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PROJECT CHECO REPORT

Contemporary Historical Evaluation of Combat Operations

USAF Civic Action in Thailand

22 MARCH 1969

HQ PACAF

Directorate, Tactical Evaluation
CHECO Division

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PROJECT CHECO REPORTS

The counterinsurgency and unconventional warfare environment of Southeast Asia has resulted in the employment of USAF airpower to meet a multitude of requirements. The varied applications of airpower have involved the full spectrum of USAF aerospace vehicles, support equipment, and manpower. As a result, there has been an accumulation of operational data and experiences that, as a priority, must be collected, documented, and analyzed as to current and future impact upon USAF policies, concepts, and doctrine.

Fortunately, the value of collecting and documenting our SEA experiences was recognized at an early date. In 1962, Hq USAF directed CINCPACAF to establish an activity that would be primarily responsive to Air Staff requirements and direction, and would provide timely and analytical studies of USAF combat operations in SEA.

Project CHECO, an acronym for Contemporary Historical Evaluation of Combat Operations, was established to meet this Air Staff requirement. Managed by Hq PACAF, with elements at Hq 7AF and 7/13AF, Project CHECO provides a scholarly, "on-going" historical evaluation and documentation of USAF policies, concepts, and doctrine in Southeast Asia combat operations. This CHECO report is part of the overall documentation and evaluation which is being accomplished. Along with the other CHECO publications, this is an authentic source for an assessment of the effectiveness of USAF airpower in SEA.

Milton B. Adams

MILTON B. ADAMS, Major General, USAF
Chief of Staff

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Warren H. Peterson

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FOREWORD

This initial CHECO report on Civic Action in Thailand provides the first objective study of USAF's only professional Military Civic Action unit, the Civic Action Center of the 606th Special Operations Squadron.

"Civic Action, Thailand, 1964-1968" evaluates and differentiates between two kinds of Civic Action taking place in that area. The first type concerned operations of the 606th; the second was the Civic Action and Community Development programs evolving around each of the seven Royal Thai Air Force Bases which housed USAF personnel and materiel.

The concept of Civic Action, as it applied to Thailand, changed dramatically three times during this reporting period. The first change occurred with the advent of the 606th ACS in 1966; the second change pertained to full-time Civic Action officers and councils at each base; the third change was an emphasis on base programs to the exclusion of 606th remote-area operations

CHAPTER I

POLICY, ORGANIZATION AND MISSION

As early as 1964, the U.S. Air Force had an official Civic Action Program in Thailand. Detachment 1 of the 1st Air Commando Wing at Udorn RTAFB had, as one of its missions, "the employment of medical personnel in concert with the Thai Government to improve the lot of the people in the Northeast part of the country".[1/] Compared to the relatively widespread operations of the 606th Air Commando Squadron (ACS), the Detachment was a microcosm within the Royal Thai Government's Mobile Medical Care Program. The Detachment fielded Mobile Medical Teams (MMTs) in seven politically sensitive areas of Northeast Thailand. Its largest complement at any time in its brief history was nine men: one doctor and eight medical technicians.[2/]

By 1966, the concept of Civic Actions as an instrument of unconventional warfare had received Presidential interest. In his Foreign Aid address to Congress on 1 February of that year, the President said:[3/]

> *"This new Act [Military Assistance and Labor Act] will provide greater emphasis on civic action programs through which local troops build schools and roads and provide literary training and health services...Through these services, military personnel are able to play a more constructive role in their society and to establish better relations with the civilian population."*

The Chief of Staff, U.S. Air Force (CSAF) relayed the President's interest to the Commander, Thirteenth Air Force, at Clark AB, Philippines. In a personal message,[4/] he noted that "the national emphasis" had been placed on

the Republic of Vietnam, but said: "I believe equal attention should also be given to Thailand if we are to prevent a second active war of insurgency in that part of the world." According to the CSAF, even more important than participation in "revolutionary development" was the role USAF could play to imbue "indigenous air forces" with the will and the ability to use Civic Action as a tool of unconventional warfare.[5/]

With the deployment of the 606th ACS to Thailand in mid-1966, the first fully equipped USAF Civic Action team began operations. The squadron was assigned a myriad of tasks, only one of which was to "conduct Civic Action programs in Thailand in conjunction with local authorities and assist RTAF in training to perform these programs on their own behalf".[6/] To accomplish these aims, the Civic Action Branch of the squadron was initially authorized 9 officers and 42 airmen. Before the end of 1966, justification for an increase in manning had been submitted to 13AF. Ultimately, the branch was authorized a total of 97 spaces: 15 officers, 13 translators, 69 airmen.[7/]

Problems of coordination presented themselves at the outset of 606th ACS endeavors in Thailand. The United States Operations Mission (USOM), one of whose functions was overseer for Civic Actions in Thailand, was unprepared for the advent of a relatively large professional USAF Civic Action team.[8/] Although an U.S. Navy Construction Battalion (Seabee) and an U.S. Army Special Forces Detachment from Okinawa had already been integrated into RTG's Civic Action Program, USOM never fully accepted USAF participation in the Mobile Medical Care Program.[9/] During the latter part of 1967, a liaison officer was assigned to USOM to "coordinate USAF field programs".[10/] Nevertheless, none of

the U.S. agencies involved in Civic Action projects in Thailand was ever fully cognizant of the overall program. Difficulties of overlap and duplication of effort were faced by the Country Team on a catch-as-catch-can basis.[11/]

Moreover, the RTAF never participated significantly in Civic Actions, except in certain base programs. Top-level officials of the RTAF were impressed by the 606th programs, but they had neither the interest nor the capability to field a parallel program.[12/] That part of the RTG's health program which related to counterinsurgency, i.e., the Mobile Medical Care project, was staffed by indigenous but non-military personnel: Department of Health personnel, some hospital and medical-school individuals, and paramedics. One criticism of 606th operations was that they failed to involve the USAF counterpart--the RTAF--in Civic Actions. The 606th Civic Action Center (CAC) Commander argued that all government officials in Thailand wore uniforms; it was therefore immaterial whether their counterparts were military or civilian personnel.[13/]

It should be made clear that the American Ambassador to Thailand was the ultimate authority for U.S. participation in the Thai's nation-building and internal-defense programs. Within the Country Team, the Special Assistant for Counterinsurgency (SA/COIN) was the Ambassador's prime advisor on matters of the internal defense of Thailand and received reports from all (U.S.) participating agencies.[14/] Below SA/COIN in the Civic Action hierarchy were the U.S. Consuls at province level. USOM participation was in the form of commodity support with operational control of Special Forces.[15/] Figure 1, depicts the U.S. organization and its relationship to the overall RTG health program.

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CHAPTER II

CIVIC ACTION IN THE FIELD

The Civic Action Branch of the 606th Air Commando Squadron was concerned principally with five major programs from mid-1966 through 1968. These were: (1) Medical; (2) Dental; (3) Veterinary; (4) Public Works; and (5) Forestry.

Medical Civic Action Program

By far the largest effort was expended on the curative aspects of the medical program. Initially, almost all activity was in the form of Mobile Medical Teams (MMT) spread in helter-skelter fashion throughout seven of the eleven provinces earmarked by the RTG for Accelerated Rural Development (ARD).[1/] Even though the mobile concept was part and parcel of RTG's COIN program and had proved effective,[2/] 606th ACS officials believed they could be more effective by concentrating in areas of major insurgent activity.[3/] Later, the Civic Actions Branch of the 606th ACS went into three First Class Health Centers (FCHC). The First Class Centers were manned by a medical officer and two-to-five technicians; a medical technician and a preventive medicine technician were assigned to satellite Second Class Health Centers (SCHC).[4/] By the end of 1968, thirty medical technicians and two physicians were working at seven major and four minor sites. One of the major sites was a boat clinic which plied the Mekong.[5/] Seventy percent of these personnel were involved in direct treatment of patients.[6/]

Throughout the period (mid-1966 through 1968), 606th ACS teams worked out of the already established FCHCs--which they called "yeasts"--and the

