

3. The medical team treated approximately 30 of the villagers. Tuberculosis, VD, Syphilis and many skin rashes were evidenced. The children appeared to be suffering from malnutrition. The outpost had no medical supplies and does not enjoy participation in any systematic medical aid program sponsored by their government. The team departed at approximately 241030 hours. The NCOIC thanked the Surgeon explaining this was the first time they had medical attention in many months.

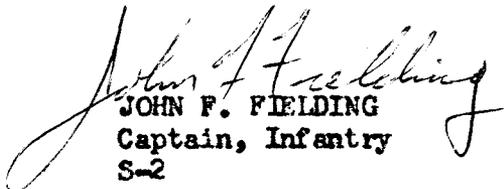
4. Prior to departure of the battalion from the area many unused and surplus C-rations were turned over to the inhabitants.

5. Conclusions and Recommendations:

a. The health standards and condition of this outpost seemed below par in comparison with established villages in the area (including Montagnard).

b. When operating in conjunction with or in area of ARVN control, the offering of medical assistance is a valuable tool to cement US - ARVN relationships. This is particularly true when it shows that US elements are interested in the welfare of their families as well as their military support.

c. A system whereby US troops could turn in unwanted or unused rations to a central location collecting point would provide an excellent source for Civil Affairs activities at ~~not~~^{no} sacrifice to operational efficiency.


JOHN F. FIELDING
Captain, Infantry
S-2

**HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
APO US Forces 96225**

TLICA-2

1 February 1966

SUBJECT: Civil Affairs Report No. 8

**TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225**

1. At 300930 Jan, a civil affairs team consisting of the Bn S-2, the Bn Surgeon with a five (5) man aid team and a security element from Co A departed for the Montagnard village of PHU DANH (BR 209529). Captain Russell and a medic from the U.S. Special Forces Advisory Team located at the ARVN radio relay station vicinity BR 231520 accompanied the team.

2. The village has approximately 350 inhabitants, and it is clean and well organized. The chief is strongly pro-government (Saigon), and in the past he has reported all suspicious activity to the U.S. elements in the area.

3. The health situation in the village was relatively good. In the past, the village has been visited by the Special Forces medics that operate in the same area. The medical team treated approximately ninety individuals for common ailments; there were no reported serious health problems, and sanitation standards are high. This is reflected by the overall healthy condition of the village inhabitants.

4. Approximately three years ago, when the village was located approximately 3,000 meters to the southwest at BR 184504, a Viet Cong element entered the village and abducted thirteen (13) villagers: the group captured by the VC consisted of four (4) men, four (4) women and five (5) children. They were transported to an unknown location where the men were separated from the rest of the body and never seen again. The women and children spent three (3) years in a village controlled by the Viet Cong. During this period, a woman and child of the party died. About ten days prior to our visit to the village, the remaining elements of the party minus the men and the two that died were released by their captors. From their village prison (where they spent three years), the VC simply pointed out the general direction of their own village and turned them loose. The women and children reached their village after ~~three days~~ The women were

SUBJECT: Civil Affairs Report No. 8

questioned through the use of interpretation (Montagnard-Vietnamese-English) from the 25th MID personnel attached to the Battalion intelligence section on this operation. But, they were not able to obtain any further information from the individuals that were held in captivity by the Viet Cong. The women had no idea of where they had been, or they simply were too frightened to reveal it, and much meaning was lost in the interpretation.

5. Conclusions and Recommendations:

a. This village has been a good source of intelligence to the friendly forces in the past. The provision of aid in any manner to the people of this village would only strengthen the reliability of this Montagnard village as a friendly intelligence source.

b. The returned captives could probably have given us the intelligence information desired had we had an interpreter that could speak the Montagnard tongue.

