THE DUSTOFFER NEWSLETTER

DUSTOFF ASSOCIATION JANUARY 1994

15th ANNUAL REUNION OF THE DUSTOFF ASSN.
4, 5, 6, MARCH 1994
SAN ANTONIO, TEXAS

P. O. BOX 8091 • WAINWRIGHT STATION • SAN ANTONIO, TEXAS 78208

PRESIDENT'S MESSAGE

Greetings DUSTOFFERS,

Reunion time is just two months away and I think this year's will be another great one! Pat Sargent and Chris Sanders have really beaten the Holiday Inn - Northwest into submission and obtained some really super room rates -- considerably lower than last year's. So, for all you penny-pinchers out there, there is now no reason not to come and take advantage of the great deal.

More good news: The status of our Warchest, thanks once again to Chris and Pat, has greatly improved. Dues from new members, T-shirt/sweatshirt sales and a contribution from a donor who wishes to remain anonymous have been the biggest factors.

All in all, this year has been a good one for the association. Mackie and I are really looking forward to seeing many old friends and meeting many new ones at this year's reunion. See you there!

Sincerely,

Ed

Ed Bradshaw
President, DUSTOFF Association

P.S. Art Hapner -- we have no theme!

APPLICATION: ❑
ADDRESS: ❑
ANNUAL DUES: ❑

DUSTOFF APPLICATION

Name _____

Street _____

City _____ State _____ Zip Code _____

Spouse's Name _____

Home Phone (_____) _____

I wish to join the DUSTOFF ASSOCIATION as indicated:

_____ Initial membership plus first year's dues – $20.00

_____ Yearly renewal (sustaining) – $10.00

_____ Lifetime membership – $100.00

NOTE: Members electing to renew membership annually will have their membership automatically converted to lifetime after 15 CONSECUTIVE years. Membership renewals are based on the Calendar Year and are due NO LATER THAN one January each year. Please make all checks payable to: DUSTOFF ASSOCIATION and mail to:

DUSTOFF ASSOCIATION
Post Office Box 8091, Wainwright Station
San Antonio, Texas 78208

DUSTOFF ASSOCIATION

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DUSTOFF UNITS - LINEAGE AND HONORS

Those with somewhat of a historical bent should enjoy a review in each issue of the lineage, honors, and a bit of the background of DUSTOFF units. These will be presented in no particular order or precedence and due credit is certainly due to the Association's Historian, Joe Kralich, and the U.S. Army Center for Military History. The vast majority of the information on DUSTOFF units, however, comes from a landmark publication, The DUSTOFF Report, compiled over the past several years by Captain Randy Anderson, then with the 498th Medical Company.

57th Medical Company (Air Ambulance)

One of the most-storied of the Army's air ambulance units, the 57th "Original DUSTOFF" remains a high priority, early-deploying element, currently located at Fort Bragg, North Carolina.

Originally constituted as a malaria control unit in September 1943, the 57th was activated in New Orleans, Louisiana, later that month. The unit was reorganized and designated as a detachment in 1945 and was inactivated in Brazil that same year. The 57th was activated as a Regular Army detachment at Brooke Army Medical Center, Fort Sam Houston, Texas, in April, 1953. Subsequent unit size changes occurred in 1960 and 1961. The unit changed its designation from Medical Detachment (RA) to Medical Detachment (RG) with the fielding of the UH-60 Blackhawk helicopters in April 1982. The 57th became a Medical Force 2000 (MF2K) Medical Company (Air Ambulance) this past summer.

The "Original DUSTOFFers" have deployed in support of U.S. and Allied Forces around the world throughout their existence. The 57th was first in the Republic of Vietnam, arriving in April 1962, and evacuating over 100,000 patients until its redeployment in March 1973. Combat operations for the unit resumed in October 1983 with Operation Urgent Fury in Grenada. Operation Just Cause in Panama occupied the unit's efforts beginning in late 1984.

With the invasion of Kuwait by Iraqi troops in August 1990, the 57th was again alerted and deployed to Southwest Asia in late August 1990. During both Operations Desert Shield and Storm, the unit was among the farthest forward of all American or Coalition units in supporting the XVIII Airborne Corps, finding itself well into the heartland of Iraq by the 1 March 1991 cessation of hostilities.