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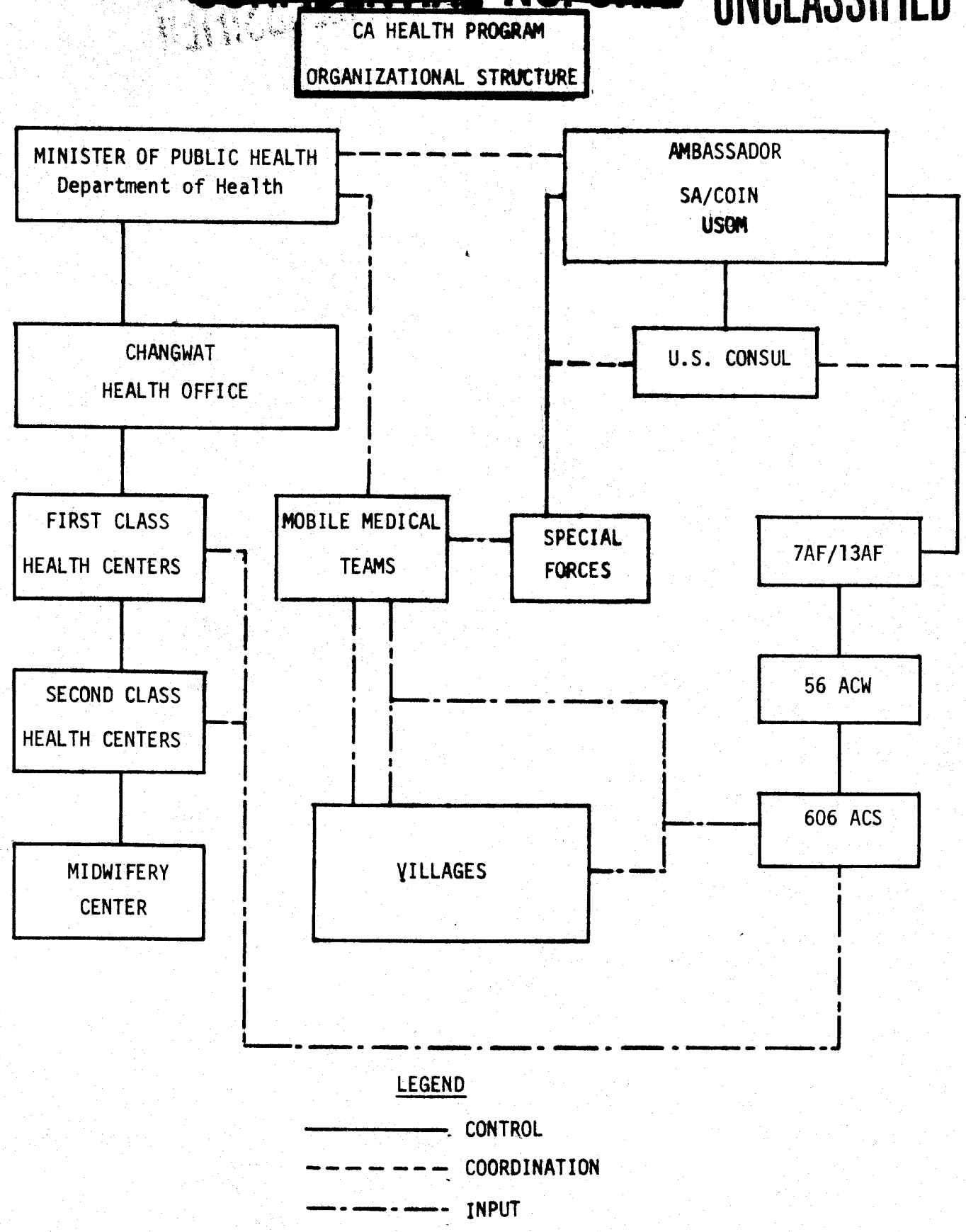

FIGURE 1

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SCHCs--"trains".[7/] Two factors made the presence of U.S. personnel at these centers resemble bulls in a china shop: (1) the centers were not designed for counterinsurgency/Civic Action purposes;[8/] and (2) personnel difficulties already in existence at the centers were aggravated by the natural effervescence of American doctors and medical technicians.[9/]

The direct treatment of patients by U.S. personnel and the wide variety of drugs offered by the Americans were considered to be contrary to the stated objectives of the Civic Action Program: to minimize direct U.S. participation and to allow for an eventual take-over by indigenous personnel. By treating Thais personally, rather than remaining in the background, the Americans were: (1) confirming communist propaganda that the Thai government was a "puppet of American imperialists"; (2) lending evidence to the villagers' belief that their own government was unwilling or unable to provide adequate services; and (c) dampening the enthusiasm of the Thai health workers who were prone to feel their authority and status were being usurped. The problem became evident by mid-1967 and the 606th ACS teams were instructed to restrict their activities to an advisory and logistics capability, while diminishing the sophistication of drugs.[10/] The variety of drugs supplied by the USAF created a dual problem: (1) Thai resources were incapable of matching the degree of sophistication; and (2) Thai medics were unskilled in the application of all but the simplest drugs.[11/]

The USAF supplied 80 percent of the drugs available at the sites in which they operated. Conversely, this meant an increase of 400 percent over the quantity which had been available at the Centers before the advent of the

Americans. For this reason, and because "farang"* is a curiosity to the unsophisticated Northeasterner, the number of patients treated at the FCHCs increased significantly.[12/] Even the 606th ACS personnel were aware that many of these new-found patients attended sick-call more out of curiosity than illness. A common practice among villagers was to see how many different colored pills they could get and then trade them for medicine that looked or tasted better. Often, excess medicines were cached in the event someone else in the household became sick, irrespective of the cause.[13/]

To alleviate these problems, 606th ACS medics began a gradual reduction in the variety of drugs administered at the Centers. This had the advantage of bringing the level of sophistication to something approximating Thai capabilities, while at the same time reducing the dollar cost of the drug inventory from approximately $30,000 to $15,000 per month. To prevent misuse of medicines, 606th ACS personnel began administering daily doses, requiring the patient to swallow his portion in the presence of medics.[14/] Too, the reduction in variety of drugs had little effect on the center personnel's ability to treat villagers because: (1) the volume of drugs was not decreased; and (2) of the common illnesses of the Northeast, 90 percent could be effectively treated with 20 basic drugs.[15/]

In addition to direct treatment, 606th ACS medics were involved in training Thai health workers and paramedics; they were also involved, to a smaller degree, in public health education. Training of Thai personnel

* farang--Thai word meaning foreigner.

consisted of teaching the techniques of injection, drainage of abscesses, suturing simple wounds, dispensing medicines, maintaining a sterile field, and tooth extraction.[16/] Health education was generally conducted on an individual basis during outpatient treatment; medical and dental personnel accompanied Thai health workers on school visits. The Thai workers gave talks on general hygiene and the germ theory of disease; the children were examined and toothbrushes distributed.[17/] It was generally agreed that school children constituted the most receptive audience in discussions on hygiene and sanitation.[18/] The overall success of the program depended upon acceptance by the villagers of new ways of doing things, particularly in the field of public sanitation; the younger generation in any society is invariably more receptive to new ideas. That this approach is necessary is indicative of the great patience required of Civic Action workers,[19/] since there is invariably a time-lag between indoctrination of the younger generation and universal acceptance.

Dental Civic Action Program

The dental program concentrated on oral-hygiene lectures in the schools and the distribution of toothbrushes.[20/] Several problem areas arose in this program: Thai workers were not always available to present the oral-hygiene instruction to the children, leaving Americans the chore. As a result, the effectiveness of the lecture was diminished by the language barrier, and again, the American was in the forefront contrary to the basic policy.[21/] Initially, the distribution of toothbrushes and toothpaste followed the lecture. Insofar as the children were capable of understanding the germ theory, they became convinced that both the brush and the paste were essential to oral hygiene. Hence, when the paste ran out, the brushes were disposed of and

brushing ceased.[22/] Some children were able to convince their parents of the merits of oral hygiene. This was ostensibly a desirable by-product of the program. In practice, however, whole families were found to be using the same toothbrush.[23/] The 606th ACS dental personnel partially solved these problem areas by securing Thai health workers, whenever possible, to conduct oral-hygiene lectures, and by distributing toothbrushes without paste.