JOHN F. FIELDING
Captain Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

7 February 1966

SUBJECT: Civil Affairs Report No. 9

TO: Commanding Officer
1st Battalion 35th Infantry
3d Brigade 25th Infantry Division
APO San Francisco 96225

1. At 060830 Feb 66 a Civil Affairs team consisting of the Bn S-2, the Bn Surgeon and a seven man medical aid team visited the Montagnard villages of PLEI SAO (AR777531), PLEI BREL (AR772530), and PLEI JA BRUK RANGOL (AR232548). All these villages had been visited on 5 February 1966 by a security patrol and the chiefs of the respective villages requested that a doctor visit. The chief of PLEI JA BRUK RANGOL stated that they had been visited every Sunday by a doctor from Camp Holleway but that he had not been there for a month.

2. At PLEI SAO twelve patients were treated. In addition 60 plus articles of children's clothing collected by the "Cacti" officers wives at Scheffield Barracks were distributed. At PLEI BREL fourteen people were treated and at PLEI JA BRUK RANGOL approximately sixty-five. None of the cases were critical.

3. At PLEI JA BRUK RANGOL, the family which had been helped by the Bn Reconnaissance Platoon when their home burned early in January invited the party to inspect his new home materials for which were purchased from the seven hundred Piasters provided to him. The father of the family presented a bunch of bananas, several stalks of sugar cane and a bottle of rice wine for those who helped him out.

TLICA-2

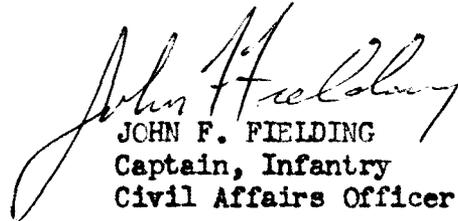
7 February 1966

SUBJECT: Civil Affairs Report No. 9

4. The party returned to base camp at approximately 061200
Feb 66.

5. Conclusions and Recommendations:

a. Although these villages are apparently provided with
medical assistance by other agencies, whenever possible, attempts
should be made to honor their requests for additional support.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer

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HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

12 February 1966

SUBJECT: Civil Affairs Report No. 10

TO: Commanding Officer
1st Battalion 35th Infantry
APO San Francisco 96225

1. On 111430 Feb 66 a Civil Affairs team consisting of the Bn S2, Bn Surgeon, seven aidmen and an eight man security element from the CIDG security post vicinity BR234521 departed the CP for the villages of PHU YEN (1) and KON CHARA.

2. The Vietnamese village of PHU YEN (1) (BR185520) is a small settlement consisting of approximately twenty houses strung out along National Highway 19. Included in this total is a Roman Catholic mission church and a Buddhist temple. The population is approximately 175. The local economy is based on small coffee and tea holdings.

3. The Montagnard settlement of KON CHARA (BR185525) was previously visited by a Civil Affairs team on 1 February (See CA Report No. 8). The village was erroneously reported as being named PHU DANH (AR209525) which no longer exists on the ground.

4. The medical team conducted separate sick calls at each of the villages lasting about one hour at each location. At PHU YEN approximately 95 inhabitants were treated and at KON CHARA approximately 110. With one exception the cases treated were routine. At KON CHARA two patients will require additional treatment by the Surgeon.

TLICA-2

12 February 1966

SUBJECT: Civil Affairs Report No. 10

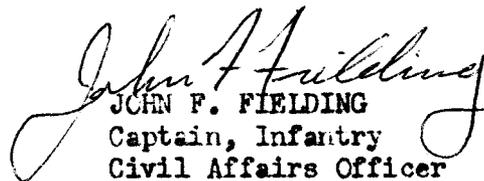
5. Conclusions and Recommendations:

a. The villagers of KON CHARA were seemingly impressed that the aid team had come back to treat them a second time.

b. Neither of the villages have trained medical personnel and must rely on sporadic visits by U.S. Special Forces medics operating in the area with local CIDG elements.

c. In the future, an effort should be made to visit these two villages when U.S. elements are assigned the mission of keeping National Highway 19 open. These are the only two villages in the vicinity of Mang Giang Pass and such visits would not unduly hamper the operational capability of U.S. medical personnel.

d. Local CIDG forces are more than willing to accompany U.S. personnel on such visits. Use of this source for security purposes allows a minimum of interference with the U.S. mission.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