Recent contingency missions have taken the 57th to Egypt in 1983 and to Honduras in peacekeeping efforts in Central America. The unit has been involved in the Military Assistance to Safety and Traffic (MAST) Program since 1974.

57th campaign participation credits and unit decorations include:

CAMPAIGNS

Vietnam
Advisory
Defense
Counteroffensive through Phase VII
Tet Counteroffensive
Tet 69 Counteroffensive
Summer-Fall 1969
Winter-Spring 1970
Sanctuary Counteroffensive
Consolidation I & II
Cease-Fire

Armed Forces Expeditions
Grenada

Southwest Asia
Defense of Saudi Arabia
Liberation and Defense of Kuwait

Decorations
Presidential Unit Citation (Army), Dong Xoai
Meritorious Unit Commendation (Army), Vietnam 1964-1965
Meritorious Unit Commendation (Army), Vietnam 1968
Meritorious Unit Commendation (Army), Vietnam 1970-1971
Meritorious Unit Commendation (Army), 1972-1973
Vietnamese Cross of Gallantry with Palm, Vietnam 1964

498th Medical Detachment (Air Ambulance)

One of the most venerable of Army DUSTOFF units, the 498th Medical Company, was first constituted in the Regular Army as Company C, 57th Medical Battalion and was activated at Fort Ord, California, in February 1941. In 1943, the unit was reorganized as the 498th Collecting Company and sent to Europe in support of the American offensive. With the end of World War II, the 498th returned to Camp Shanks, New York, where it was inactivated in October of 1945. In 1950, the 498th became a Preventive Medicine Company at Fort Sam Houston, Texas, where it remained until again reorganizing as a Medical Company. The unit was inactivated at Fort George G. Meade, Maryland, in 1956. The air ambulance version of the 498th was activated at Fort Sam Houston in September 1964, from where it deployed to Vietnam in mid-1965. The proud 498th returned to be stationed at Forts Benning and Stewart, Georgia, and Fort Jackson, South Carolina for a number of years prior to conversion of the unit to Medical Force 2000 (MF2K) status and stationing at Fort Stewart.

In addition to its World War II and Vietnam accomplishments, the 498th has done yeoman service around the world for many years. Its very active MAST program was inaugurated in May 1974. During the 1970's, the unit responded to contingency mission requirements in Mexico City and at Jonestown, Guiana. In 1988, the unit provided direct support of fire-fighting missions in Montana and the moun-

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DUSTOFF UNITS - LINEAGE AND HONORS

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tains of Wyoming. Later, the Exxon Valdez disaster required aircraft from the 498th to deploy to Alaska in support of military operations there. The unit has deployed to support Task Force Bravo in Honduras on four rotations and has provided care to Nicaraguan refugees during Operation Amigo.

Responding to alert for Operation Desert Shield, the 498th moved by air and sea to Thadj, Saudi Arabia, in September-October 1990. Serving in support of the 24th Mechanized Infantry Division, the 498th crossed into Iraq on 25 February 1991 and found itself still flying wounded soldiers and enemy prisoners of war near Basra until 3 March.

The 498th's history has been recognized by numerous campaign credits and unit decorations including:

CAMPAIGNS

World War II – EAME
Normandy
Northern France
Rhineland
Ardennes-Alsace
Central Europe

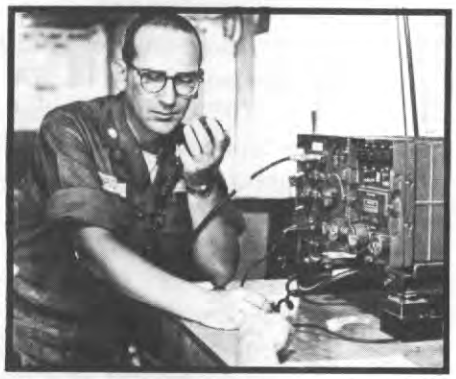
Vietnam
Defense
Counteroffensives through Phase VII
Tet Counteroffensive
Tet 69/Counteroffensive
Summer-Fall 1969
Winter-Spring 1970
Sanctuary Counteroffensive
Consolidation I