The 606th ACS Dental personnel also participated in training of Thais in basic dental procedures. The major problem in this area was that indigenous dentists and dental technicians were virtually unknown in the Northeast. There were only 420 dentists in Thailand as of December 1968. In mid-1968, the Ministry of Public Health turned down a proposal by 606th ACS dentists to train 200 paramedics exclusively in dentistry. The RTG rationale was that medical treatment and preventive medicine had a higher priority.[24/] The 606th ACS circumvented this problem by training Thai health workers already on station in health centers.[25/]

Veterinary Civic Action Program

As rabies was a continuing public health problem in Thailand, with more than 400 human deaths recorded annually due to this disease, the initial emphasis in the Veterinary Civic Action Program was placed on rabies control.[26/] USAF officials believed a rabies-eradication program would have a positive psychological impact on the people. Accordingly, in the fall of 1966, a joint rabies control program had been launched by Thai and USAF veterinary personnel in Udon Thani. This pilot project was similar to those conducted in the United States. The 606th ACS had furnished the rabies vaccines, and

these were administered by Thai workers.[27/]

Elimination of stray animals presented the most difficult obstacle, because of the Buddhist sensitivity to destruction of life. This was solved by putting out poisoned, as well as unpoisoned baits. In this way, the stray animal could decide his own fate; if he chose the unpoisoned bait, he would live.

This pilot project was unusually successful and as a result, the RTG assigned two Thai veterinarians and four veterinary technicians to full-time rabies control for at least five years.[28/] By the end of 1968, rabies control teams, jointly staffed by Thai and USAF veterinary personnel, had immunized well over 30,000 dogs against rabies and eliminated more than 3,000 strays in NE Thailand. Although rabies was not brought entirely under control, a good start had been made in that direction.[29/]

The USAF rabies control efforts are now primarily directed in three areas:[30/]

- Assist in developing an up-country capability in the diagnosis of rabies.
- Help develop an in-country capability for the production of rabies vaccine.
- Encourage the Thais to pass a National rabies control law.

An USAF veterinarian conducted another pilot project during the first six months of 1968, surveying endemic diseases and parasites of farm animals in Changwat Loei in NE Thailand. Based upon his recommendations as a result of this survey, three veterinary diagnostic livestock centers, including mobile veterinary diagnostic teams, were authorized and established in NE Thailand by

the summer of that year. Located at Ubon, Udon Thani, and Khon Kaen, these were jointly manned by Thai and USAF veterinary personnel. At all locations, the Thais were in charge and received all the credit for the program. The Americans merely served as catalysts and advisers.[31/]

Duties of veterinary personnel assigned to these centers included:

- Provide diagnostic support and upgrade diagnostic capability.
- Employ measures to control and eradicate livestock diseases.
- Survey the incidence of livestock diseases and parasites.
- Improve animal health and breeding capability.
- Conduct livestock vaccination programs.
- Collect specimens for identification.

Other veterinary Civic Action efforts in Thailand included advice and assistance in egg and broiler production and marketing; fruit and vegetable production; and artificial insemination of livestock.[32/]

Veterinary personnel had been actively engaged in fulfilling the specific duties outlined here in several geographic areas in NE Thailand. Although their efforts have at times been impeded by insufficient logistical support and insurgency activities, considerable progress is being made by dedicated and highly motivated personnel. Veterinary services provide one of the most valuable Civic Action programs in Thailand; it will undoubtedly be expanded.[33/]

Public Works Civic Action Program

In the field of public works, the digging of wells, and construction of

sanitary facilities had greatest priority; some work was also being done in road building and improvement, as well as STOL-strip development. These latter programs, particularly the STOL-strips, received only token interest from the villagers. It was apparently difficult for them to see a direct connection between the labor required to construct a landing area and improvement of their living conditions. Villagers did cooperate, however, by furnishing labor (even though they may have done so merely to satisfy "another government requirement"). Eventually, when medical teams and other Civic Action people used the strips to assist them, the villagers became convinced, if somewhat belatedly, of the merits of the program.[34/]

As late as 1967, RTG estimated that less than three percent of the NE population had potable water on a year-round basis.[35/] "Filth diseases" were considered to be the most prevalent health hazard in the area. The two major contributors to this problem were contaminated water sources and lack of human-waste disposal facilities. Hence, much of the 606th ACS efforts were directed toward well-digging and sanitary facility building. However, many problems beset the program. Villagers were generally cooperative in supplying labor for well digging. They built their own casings from forms supplied by the RTG. Once a well was built, however, there was little assurance it would be used.[36/] Frequently, the new wells were high in iron content and the resultant taste displeased the villagers. If the well were located farther away than the old water supply, the new source would be used only during the dry season. The most frustrating nemesis of the well program was the lack of adequate pumps and the inability of villagers to keep them repaired. One

estimate of the situation was that 80 percent of the wells in the NE were inoperative as of November 1968, due to broken pumps.[37/]

The sanitary facility program suffered even greater obstacles. As with the STOL-strips, villagers acquiesced rather than cooperated in the building of them. Unlike the strips, they seldom became convinced of the merits of using a foul-smelling privy. The villager was generally unable to fathom the relationship between unsanitary conditions and resultant disease. Few villagers understood parasitic infection cycles.[38/] Sanitary facilities were useless without an adequate water supply for flushing. When pumps broke down, the few villagers who could be persuaded to use privies became further disillusioned with the program.[39/]

Forestry Civic Action Program

A 606th ACS forestry specialist spent seven months in the field during 1967 preparing a study on Thai forestry laws--a sore point among the hill tribes--"their application, validity, and what the people felt about them". His study was submitted to Thai authorities for evaluation.[40/]

CHAPTER III

THE NEW CONCEPT

On 10 July 1967, PACAF published the PACAF Civic Action (CA) Program which directed: "A separate CA program will be developed for each country according to its needs."[1/] Thailand was one of four nations specifically designated for Civic Action programs. The Commander, 13AF, relayed the new PACAF policy guidance, appointing 7AF/13AF overall responsibility for USAF CA in Thailand.[2/]

The major conceptual changes in the 10 July directive were: (1) the establishment of a CA council at each 13AF base; and (2) the provision for one officer and one airman for base CA as a primary duty. Prior to mid-1967, collateral duty officers had conducted CA and community relations projects sporadically. The new directive said: "Projects generally will be long-range and are not to be confused with community relations and humanitarian acts."

To implement the PACAF CA program, the Deputy Commander, 7AF/13AF updated, on 25 October 1967, the 606th ACS OPlan 450-67, which had been published on 1 January 1967. The revised plan recommended that base CA officers be assigned to that function full-time, with no additional duties, until UMD changes could be made to reflect the new manning requirements.[3/]

The RTAF was apprised of the establishment of base Civic Action officers, and local RTAF base commanders were invited to participate in the CA councils.[4/] USAF officials were concerned about RTAF participation, because the 606th ACS had never been able to interest their Thai counterparts in CA projects in remote

areas.[5/] It was hoped that RTAF officials would show more willingness to participate in areas surrounding Thai air bases.

The Deputy Commander, 7AF/13AF, placed increased emphasis on the base programs, and suggested that 606th ACS expertise could be used to stimulate base programs. On 6 January 1968, he asked the commander of the 56th Air Commando Wing (ACW) (which had absorbed the 606th ACS in Apr 67), to supply "16 qualified personnel in the medical or preventive-medicine field".[6/] Then 13AF short-stopped the idea, saying "withdrawal of 16 qualified medical personnel could adversely affect the on-going program...", and "...requests for adequate manning to implement the PACAF Civic Action Program are pending...".[7/] PACAF concurred with the position of 13AF and said spaces for a major and a staff sergeant had been allocated (as of Jan 68) for each base except Don Muang.