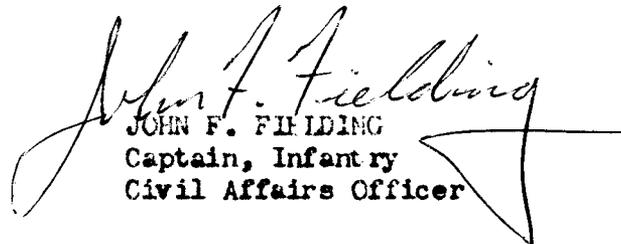
TLICA-2

15 February 1966

SUBJECT: Civil Affairs Report No. 11

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. The Bn Surgeon and a six man medical aid team departed the CP 141000 Feb 66 to pay a return visit to the Montagnard village of KON CHARA vicinity BR185519 (See Civil Affairs Report No. 10). They were accompanied by a medic and a security element from the CIDG camp vicinity BR234521.
2. The reason for the visit was to give additional treatment to two seriously ill villagers and therapy to a seriously burned man. In total twenty-five patients were treated.
3. The team returned to the CP location at approximately 1412 0 Feb 66.
4. Conclusions and Recommendations: Return visits of this nature display a continued interest in the welfare of the villagers by U.S. personnel. When possible such return visits should be made.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CASTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

19 February 1966

SUBJECT: Civil Affairs Report No. 12

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 181245 Feb 66 a Civil Affairs Team consisting of the Bn S2, Bn Surgeon, a six man medical aid team, two interpreters, and an eight man security element from the Strike Platoon departed the Bn CP for the village of An Dinh 2 (BR395448). The village was additionally secured by a rifle platoon from Company A, in anticipation of a visit from the Bn and 3d Bde commanders accompanied by a PIO crew. The Bde element's visit did not materialize and the team continued on with their mission after an hours delay.

2. The Vietnamese village of An Dinh 2 consists of about thirty houses and has a population of approximately 210 people. The village appears relatively prosperous as evidenced by its substantial homes and cleanliness. The chief occupation of the village is truck farming for shipment to An Khe. The overall health situation in the village is good. There is a school trained nurse living in the village but she was not present in the village during the visit having gone to Quin Nhon to receive medical supplies.

3. The medical aid team treated approximately ninety-five people. The only two serious cases were two women in the last stages of pregnancy. Soap and water would alleviate many of the skin disorders encountered. The team departed the village at approximately 181530 Feb 66.

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

19 February 1966

SUBJECT: Civil Affairs Report No. 13

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. The Bn Civil Affairs team departed the Bn CP at 191030 Feb 66 for the Montagnard village of KON CHAPA (BR185524). This village has been visited several times in the past and the primary purpose of this mission was to give continuing treatment to several serious cases.

2. A severe burn patient has responded very well to treatment and his improvement seems a catalyst to other seriously ill villagers. The Surgeon was asked to treat several other chronic cases whose presence had not been made known during previous visits. In particular, one child who was given treatment on February 14 for the first time has also displayed great improvement.

3. The team spent approximately one hour and fifteen minutes in the village treating approximately eighty-five persons. The arrived back at the Bn CP at 191245 hours.

4. Conclusions and Recommendations:

a. The villagers display an increasing trust and confidence in the medics as they observe their fellow villagers responding to treatment. Reluctance to approach the medics has been replaced with eagerness, particularly in regards to parents bringing in their sick children.