Southwest Asia
Defense of Saudi Arabia
Liberation and Defense of Kuwait

Decorations
Meritorious Unit Commendation (Army), Vietnam 1965-1967

ROTOR WASH

Bits and pieces here and there ... Joe Kralich, DUSTOFF Association Historian, suffered several coronary incidents this past fall, necessitating a double bypass operation. Barely 45 years old, Joe is still as tough as in his combat medic days in Vietnam and has little residual damage from the illness. His wife, Millie, was a bit overtaxed for several weeks, but has also recovered nicely ... A recently published promotion selection list highlighted the names of several DUSTOFFers slated to become Colonels soon: Ray Keith, Roger Opio, Butch Murphy, Leonard Sly, and the only two plucked from below the zone, Chuck Davis and Randy Maschek. Heartiest congratulations and you all owe the house a round when we meet in March for the DUSTOFF Reunion ... Bill Booth's screenplay, DUSTOFF 33, is in the process of being edited from its draft length of 170 pages down toward the normal 120 or so pages ... The 50th Medical Company (Air Ambulance), 101st Airborne Division (Air Assault), will be awarded the 1993 Lucas Air/Sea Rescue Award at the 15th Annual Reunion. The unit distinguished itself this past winter using hoists almost exclusively in the dramatic rescuing of hundreds of people trapped and stranded by tremendous snows in the Smoky Mountains ... The 421st Medical Battalion was the winner of the U.S. Army, Europe, Aviation Unit of the Year Award and was selected as the Top Aviation Battalion in USAREUR. 421st members also won eight age group places at the 7th Medical Command's annual Combat Medic Run including both the male and female overall winners. As a final note from the European DUSTOFFers, the 421st Evacuation Battalion has now logged over 11,000 flying hours in the last two years ACCIDENT-FREE!



Then-Major Tom Christie mans the 57th Medical Detachment's operations net at Tan Son Nhut Air Base, Saigon, in early 1965.

FLIGHT PLAN CLOSE-OUT

Longtime DUSTOFFer Colonel (Retired) Walter Lee Berry, 54, was killed in a traffic accident on 2 December 1993. Stopped for traffic on Interstate 95 in Fairfax County, Virginia, Walt's car was struck in the rear by a large truck, driving the car into another truck to its front.

Walt will be fondly remember by all whose lives he touched during his years in the Army and, more recently, in his retirement. He spent a 1968 combat tour with the 159th Medical detachment (Helicopter Ambulance) in Cu Chi, Vietnam, other tours in a variety of flight assignments, and commanded the 421st Medical Battalion (Evacuation), Nellingen, Germany, in the early 1980's. He retired several years ago, culminating a superb career with an assignment at the Office of The Surgeon General, Headquarters, Department of the Army.

Veteran DUSTOFFer Waddell Avery, also a resident of the Northern Virginia area, died this past fall of Legionnaire's Disease.

UPDATE FROM OUR MAN IN WASHINGTON

Colonel Rich Beauchemin, Aviation Consultant for the Surgeon General, penned this update on Army Medical Department Aviation:

"First let me apologize for not being able to attend the Reunion earlier this year. I had my reservations and my briefing was ready, but I came down with a bad case of the flu the day before I was supposed to depart Washington. Needless to say, I was very disappointed. From all reports, this was another great function, so I'm anxiously awaiting this coming year's.

A question I'm often asked is 'What lies ahead for MSC Aviators?' Obviously, people are concerned because of force drawdowns, early retirement boards, reductions in force, 15 year retirements, and similar actions. The fact is that AMEDD Aviation remains a very viable career field and an integral part of the Army health care team. Aviators continue to be exceptionally competitive for promotion, for command and general staff college, for senior service college, and for battalion and brigade command positions. You can have the most sophisticated hospitals in the world, but if you can't evacuate the patients to them, they are useless. Aeromedical evacuation is and will continue to be the critical link between the patient and the provider on the battlefield.