In February 1968, the Deputy Commander, 7AF/13AF, addressed a personal letter to the Commander, 13AF, proposing a new CA Program for Thailand along with a reorganization of the 56th ACW. He said:[8/]

> *"...our proposal to build a dynamic Civic Action Program has been discussed with (the Ambassador) and he supports such a proposal even at the expense of the present isolated Civic Action Program in Northeast Thailand."*

This was the first official glimpse of the thinking which had been evolving at the Embassy. In the same letter, the Deputy Commander gave a further hint of the Embassy Country Team's rationale:

> *"The US Embassy has misgivings in allowing our Civic Actions' personnel to operate on an extended basis*

in remote areas of NE Thailand regarding their personal safety, and we are presently operating on a rather unofficial waiver."*

In the proposal for CA which accompanied his letter, the Deputy Commander pointed out PACAF's strong emphasis on participation by USAF and RTAF in CA activities. He suggested a gradual phase-down of 606th ACS activities "to conform to the conditions set by the U.S. Embassy that U.S. personnel not practice medicine below district level...." He further pointed out:

"There is no concrete evidence that the 606th ACS influence has contained or abated the insurgency... the U.S. is supplying the majority of supplies and a disproportionate number of personnel. Rather than acting as a catalyst, the U.S. personnel are acting as primary agent."

In his reorganization proposal, the Deputy Commander suggested reassignment of the 606th ACS, without its combat elements, to Udorn under his direct control. He said the reorganization would comply with the Secretary of State and Secretary of Defense directives to divest U.S. forces from direct involvement in Thailand's internal security activities.

On 21 February 1968, the Embassy backed up the Deputy Commander in a message to the Secretary of State which said: 9/

* 606th ACS CA personnel in the field had received warnings and threats but no overt action had been taken against them. However, the Embassy and the Dep Comdr felt such restraint was unpredictable and subject to the whim of Communist Terrorists.

"Ambassador has approved plan by Dep Comdr 7/13AF to concentrate activity of 606th medical CA team in populated areas lying within 12 kilometer /later extended to 16/ radius of USAF installations."

The 13AF gave lip-service to the concept of concentrating CA around the bases, arguing that "a two-part program appears feasible". 13AF envisioned continuation and even expansion of 606th ACS activities in remote areas of Thailand.[10/] In another personal letter, the Deputy Commander reiterated the Embassy's rationale, emphasizing that the Ambassador was concerned about "declining US-Thai relations", particularly around RTAF bases housing large numbers of USAF personnel and equipment.[11/] In a study which accompanied the letter, the Deputy Commander pointedly said, "Any USAF Civic Action Program must involve the RTAF to achieve fully the USAF CA objectives."

In July 1968, the Ambassador queried 7AF/13AF about procrastination in developing a plan to reorient the 606th ACS toward the base programs. He suggested a gradual withdrawal of 606th ACS personnel from the field to avoid leaving a vacuum. Coordination with the American Consul at Udorn and USOM was suggested "to ensure that RTG assets are phased in as U.S. forces are re-oriented".

The 13AF again expressed concern about phase-down of the 606th ACS and "AF counterinsurgency responsibility in Thailand". The conceptual confusion was epitomized in a message to 7AF/13AF: "We view the base-level program as currently envisioned by the Embassy as being a people-to-people program and not civic action."[12/]

Finally, Mission policy was spelled out in a message to the Deputy Commander, 7AF/13AF. Information addressees included 13AF, COMUSMACTHAI, and CINCPAC:[13/]

> *"...The primary purposes of US Military Civic Action and community improvement programs are (1) to alleviate problems created as the result of U.S. military presence; (2) to assist RTG authorities, if they desire it, to carry out programs manned essentially by Thai personnel, to perform essential services and to enhance the RTG image; and (3) to assist in base security by creating an atmosphere conducive to obtaining intelligence in the area around US bases...Accordingly, U.S. military civic action/community improvement programs will henceforth be located in areas where there are major deployments of U.S. military personnel....No new program will be undertaken without the express consent of the Embassy."*

This was the first time that Civic Action and "community improvement" programs had been put under the same heading. The new concept reflected several areas of concern: (1) aggravation of the "American presence" problem; (2) need for improved base security; (3) lack of concrete evidence that 606th ACS operations in the field were effective; (4) concern for U.S. personnel operating alone and unarmed in remote areas; (5) lack of RTAF interest in remote-area CA programs; (6) objection to direct treatment of Thais by U.S. personnel, at least in remote areas; and (7) "stagnation" of 606th ACS medical teams at the FCHCs contrary to the RTG's concept of Civic Actions.[14/]

The subtle difference between the new concept and the old, under which the 606th ACS had operated for two years, was not immediately grasped by those involved at the working level. Even after Embassy guidelines had been spelled out, the newly created (Sep 67) CA Office at 7AF/13AF headquarters advised

base CA officers a true Civic Action project should:[15/]

- Reflect favorably on the RTG, and, if appropriate, the U.S. presence in Thailand.
- Act as a catalyst to spark CA by RT military forces for their own people.
- Alleviate one or more of the irritant factors caused by the impact of an USAF base on the local population.

Rather than reversing the priority of objectives, which the Embassy sought, this view of CA merely incorporated community relations (CR) almost as an afterthought. It became increasingly clear that confusion existed as to the definitions of CA and CR and the emphasis, or primary objective, which the base programs should have. The 13AF recognized Embassy guidance as a shift "from counterinsurgency to U.S community relations".[16/] An assessment at the Headquarters suggested:

> *"Command guidance that CA must not be confused with CR results in an academic exercise. The terms are too abstract to avoid confusion, and a good deal of writing and discussion is required to support the fiction that the programs are separate."*

In response to the new Embassy policy guidance, two plans were devised to outline base programs and make an orderly withdrawal of 606th ACS units from the field. The Embassy accepted the base plan as "completely responsive to mission policy". The American Consul at Udorn objected to a loophole in the plan to reorient the 606th, which would permit initiation of new remote-area operations during the withdrawal period. He also believed the time factor--one year--was too long "assuming U.S. Mission gives maximum attention to

development of Thai follow-on program".[17/]

Despite Embassy acceptance of both plans, it became obvious at the CA Conference in Bangkok in November 1968, that confusion still existed concerning the slant of the program.[18/] An Embassy official remarked on this confusion--which revolved around the definitions of CA and CR--and reiterated in simplified form, the Mission's policy. He said the overall objective was to maintain and improve our acceptability in Thailand, and base security. No mention was made of the RTG's nation-building program, which had been the impetus--or at least the rationale--for the 606th activities in remote areas of Thailand for two years.

Other problem areas, which became apparent during the conference, were less significant but related to the orientation of CA officers. For example, Embassy officials expressed concern for urban projects; most base activities were located in rural areas. (See Chapter IV.) No arrangement had been made to publicize base activities. This fact was the more telling, because it illustrated the difference in philosophy between the quasi-clandestine CA activities, and the basically humanitarian and "good-will" projects of community relations.

Acceptance by the Embassy of the base CA plan was predicated upon an assumption that the Country Team and USAF base CA officers were in accord as to the overall objectives. Despite the point-blank iteration of Embassy policy at the Bangkok Conference, base CA personnel continued to regard themselves as primarily involved in "classic" Civic Actions.[19/]

The time table (7AF/13AF OPlan 451-68) for the 606th withdrawal from the remote sites of NE Thailand contained a loophole, which 606th officials hoped would save the program. The time-phased withdrawal from each of the sites was dependent upon the RTG "taking up the slack" in personnel and materiel. On 18 December 1968, SA/COIN advised that the Ministry of Public Health had not been responsive to Embassy encouragement to provide replacements, despite earlier assurances that resources were available and would be phased in appropriately. Rather than permit a perpetuation of the 606th activities, SA/COIN ordered an arbitrary implementation of the plan, hoping "that this will stimulate the ministry". On 26 December, the plan was ordered executed with the first two detachments scheduled for withdrawal by 1 April 1969.[20/]

CHAPTER IV

BASE PROGRAMS

Seven RTAF installations throughout Thailand housed elements of the USAF. At each of these bases, four phases of the CA program were effected during the period of 1964-1968. The programs began as simple humanitarian projects with no direction and no objective, except the spontaneous desire to "do good". In 1966, these embryonic programs received official sanction and impetus from the highest levels. The establishment of base CA councils and assignment of collateral-duty CA officers was suggested by the Chief of Staff, U.S. Air Force, "to assist commanders" in tailoring CA programs to local needs.[1/] As late as mid-1967, however, only a few of the bases had active CA councils, and few of the collateral-duty CA officers were able to devote a significant amount of time to the program.[2/]

The third phase was ushered in on 10 July 1967, with dissemination of the PACAF Civic Action Program. The establishment of CA councils at each base was directed in the new policy guidance, along with the provision for primary duty CA officers. Ultimately, UMDs called for a major, a staff sergeant, and a translator at each base. However, it was not until January 1968 that UMDs were changed to reflect the new full-time CA officers. The first officers and airmen began to appear in July 1968.[3/]

The final phase, beginning in February 1968, with the 7AF/13AF Deputy Commander's proposal for realignment of the CA program for Thailand, was still evolving at the end of 1968. The two Operation Plans, which officially

inaugurated the new concept, were published on 29 August and 16 October 1968. The first of these, OPlan 450-68, contained the overall approach and differed significantly from its predecessor, OPlan 450-67. For the first time, "community relations" and "humanitarian activities" were defined along with "Military Civic Action". The "concept of operations" in the new plan cautioned: "...no attempt will be made to differentiate between projects which are normally considered to be Community Relations, Humanitarian Activities or Military Civic Action Projects." Another significant change in the new plan was the appointment of the Director of Civic Action, 7AF/13AF, as the "executive agent" for all CA programs, divesting the 606th of its assigned leadership in this area.