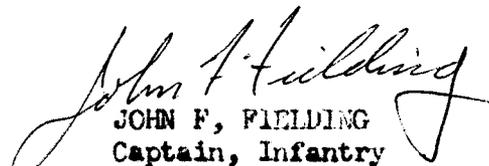
TLICA-2

19 February 1966

SUBJECT: Civil Affairs Report No. 13

b. The continued interest of medical personnel both in individuals and in the village as a whole has undoubtedly increased the trust that villagers are willing to place in U.S. Forces as a whole.

c. Whenever possible return visits should be made to all villages if and when the Bn finds itself in the same area. This is particularly true of the village of KOM CHARA which is located near such a strategic position that friendly forces will be readily available whenever National Highway 19 is open for military traffic.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer

HEADQUARTERS
1ST BATTALION 35TH INFANTRY (THE CACTI)
3D BRIGADE 25TH INFANTRY DIVISION
APO San Francisco 96225

TLICA-2

21 February 1966

SUBJECT: Civil Affairs Report No. 14

TO: Commanding Officer
1st Battalion 35th Infantry
APO US Forces 96225

1. At 210930 Feb 66 the Bn S2, Bn Surgeon, a six man medical aid team and two security squads from Co B departed on a Civil Affairs mission. The target village was the Montagnard village of KON CHARA (BR185524), the scene of much recent medical aid activity. At this village the surgeon again treated the severely burned man who has responded remarkably to repeated treatment. The village chief, who had been absent from the village during all previous visits, had returned from Pleiku and thanked all concerned for the aid given to his people. A total of thirty-two villagers were treated during the forty minute visit.

2. At the request of the U.S. Forces medic from the CIDG outpost vic BR234521 the team then traveled westward to the Montagnard village of POLEI DOLOL (BR144535). This village of 132 inhabitants displayed the lowest health standards of any visited by battalion personnel to date. There was no evidence of even a rudimentary understanding of sanitation. Filth and flies were constantly evidenced and a great proportion of the children ran about naked and extremely dirty. The few clothes the adults possessed were in tatters. The past ravages of smallpox showed on many faces and open sores were the rule rather than the exception. Approximately six inhabitants were observed with deformed hands and feet diagnosed by the surgeon as congenital defects most likely due to close intermarriage amongst the villages.

21 February 1966

SUBJECT: Civil Affairs Report No. 14

2. (cont.) The economy of the village is one of marginal subsistence the diet consisting solely of rice and what little game and edibles can be gathered from the woods. The cultivation usually associated with other Montagnard settlements in the general area was not evidenced. The medical team treated approximately sixty-five of the villagers largely for open sores. Many others were in obvious need of aid but were reluctant to come forward and be treated. The team spent approximately one hour in the village arriving back at the Bn CP at approximately 1215 hours.

3. At 1400 hours the same team departed for the Vietnamese village of PHU YEN (BR185520) to pay a follow up visit. (See CA Report No 10). This village has a generally high health standard and has been the recipient of systematic medical aid in the past. Approximately thirty-five villagers were treated for minor illness.

4. While at PHU YEN a call was received at 1415 hours of an overturned civilian truck in Mang Giang Pass vic BR232506. The S2 and the Surgeon went to the scene to see if medical aid was required. The driver, the lone occupant of the vehicle, was uninjured and the Surgeon returned to PHU YEN. A maintenance wrecker was dispatched and the truck was pulled back on the road and to a level area to await civilian repair. At first the driver claimed he was forced off the road by a convoy but investigation proved the truck had no brakes. This was admitted by the driver upon questioning through an interpreter. All battalion elements closed on the CP at 1615.

5. Conclusions and Recommendations:

a. The continuous treatment provided at the village of KON CHARA was met with increasing trust and confidence in the medics by the Montagnard people. To be truly effective in establishing firm friendships there is no substitute for follow up visits.

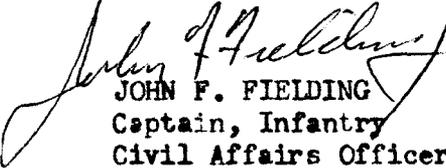
b. The Bn Maintenance section cannot indiscriminately leap to the aid of every overturned civilian vehicle. However in the case reported above it did establish documentation to disprove any possible claim against the U.S. government for damages.

TLICA-2

21 February 1966

SUBJECT: Civil Affairs Report No. 14

5. b. (Cont.) When future situations of this nature are encountered it is advisable, when tactically permissible, to send a mechanic to substantiate or disprove any US culpability.


JOHN F. FIELDING
Captain, Infantry
Civil Affairs Officer