We have been very successful recently in getting more UH-60's for our medical evacuation units. In FY94, we will get 3 to fill the 57th Medical Company and 2 to fill the 498th Medical Company. These units have been short since their conversions to the 15 aircraft TOE structure. In FY's 95 and 96, we will receive a total of 30 more Blackhawks, so we can convert two more UH-1 companies to the Medical Force 2000 (MF2K) organization. While this is good news, there remains a shortage of modern medical evacuation aircraft to support the CONUS power projection Army. The Army Vice Chief of Staff is aware of the situation and has been briefed in order to clarify some issues. Hopefully this critical shortage will be remediated soon.

Let me give you a brief synopsis of where we are with our requirements for medical evacuation units in the Army. We currently have requirements for 546 aircraft and 34 air ambulance companies. We are resourced at the level of 509 aircraft and 31 units. The AMEDD Center and School, through their Directorate of Combat Developments, has recently developed new allocations rules which will drive our future requirements to approximately 441 aircraft and 24 companies. Like the rest of the Army, this will require some inactivations. We have inactivated the 237th and 431st Medical Detachments and Forts Ord and Knox, California and Kentucky, respectively. These are the only deactivations programmed to date in the active force although there are several coming in the Reserve Forces.

You may have heard that a major reorganization is occurring in the AMEDD. It's not just a reorganization, but a significant shift in the way the AMEDD will do business. On 1 October 1993, a Medical Command (Provisional) was established with The Surgeon General as the commander. The MEDCOM will be responsible for command and control of the world-wide Army Health Service System. Assigned to the MEDCOM will be the AMEDD Center and School, a new organization comprised of the former Medical Research and Development Command, a Veterinary Command (VETCOM), a Dental Command (DENTCOM), and 4 to 6 Health Service Support Activities (HSSA's). The HSSA's will be small command and control elements responsible for the medical activities in their regions and for integrating readiness training for active and reserve component medical personnel. As the MEDCOM comes on line, missions will be shifted from the Office of The Surgeon General (OTSG) to the MEDCOM and its subordinate elements. This shift will result in a reduction of the OTSG staff from over 400 personnel to 102.

Finally, our DUSTOFF units continue to provide the best support to our soldiers and citizens both in the United States and abroad. Whether it's supporting the Military Assistance to Safety and Traffic (MAST) Program, the terrible floods in the Midwest, or our deployed soldiers in Somalia, Kuwait, and Honduras, today's DUSTOFF crews are continually living up to the legacy: Dedicated Unhesitating Service To Our Fighting Forces. DUSTOFF!"

1LT Chris Landers, Eagle Dustoff, performs external load operations in support of a DOD Intelligence gathering vessel off the coast of Nicaragua in 1989.

LIFELINE HOME FROM VIETNAM

The May 1966 issue of Reader's Digest included the following story by James H. Winchester, headed by the caption: "Here is the dramatic story of how speed, new techniques, and new lifesaving techniques are giving our Vietnam wounded better than twice the chance of survival that prevailed in Korea." –

"The phone shrills. In the screened wooden shack of the U.S. Army's 57th Helicopter Air Evacuation Unit at Saigon's Tan Son Nhut Airport, conversation stops. Captain John Dean, a tall, quick-moving 35 year old pilot, with a wife and three small children at home in San Antonio, Texas, cradles the instrument to his ear.

'Zapped!', he reports tersely, hanging up. It is 10:45 a.m. The day is Tuesday.

10:55 a.m. 'Coming up!' shouts Captain Dean to warn his three man crew that he's lifting off. Sixteen minutes earlier, a platoon from the First Division -- 'The Big Red One' -- was booby-trapped while on a search-and-destroy mission in the jungle on the southern edge of the Viet Cong-controlled Iron Triangle, some 20 miles to the northwest. Casualties are heavy. By radio the plea comes desperately: 'DUSTOFF! DUSTOFF!' -- the signal for air ambulances.

11:05 a.m. The helicopter starts down out of the hot morning sun. In the tiny cabin, I sit crowded between SP5 Donald Chambers, 26, of Matewan, West Virginia, the medic, and Crew Chief Roger Reel, 21, of Williamsport, Maryland. Alert and silent, their automatic rifles pointing downward through the open doors, Chambers and Reel search for signs of enemy fire. Flying these unarmed air ambulances is a perilous assignment: Half of all DUSTOFF crews, I was told, earn Purple Hearts during their one year tour in Vietnam; ten percent are killed.