The second OPlan (451-68) was essentially a time-table for the gradual withdrawal of 606th units from remote sites in NE Thailand. The "concept of operations" was to "retain the integrity" of the 606th, making its skills available as personnel were released from the field to: (1) assist base CA officers on a request basis; and (2) provide "Quick Reaction Forces" for use by the Country Team in emergencies, natural disasters, and the like. This concept attempted to preserve the best of the differing Civic Action philosophies existent in Thailand. (See Chapter V.) The 606th officials believed that by staying intact and available, they could eventually effect a return to the field or prevent consummation of the plan itself.[4/]

Each base CA office was allowed 60 days from the date of the basic OPlan 450-68 to produce local supplementary plans. At the end of 1968, although all bases carried out a Civic Action Program, only the 8th Tactical Fighter Wing (TFW) at Ubon had a formal base CA plan.[5/]

Udorn RTAFB Program

Some of the more significant CA projects in which the 432d Combat Support Group (CSG) at Udorn was involved were:[6/]

- Thai-American Friendship Village.
- Village surveys.
- Materiel aid.
- Med Cap.
- Summer hire.
- MITS.
- Road construction/improvement projects.
- Well digging/improvement.
- Assistance to schools/education.
- VD Control.

The Thai-American Friendship village was located about three miles south of Udorn RTAFB. Assistance in the construction of an access road began on 13 April 1968 and neared completion by the end of the year. The village also received assistance in the form of Medical CA Project (MEDCAP) Teams and well digging projects.

Village surveys were conducted around Udorn, as at other bases, to (1) survey general conditions; (2) investigate attitudes toward the base; (3) ascertain possible CA projects. One such survey led to the discovery that villages close to the south-southwest perimeter of the base were greatly troubled with jet engine blast and noise. CA officials managed to get a repositioning of the aircraft to reduce the effect.[7/]

Materiel giveaways took several forms at Udorn. Redistribution and Marketing supplied storage drums for fuel and oil stowage; condemned shipping containers were used as drainage culverts; cement was supplied for various

building projects; used refrigerators were donated to health clinics for drugs and medicines; and money donations were solicited for one-time projects.

Teams composed of Thai and USAF medical personnel visited villages immediately surrounding the base on a recurring basis. Material assistance and advice were offered to the Udorn City Hospital; USAF medical teams visited the Public Health Clinic to assist in improving the local VD card system. Orphanages in Udorn were frequently visited.

The Summer Hire Program was considered to be one of the most successful CA programs at Udorn from the standpoint of Thai-US relations.[8/] Favorable (Thai) press coverage helped relieve the unsavory atmosphere, which had been created when an American was suspected of killing an Udorn prostitute. Officials of the Udon Thani Trade School participated in the program and had high praise for it. At the Bangkok CA conference, (14 Nov 68) the problem of continuing the Summer Hire Program was discussed by several base CA officials. Manpower officials at 13AF had short-stopped the program on the grounds that bases had already filled authorized (Thai) slots.[9/] The Director of CA, 7AF/13AF, said bases would have to show that the object (of the Summer Hire Program) was "CA rather than empire-building".

The Governor of Changwat Udon Thani suggested that "Mobile Information Teams (MIT) be formed as a joint Thai/US effort to provide information, medical assistance, education, agricultural, and veterinary counseling and service to the villagers in the Province."[10/] Through the end of 1968, the concept was employed only in conjunction with the MEDCAP teams.

Road construction and well digging projects were accomplished wherever resources matched the need. As elsewhere throughout the Northeast, the Udorn area was sorely lacking in potable water sources and adequate roads. USAF road graders were borrowed to supplement Thai machinery and off duty USAF airmen volunteered to work on roads and wells. An advantage to localized CA projects (over widespread operations) was that well pumps could be kept operational by frequent visits from Thai/US teams.[11/]

Many humanitarian projects were directed more or less spontaneously in schools and orphanages throughout the area As elsewhere in the world, American servicemen at Udorn were sometimes overzealous in their desire to help children.[12/] However, the overall CA program around Udorn was actively controlled by the CA officer. The U.S. Consul in Udon Thani recognized this professional control and approved the construction of an entirely new orphanage, despite his stated reluctance to overemphasize support to orphanages. One factor weighed in this decision was the growing number of orphans of American parentage.[13/] Other forms of school assistance were: drives for old magazines, volunteer work on school buildings, and teaching western sports to school children. USAF volunteers taught English at the Thai trade school and on the base.

U-Tapao RTAFB Program

Some of the more significant CA projects in which the 635th CSG at U-Tapao was involved were:[14/]

- Relocation of "strip" entertainment establishments.
- Rabies control
- SMILE-aid to schools
- Language classes
- Road construction and repair
- Public Works
- Health Clinics
- Village surveys
- Materiel aid

The "unsightliness and potential problems in 'strip' cities adjoining bases" cause Thai officials to request support from the U.S. Embassy for moving them to more inconspicuous locations.[15/] This was done in the case of the strip near the U-Tapao base, and the Civic Action office there monitored the project.[16/]

Project Supply Men's Interest in Learning and Education (SMILE) was devised by the 635th Supply Squadron at U-Tapao to solicit funds for school aid. The squadron purchased desks, chairs, blackboards, and other equipment, which it donated to a school in nearby Sattahip.

Coordination and cooperation between USAF CA officials and their counterparts, in this case the Royal Thai Navy, appeared to be reasonably good. The Thai Base Commander attended CA council meetings and a Thai lieutenant commander was assigned to CA.[17/]

Takhli RTAFB Program

Some of the more significant CA projects in which the 355th TFW, Takhli, was involved were:[18/]

- Medical Civic Action Teams.
- School projects.
- Assistance to Public Health Centers.
- English classes.
- Village surveys.
- Aid to hospitals.
- Materiel giveaways.
- Thai-American community council.
- Boarding houses for Thai students.
- Summer hire.

The joint Thai-US Mobile Clinic operated weekly in villages surrounding Takhli. It rotated among all major schools in the area and was considered a prime source of information concerning the state of village health, sanitation, and other conditions of interest to CA officials.

Involvement of RTAF in CA projects appeared good at Takhli. The formation of a Thai-American community council increased cooperation and was lauded by Embassy officials.[19/] An RTAF lieutenant was assigned as CA officer.

Also noted by the Embassy was a project to build a boarding house in the town of Takhli for Thai students.[20/] Selected students from outlying areas were brought to the school and the cost of Thai boarding and education was underwritten by the 355th TFW.

A special fund-raising project for a new provincial hospital at Nakorn Sawan netted $10,200 in personal contributions. The funds were solicited by a marathon program staged by the radio station on base.

Korat RTAFB Program

Some of the significant CA projects in which the 388th Tactical Fighter Wing, Korat, participated were:[21/]

- Medical Program.
- Education-English for Thais.
- Aid to schools.
- Thai-American Community Relations Council.
- Truck Farming.
- Materiel giveaways.
- Drainage project.
- Formalized (RTAF) CA programs.