11:07 a.m. The tall green trees of the jungle rise ahead like a wall. Directly below, smoke rises from a burning house. In the rice paddies next to it, farmers stoop to their work, ignoring the war. Radio chatter fills the air. At the edge of a clearing inside the tangled woods, the pin of a smoke grenade is pulled. Yellow-green smoke spirals upward. 'In sight,' Captain Dean reports. The wounded are already there, carried to the clearing on makeshift litters -- fatigue jackets with rifles pushed through the sleeves as poles. Twenty-eight minutes have passed since the hidden Claymore mine hanging in a tree exploded to mangle them.

The tight little meadow where we are to land is only about twice the diameter of the helicopter's 44-foot rotor blade swath. High trees box it in. Captain Dean approaches fast, hovers only a second, then drops straight down, like a bucket into a well. It's a DUSTOFF adage: 'If you go low and slow, you're asking for a blow.'

11:12 a.m. Captain Dean and LT John Kamenar, 25, of Galveston, Texas, the co-pilot, stay in their seats; the rotor blades keep spinning, flattening the foot high grass. Carrying rolled-up canvas litters, Chambers and Reel jump from the cabin and run toward the wounded men at the edge of the trees. A lieutenant, blood flowing from an open wound in his neck, walks slowly toward the helicopter, still clutching his rifle. His dripping blood stains my armored vest as I pull him aboard.

11:14 a.m. A second helicopter skims overhead. More wounded are in a nearby clearing. 'Tracers from the West,' another pilot warns by radio. Captain Dean doesn't answer. The infantrymen have already taken cover behind some fallen logs to return the fire.

Chambers and Reel, completely exposed, run back to the helicopter with a loaded litter. The wounded soldier is clad only in khaki undershorts; his fatigues have been cut away. Blood-soaked pressure bandages are wrapped tight around both his legs. (Tourniquets are rarely used now; they stop the flow of blood and increase the chance of gangrene and amputation.) At least two dozen wounds, each the size of the opening made by a good-sized nail, riddle his chest and arms. His eyes are closed, his breathing is heavy. The stretcher is pushed through the door and left to rest on the floor.

11:16 a.m. Another wounded. The two crewmen, urgency in every action, lift him above the man on the floor, slide the litter handles into metal clamps, then tumble aboard. Captain Dean lifts off, climbing in a whining turn away from the Viet Cong snipers. We were on the ground less than five minutes.

Chambers bends over the man in the top litter. Yards of bandage are wrapped around his naked chest and stomach. Blood seeps from large holes in his legs and wrist. His face is pale with shock. Chambers looks at him and shakes his head. 'Somewhere quick, Captain.' he says to the pilot over the intercom.

'Third MASH,' Captain Dean decides. This is the nearest medical facility, a tent-housed hospital outside Bien Hoa, 17 miles away. It's only a few miles closer than Saigon, but minutes are now important.

On the floor, the wounded man moves restlessly. His eyes are open. Painfully, he lifts a hand, points to his mouth. I wet my fingers from a canteen and rub them over the soldier's lips. He blinks his gratitude.

From time to time the man in the other litter contorts his face in pain, but utters no cry. Beneath him, little pools of blood slosh about in the hollows made in the canvas litter by his weight. Eerily, rock-'n-roll music comes through the intercom as the pilot tunes past an armed forces station while switching frequencies.

11:44 a.m. The brown hospital tents, with huge red crosses on top, appear below. Corpsmen, naked to the waist in the 100 degree temperature, run out to the landing pad. It's been one hour and five minutes since the platoon was hit. The lieutenant is helped to the ground. A medic reaches to take his rifle. 'Goddamnit, no!' the lieutenant insists, clutching it tight. The litters are unloaded. Captain Dean lifts off again, returning for more wounded. Another helicopter lands.

11:46 a.m. Inside the admitting tent, 100 yards from the helicopter pad, a young dungaree-clad nurse, her ponytail secured with a rubber band, cuts bloody bandages and clothes from the men. Two doctors arrive. One, roused from a nap, is wearing only a t-shirt, shorts, and a pair of unlaced sneakers.