Members of the Korat Thai-American Community Relations Council recognized that meetings had degenerated to a simple forum, with one side (the Americans) giving progress reports on active CA projects and the other side (the Thais) proposing new projects. A committee was formed to stimulate the main body by introducing controversial problem areas.[22/]

A project to improve the economic condition of local farms proposed to have USAF and USA forces at Korat purchase 17,000 pounds of tomatoes and 14,000 pounds of cucumbers per month. The farms involved were not going concerns; a significant cash outlay would be required of each farmer to begin production. By the end of 1968, no firm commitment had been made to purchase the vegetables. Neither were plans proffered for an alternate market in the event of U.S. withdrawal.

Like most medics involved in CA, Thai and American doctors at Korat disliked the Mobile Medical Team concept. The believed single visits to scattered villages with no follow-up treatment did not make significant contributions to the CA program. They began operating in an established location in the

center of a three-village complex bordering on the southern perimeter of the base. These three villages were adversely affected by the build-up of the American air base. They lost the use of public farm land and complained that the drainage outflow from the base was destroying their roads and contaminating their ponds. To counteract these problems, USAF and RTAF personnel jointly established a health center in the area, graded the access road to the center village, and repaired and dug wells. A proposal to construct a new drainage ditch at a cost of $110,000 was approved by PACAF and forwarded to CSAF.[23/]

Ubon RTAFB Program

Some of the significant CA projects in which the 8th CSG, at Ubon participated were:[24/]

- Materiel Aid.
- Aid to Schools and Orphanages.
- Medical teams.
- Well digging.
- Aid to Hospitals (radio marathon).
- Village surveys.
- MEDCAP (operation Medic-lift).
- Road construction.
- Community Relations Council.
- U.S. Advisory Committee.
- English classes.

A radio marathon at Ubon raised $11,200 in September 1968, to purchase operating room equipment for the Provincial Hospital (an earlier marathon in late 1967 had produced $5,400). Joint teams visited selected villages in close proximity to the base on a recurring basis. The use of an HH-43 helicopter facilitated movement of the team and provided a sideshow for the villagers. An interpreter was used to brief the natives about the aircraft.

An U.S. Advisory Committee, consisting of the U.S. Consul, representatives from USOM, USIS, and USAF was active at Ubon. The committee met periodically to review the base CA program for consistency with other U.S. Government activities and its overall goals in Thailand.

Nakhon Phanom RTAFB Program

Some of the significant CA projects in which the 56th CSG, Nakhon Phanom (NKP), was involved were:[25/]

- Education.
- Aid to Schools.
- Construction-Public Works.
- Medical Teams.
- Materiel aid.
- Intelligence Briefings.
- Village Surveys.
- Commander's Call.

In conjunction with a village survey made in September 1968, NKP CA officers began MEDCAP operations in several villages within 12 kms of the base. The basic rationale for the approach was to tie the CA program more closely to base security. The base CA officer worked closely with intelligence officials, keeping them informed of the "pulse" of the villages. NKP's proximity to the Laotian border and its susceptibility to attack were the primary considerations involved. The villages selected were located in areas which intelligence officials identified as "probable routes of approach" for Communist Terrorist (CT) attacks on the base.[26/]

The base CA officer at NKP spoke at Commander's Calls to stimulate interest in CA programs, and to encourage careful observation of Thai customs.[27/]

Don Muang RTAFB Program

The 631st CSG at Don Muang was the only unit not authorized a full-time CA staff. The program suffered under constraints imposed by RTAF officers. The USAF CA (collateral-duty) officer expressed his frustration at the Bangkok Conference in November 1968, and Embassy officials ultimately recommended discontinuation of the program.[28/]

CHAPTER V

COMMAND AND CONTROL

The nature of command lines and responsibilities in Thailand did not make the Air Force's Civic Action Program easier to carry out.[1/]

To illustrate, the Seventh Air Force/Thirteenth Air Force Headquarters had to be responsive to the Seventh Air Force in Saigon, Vietnam, for operational control, to the Thirteenth Air Force in the Philippines for logistical support, to the U.S. Ambassador in Bangkok, Thailand, for general country policy and status of forces, and to the U.S. Ambassador to Laos in Vientiane, for Air Force support of United States policy there. It was thus possible for several different concepts of Civic Action to require action simultaneously, and it was the Seventh Air Force/Thirteenth Air Force Deputy Commander's responsibility to decide which one from among them was needed for the circumstances.[2/]

The second unique factor involved the original 606th ACS, which had missions both in Thailand and outside, and which contained for the first time anywhere, a fully equipped, fully manned Civic Action Branch. The first Commander of the 606th ACS complained that this dual role created internal conflicts of interest.[3/] Despite this and other higher level recommendations

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EVOLUTION OF CIVIC ACTION COMMAND AND CONTROL

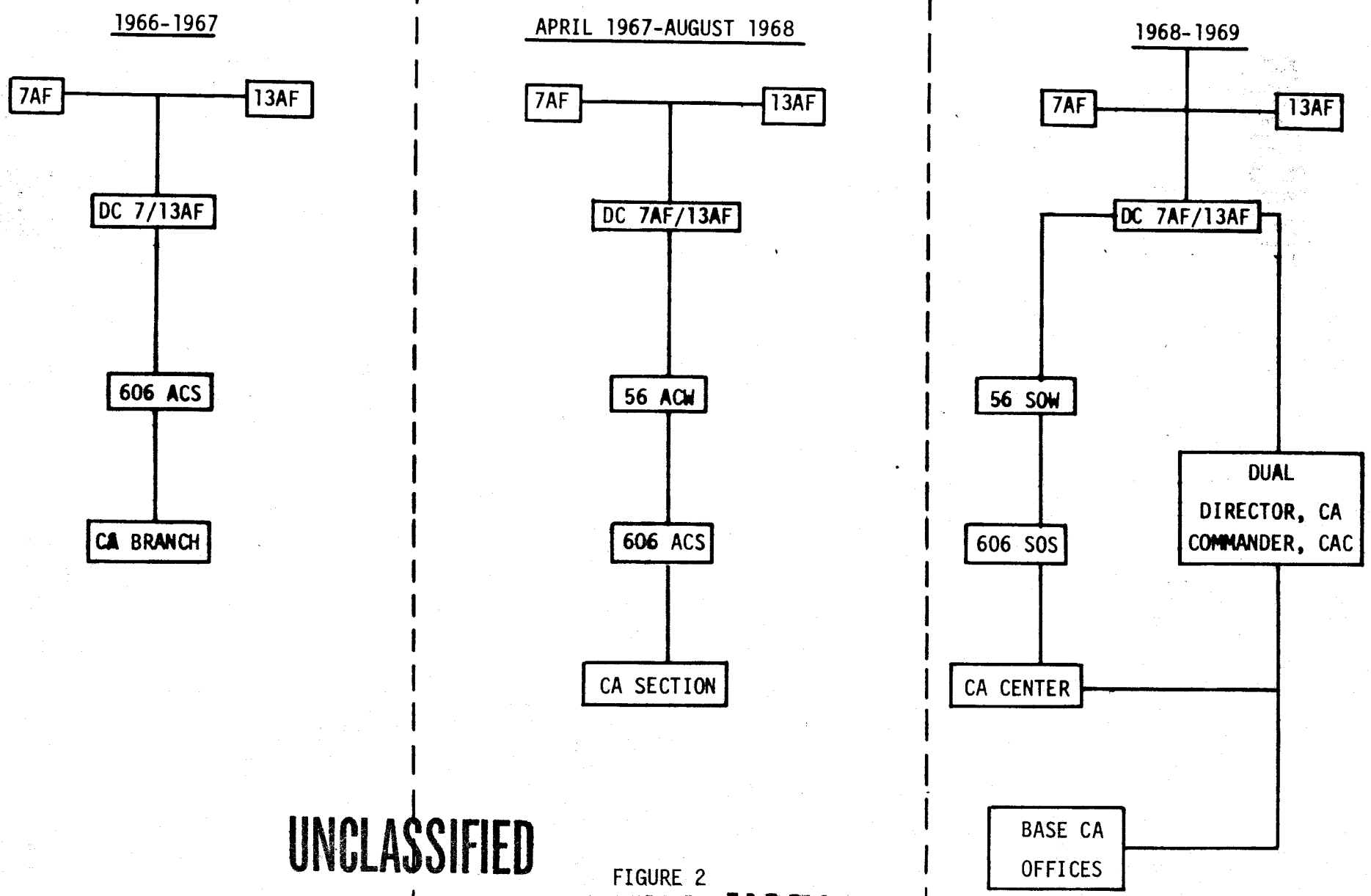

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FIGURE 2

[redacted]

for a "cleansing" of functions, the 606th retained its multiple missions through the end of 1968. In the interim, the Squadron was absorbed by the 56th Air Commando Wing in April, 1967. In August 1968, the two organizations became the 56th Special Operations Wing and the 606th Special Operations Squadron. That part of the 606th which concerned itself with Civic Action was known successively as the Civic Action Branch (under the 606th ACS), the Civic Action Section (under the 56th ACW), and the Civic Action Center (under the 56th SOW).

Ultimately, the Deputy Commander, 7AF/13AF, used the Directorate of Civic Action to gain direct operational control of all USAF Civic Actions in Thailand. Direct control was necessary to insure responsiveness to Embassy policy. Repeated proposals for reorganization had failed to eliminate the middle man--the 56th ACW/SOW.[4/] Direct control finally evolved from 7AF/13AF response to the PACAF CA program of 10 July 1967. In September, an experienced CA officer was reassigned from the Civic Action Center (CAC) to Headquarters 7AF/13AF, to update the 606th OPlan 45-67, and to coordinate CA programs Thailand-wide. The revised plan was published on 26 October 1967 as "7AF/13AF OPlan 450-67."

In August 1968, the Deputy Commander upgraded the 7AF/13AF CA Office to the level of Directorate. Accordingly, the Director was simultaneously Commander of the CAC, while Department heads also received dual titles.[5/] Thus direct control of Civic Actions in Thailand passed to the Deputy Commander. Figure 2 provides a time-phased depiction of the organizational structure as it pertained to Civic Actions.

CHAPTER VI

RTG CIVIC ACTION

Everyone concerned with USAF Civic Action in Thailand agreed that no objective evaluation of the several programs was possible. Nor was there a substantive criterion available which could be used to objectively weigh one approach against another. A very parochial ethnocentrism pervaded the several assessments offered by USAF CA officials. The Americans, accustomed to a "hypertensive" civilization, were prone to become frustrated at the normal, relatively slow space of the average Thai worker.[1/] The thesis that "we can do it better and faster" became prevalent among USAF CA workers, influencing their actions in the field and their evaluation of those actions. Too, their direct involvement with the program at the grass roots level produced a parochial interest in their project sites. They were hard-pressed to "see the forest for the trees". Their reports gave the impression that theirs were the largest and most successful endeavors in the field, and without their initiative, there would be no Civic Action in Thailand.[2/]

The concept of nation building, at least in the psychological sense, was introduced to Thailand at the turn of the century. King Wachirawut attempted to introduce the concept of nationalism by exalting "the Thai country, nation, people, and virtues". It was not, however, until after World War II that concrete programs were instituted to provide health services and to develop the nation in a materialistic sense. By the end of 1968, at least 12 individual nation-building projects were in evidence:[3/]

- Mobile Development Units.
- Mobile Medical Care.
- Rural Health Centers.
- Accelerated Rural Development.
- Community Development.
- Border Patrol Police/RTA C/A.
- PAT/CMP CA.
- Community Potable Water.
- Malaria Eradication.
- Mobile Information Teams.
- Model Villages.
- Spontaneous programs.

The Mobile Development Unit (MDU) program, the principal Civic Action program in Thailand, was developed in 1962 as a result of RTG recognition of the close connection between underdevelopment and national security.[4/] RTG officials hoped to move into remote areas of Thailand before Communist insurgents could exploit the underdeveloped conditions there. Seven of the first nine MDUs were moved into NE Thailand a full three years before the CTs made their presence manifest.[5/] The program, which covered the Civic Action spectrum from medical care to individual school supplies, was "Thai created, Thai initiated, and Thai operated".[6/] As with all nation-building programs, results were slow to materialize and difficult to document, but most observers felt MDU teams had made significant progress by 1968 in the "battle for men's minds".[7/] The unique modus operandi of the MDU teams was cited as the crucial element in their success.[8/] The teams were problem-oriented as opposed to the project-presentation method of most CA endeavors. Toward the end of 1968, however, the MDU program suffered budget cuts, as the RTG concentrated on medical programs.[9/]

The Mobile Medical Care (MMC) Project was initiated under the Accelerated Rural Development (ARD) program in 1966 to bring professional medical care to

the most security-sensitive areas of Thailand.[10/] By the end of 1968, there were 28 Mobile Medical Teams (MMT) operating in ten changwats (provinces) in the Northeast. The teams were generally mixed groups of Thai, U.S. (including USAF's 606th), and third-country (notably Japanese) personnel. The teams generally operated temporarily at the base First Class Health Center, from which they visited nearby villages. An exception to this was the 606th concept of operations, which took up a permanent base at two FCHCs and operated satellite teams from the Second Class Centers. Despite Embassy criticism that this concept represented stagnation, ARD adopted the plan in April 1968 on an experimental basis. USOM, the chief financial backer of the MMC project, agreed to the plan. One significant problem in this concept was the tendency to aggravate the already sensitive personnel situation at the Centers. The permanent staff of the local health center sometimes resented the presence of a team of well-equipped professionals "from Bangkok" dispensing free medication.[11/] Villagers eager to be part of the spectacle were prone to ignore the local staff, thus salting the wound. Superimposed on these manifold complications was the natural forthrightness of American doctors and medics. In at least one instance, a 606th doctor was forced to leave a FCHC, until the Thai doctor in charge was transferred.[12/]

Rural Health Centers were the primary institutions for providing services to the rural populace. Despite their (sometimes unwilling) use as bases for MMTs, they were not established for COIN/CA objectives.[13/] Their formation began after WW II under the auspices of the newly created (1942) Ministry of Public Health. By 1968, there was a total of 775 health centers in the NE: 57 FCHCs; 370 SCHCs; and 348 Midwifery Centers. The staff of the FCHC (entirely

Thai) usually included a doctor, a chief sanitarian, one or two nurses, one or two junior health workers, and one or two midwives. SCHCs were usually staffed by a junior health worker and a midwife; Midwifery Centers were operated by a single midwife. Activities at the Centers were both curative and preventive, although a propensity existed on the part of doctors and older chief sanitarians to concentrate on the curative aspects of medicine.[14/] The nature of the staffing, e.g. the fact that chief sanitarians were generally older than doctors and had established themselves in the community, led to many potential personality conflicts.[15/] Except when MMTs were present, villagers visited the health center only infrequently, considering it "a place to die". Even the busiest of FCHCs never saw more than 800 patients in a month. MMTs sometimes drew 250 a day. Villagers preferred to get routine treatment from people who were removed from the local government. (All health workers at the Centers wore uniforms and were regarded as officials of the province.) These unofficial "doctors" were of three basic kinds, traditional doctors who had a rudimentary knowledge of medicine based almost entirely on empirical learning, injectionists, trained in giving shots, and witch doctors, who could exercise and appease the evil spirits, which possessed the patient.[16/]

Accelerated Rural Development (ARD) was established in 1964. Unlike insurgency suppression directed by the Communist Suppression Operations Headquarters (SCOH), the Committee on ARD, in the realm of insurgency prevention, most closely resembled an overall coordinating committee. The ARD program was concerned chiefly with road construction. Unlike Mobile Development, ARD road-construction programs were project-oriented, and often alienated the

villagers who were required to supply labor.[17/] As with STOL-strips, the villagers often saw the need for such projects only after they were completed. In many areas, "felt" needs often differed widely from "real" needs.[18/]

The Community Development (CD) program was basically an attempt to develop village government. The program suffered from ambiguity in its objectives, and lack of indoctrination of its workers.[19/] For example, the government defined its major objective as the "implantation of democracy", while a majority of CD workers thought they were involved in "general improvement in rural economy".[20/]

The Border Patrol Police (BPP) and the Royal Thai Army (RTA) were both involved in civic action. The very name "police", in fact, may have been a misnomer, because the organization actually had instructions to ignore such illegal activities as opium culture, unlicensed brewing, sacrifice of animals, etc. They were concerned with the security of border areas, and had an intensive Civic Action program, particularly among hill tribes. The BPP system of reporting hill tribe grievances directly to Bangkok was thought to be the only input the nomads had to the government of Thailand.