Wounds are examined. Every man

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LIFELINE HOME FROM VIETNAM

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starts getting dextran, a sugar preparation now commonly substituted for blood plasma. Captain Robert Bowden moves from litter to litter. Pausing next to a boy with a gaping head wound, he waves his hand – a signal for the corpsmen to move him aside so that the busy medics can work on others with more of a chance. He looks at another man. His order is crisp: 'This one first.'

Captain Bowden, fresh from medical training, is the triage (French for 'sorting') officer. He must decide on the spot who requires immediate surgery, who can wait, who is beyond help. The system is cruel, but it's designed to work the greatest good for the greatest number.

11:55 a.m. A corpsman gets names and information from those who can talk, examines dog tags of those who can't. The two litter patients from Captain Dean's helicopter are both sergeants: Thomas Hardin, a Negro, 39 years old, from Austin, Texas, 19 years in service; Wayne Pearce, 34, from Bowling Green, Ohio, seven years a soldier. They have been in Vietnam just nine days.

12:00 noon Sergeant Pearce is under the Polaroid X-ray machine (being used for the first time in a combat zone). It provided the radiologist with pictures in one minute's time. 'Can I have a drink of water?' Pearce asks the teenage corpsman holding the Dextran bottle above him. 'Hang on, old man,' the corpsman relies gently. Patients with chest or stomach wounds can't have anything to drink. Off in the visible distance, propeller-driven Skyraiders peel off lazily, dropping bombs in the jungle. Black smoke curls above the trees. No one pays any attention to the sound of the explosions.

12:44 p.m. 'Okay, doctor.' The anesthetist tells Captain Julius Conn, Jr., of Newport News, Virginia, the surgeon, that Sergeant Pearce is under the ether. A nurse in green fatigues squirts mercurochrome from a can onto the sergeant's stomach. Captain Conn, without a word, moves in to swab the antiseptic around the area where he intends to operate. The first cut is a 14-inch slice through the abdominal wall. A piece of rusty metal from the Viet Cong mine has torn a hole in Pearce's intestine as big as a man's little finger. The left lobe of the liver has a three-inch long rip. Conn sews it up. Much of the inside abdominal wall, torn by shrapnel, is cut away to prevent infection.

1:38 p.m. 'I think we've won the battle,' Captain Toby Farris, the anesthetist, remarks. Captain Conn starts to work on Sergeant Pearce's chest. A deep, six-inch long cut is made to the left of the breastbone. 'My God!' Captain Conn exclaims. The big mammary artery, running up and down through the chest, has been severed by shrapnel and is bleeding heavily. Quickly, Captain Conn ties off the two open ends. A tube, connected to a portable pump, is inserted in the chest cavity to draw out the air and accumulated blood. A small puncture on the left side of the lung is left alone. 'It will heal itself,' Captain Conn explains.

2:33 p.m. Captain Conn and Captain Martin Bell, of New York City, now work simultaneously. Metal fragments are taken from Sergeant Pearce's shattered left foot. The ulnar artery and nerve in his left wrist have been cut in two. The artery is tied off.

3:13 p.m. Sergeant Pearce's operation is over. At the next table, Captain Kristaps Keggi, two months out of the Yale-New Haven Medical Center after three years of training in orthopedic surgery, is still operating on Sergeant Hardin's mangled legs. The right kneecap is broken into pieces; beyond repair, it's taken out. The surgeon drops the bone with a thump into a tin water bucket at his feet. Part of the shattered thighbone is removed, and a plaster cast is put around the leg. Sergeant Hardin's left leg is also badly damaged, but no bone is lost. Probing into the torn flesh, Captain Keggi lifts out a half-inch long piece of nail, part of the shrapnel from the Claymore mine. Other bits of shredded tin and cut-up nails have punctured Sergeant Hardin's body in several dozen places. The wounds are cleaned out and left open to heal themselves. For now, the operating is over.