The Peoples Assistance Team (PAT) and Civilian/Military/Police (CMP) units were also involved in Civic Action projects. Theoretically, CMP commanders could direct MMTs into areas of sensitivity. CMP units also afforded military protection for MMTs.[21/]

The Community Potable Water (CPW) Project had the ambitious goal of establishing water systems in every community of the Kingdom by 1990.[22/] The

project was particularly crucial in the NE, where only an estimated three percent of the population had potable water on a year-round basis, as late as 1967.

The Malaria Eradication Program (MEP), initiated in 1950, was one of the few projects whose success could be measured concretely. By 1968, the project had effected a reduction in the malaria mortality rate in excess of 90 percent.[23/] The project was scheduled to terminate in 1973, when it was hoped all but a few border areas would be free of a disease which was once the greatest single cause of mortality in Thailand.[24/]

Mobile Information Teams were joint Thai/USIS endeavors begun in 1962. They were the forerunners of the MDU teams which carried on many successful Civic Action projects from 1962 through 1968.

The concept of Model Villages, although controversial, was experimented with by almost every agency involved in CA, including some of the USAF base programs. The idea was to complete several projects in a single village, making it "an example of government concern", and showing what the "good life" would be like in the future.[25/] The major criticism was that surrounding villages would be jealous of the special attention accorded the model. However, little evidence could be obtained in the field to bear this out.[26/] In fact, the model village was thought to be the stimulus for self-initiated projects in other villages.[27/]

Spontaneous programs conducted by the RTG to enhance village life--and their own image--were further demonstrations of the government's awareness of the need to concern itself with affairs outside Bangkok. One such project

involved the mobilization in January 1965 of 300 monks to man understaffed Wats* in remote areas.[28/] This was considered significant because Buddhism, along with the Royal Family, was a symbol of national unity in Thailand. These missionaries were considered a bulwark against the ideology of communism.

* Enclosures containing a Buddhist temple and living quarters, frequently the center of village life.

CHAPTER VII

EVALUATION

The task of evaluating USAF Civic Action projects in Thailand is complicated by: (1) ambiguous and shifting objectives; (2) multiple sources of mission objectives; (3) definition of Military Civic Actions; and (4) multiplicity of projects.

As stated in Chapter I, the original impetus for Military Civic Action was contained in the Military Assistance and Labor Act of 1966. The President of the United States spoke in broad terms about what the Act could do, but the Secretary of Defense defined Military Civic Actions succinctly: "essentially, it means using indigenous military forces...." At no time did the 606th "use" indigenous military forces.

The Chief of Staff reiterated and amplified the definition, citing the target as "indigenous air forces". The specific mission of the original Civic Action Branch (CAB) of the 606th ACS was to "conduct CA programs in Thailand in conjunction with local authorities and assist RTAF in training to perform these programs on their own behalf". Clearly, the objective was to create CA projects which could conceivably be taken over by the RTAF after a period of training. Except for the occasional airlift of seriously ill patients, the RTAF was never directly involved in the several CAB projects. Although some effort was made to interest RTAF officials in remote-area operations, the whole concept was so far beyond their reach as to be unrealistic. It would seem that both the original composition of the CAB, and the concept of operations were arrived at without regard for RTAF capabilities. After attaining a

vested interest in their projects, the 606th argued that the RTAF had no medical personnel.* Further, because Department of Health workers wore uniforms, they, and not the RTAF, were the 606th counterparts. This occurred in the face of the clear directive to "assist RTAF in training to perform these programs in their own behalf". Ultimately, the CAB rewrote its own mission directive (OPlan 450-67), by substituting "RTG" for "RTAF".

The base programs, on the other hand, were more closely aligned with the original objective of working with indigenous forces, and at least two bases were successful in stimulating RTAF interest in military civic actions. Some problems were created, however, because base CA officers received indoctrination from 606th officials. Hence, base programs responded slowly to Embassy policy, as CAC officials yielded to 7AF/13AF and Embassy pressure.

As stated in Chapter V, one of the complicating factors was the need to superimpose the realities of Thai political life on the concepts of Military Civic Action, as it was envisioned at various USAF levels. As the President's direct representative, the Ambassador to Thailand was of necessity the sole authority for U.S. involvement in Thai internal affairs. The structure of U.S. Military Civic Actions forces in Thailand acquiesced to that authority only after it was made explicit.

There are at least two other facets of the Military Civic Action Program in Thailand which bear analysis: (1) how Civic Actions were performed in the

* RTAF does have a "medical corps"--unsophisticated by USAF standards.

field; and (2) to what degree they were effective in countering insurgency By their own standards, 606th personnel were to remain anonymous; however, they failed to accomplish that almost impossible feat. Living in remote areas, unarmed, and in civilian clothes, ostensibly "standing in the background", they claimed to be a stimulus to the Thai worker. The absurdity of trying to become the "invisible farang" in Thailand is difficult to describe in conservative terms. Because the base CA programs had the dual goals of enhancing USAF and RTG/RTAF images, the visibility of Americans was not a problem.

The difficulty, perhaps the impossibility, of evaluating the effectiveness of field operations has already been discussed. Civic Action officials argued that their ability to visit villages, which had previously appeared sympathetic toward Communist Terrorists, was an indication of their effectiveness. However, this was possibly belied by the presence of CMP units to protect the health workers in sensitive areas.

The base programs, on the other hand, were easier to evaluate, even though they were at the close of 1968 just getting off the ground. Except at NKP, and possibly Don Muang, the base programs were geared to: (1) alleviate problems created by the American presence; (2) improve base security (by improving intelligence gathering); and (3) enhance the images of USAF/RTAF. Although there was some disagreement as to the priority of objectives, these goals were nevertheless championed by the Ambassador.

If it can be assumed that U.S. interests are best served by modifying concepts to fit the realities of a given country, and if the Ambassador of

that country is in fact the logical source of authority, then Civic Actions in Thailand were evolving toward an optimum profile. Lending expertise, when and where it is needed, a highly professional Civic Action unit--such as the 606th--provides the Ambassador a flexible organization, which fulfills a variety of purposes.

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* Extracted selections from SECRET documents have a classification no higher than CONFIDENTIAL.

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11. (C) Interviews with Capers.
12. (C) Interviews with Dr. Wagner.
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18. (CNF) Lt Colonel Capers Interview, Doc 9.
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35. (U) COIN Report, Vol 6.

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GLOSSARY

ACS	Air Commando Squadron
ACW	Air Commando Wing
ARD	Accelerated Rural Development
BPP	Border Patrol Police
CA	Civic Action
CAB	Civic Action Branch
CAC	Civic Action Center
CD	Community Development
CINCPAC	Commander-in-Chief, Pacific Command
CMP	Civilian/Military/Police
COIN	Counterinsurgency
COMUSMACTHAI	Commander, U.S. Military Assistance Command, Thailand
CPW	Community Potable Water
CR	Community Relations
CSAF	Chief of Staff, U.S. Air Force
CSG	Combat Support Group
CSOH	Communist Suppression Operations Headquarters
CT	Communist Terrorist
FCHC	First Class Health Center
MDU	Mobile Development Unit
MEDCAP	Medical Civic Action Project
MEP	Malaria Eradication Program
MIT	Mobile Information Team
MMC	Mobile Medical Care
MMT	Mobile Medical Team
NE	Northeast
NKP	Nakhon Phanom
PACAF	Pacific Air Forces
PAT	People's Assistance Team
RTAF	Royal Thai Air Force
RTAFB	Royal Thai Air Force Base
RTG	Royal Thai Government
SA/COIN	Special Assistance for Counterinsurgency
SCHC	Second Class Health Center
SOS	Special Operations Squadron
SOW	Special Operations Wing
STOL	Short Takeoff and Landing

UMD	Unit Manning Document
USIS	United States Information Service
USOM	United States Operations Mission
VD	Venereal Disease