Today in Vietnam, 90 percent of all U.S. wounded are evacuated by helicopter from where they are hit. Jolting jeep and ambulance trips from the front to casualty stations are gone; no one is more than 25 minutes away by air from lifesaving surgery. The airlift cuts shock and infection among the wounded by at least two thirds, more than doubling their odds for survival. Only one percent of all IRHA's (Injury Received by Hostile Action) die. In Korea, where fewer than 15 percent of the wounded were moved by helicopter, the rate was 2.5 percent; in World War II, with no helicopters, 4.5 percent.

Behind the helicopters are new lifesaving devices: Frozen whole blood; portable 50-pound heart-lung machines; and ultrasound devices which can locate shell fragments deep within the body by sonar. But, according to Colonel Spurgeon H. Neel, Jr., coordinator of all medical facilities in South Vietnam, 'The rapid transportation of the wounded from the battlefield to a facility where they can get the advantages of these new developments is the big step forward.'

Only ten percent of U.S. wounded stay in Vietnam. There's a good reason for this: It takes six tons of supplies a month to support just one bed in a field hospital here. Thus, policy decrees that a man who cannot be returned to duty within 30 days is to be airlifted out of the country. If he can be returned to duty in 60 days, he's treated at one of a number of U.S. military hospitals in the Pacific. Anyone expected to be out of action for longer than that goes all the way back to the States.

Saturday morning. Ninety-six hours after being wounded, Sergeants Pearce and Hardin start back to the United States. A helicopter has brought the two men from the tent hospital to the Third Field Hospital in Saigon for an overnight stay. Now they move aboard a propeller-driven C-121 for the first of three giant jumps home. Aboard the plane a nurse asks Sergeant Pearce if he is passing any gas. 'A superb amount, ma'am,' he tells her with a weak grin.

Three and a half hours from Saigon, the plane lands at Clark Air Force Base on the island of Luzon in the Philippines. The corpsmen unloading the litters are not as solemn as those in Vietnam, 'Hey, Grunt,' one of them says to Sergeant Hardin,' you look like Num-

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LIFELINE HOME FROM VIETNAM

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ber Ten Thousand.' In Far East military slang 'Grunt' means any infantryman; Number Ten Thousand describes the absolute worst of things.

The 13th Air Force Band, which greet air evacuation planes from Vietnam, plays lively music. 'There must be a VIP aboard,' a patient remarks. 'Yes,' he's told. 'It's you.'

The Department of Defense medical control office in Washington, D.C. sends orders: Sergeant Hardin is to go to Letterman General Hospital in San Francisco; Sergeant Pearce to Great Lakes Naval Hospital outside Chicago. It's policy for Vietnam wounded to go to the appropriate medical facility nearest their homes.

Tuesday. The Military Airlift Command jet flight to Yokota Air Force Base, outside Tokyo, takes three and a half hours. Sergeants Pearce and Hardin sleep. After fueling and a change of crew, the plane is in the air again. The 5210 miles to Travis Air Force Base, across the bay from San Francisco, will be flown in 9 1/2 hours. 'During the Korean War it took us ten hours just to fly from Honolulu to Travis,' a medical corpsman remembers.

The night routine begins. Flight nurses and corpsmen move from patient to patient. Meals are served. The wounded sleep. Occasionally a man moves restlessly, moans, then is quiet again. In the front of the cabin, the flight nurses and corpsmen smoke, relax and talk with bitterness about the anti-Vietnam demonstrators in the United States. 'They should take a trip with us sometime,' says Captain Ruth Hanes.

Wednesday. The sun shines as the flying ambulance reaches Travis. Corpsmen move up the ramp and through the open doors. With practiced ease, they lift the bits and pieces of the war in Vietnam back into American.

At only 11:42 a.m. on Wednesday, Sergeant Pearce gets to Great Lakes. Only a week has passed since he was wounded in Vietnam. Teams of specialists spend hours examining him. Their determination: Eventual recovery, with possible disability of the left hand because of the severed wrist artery. Back on duty in a year, probably on a limited basis.

In San Francisco, Sergeant Hardin's prospects are equally bright. He'll limp on his right leg, but he'll stay in the Army. His treatment and rehabilitation: A year and a half, at least.

For these two battle-proud infantrymen, the worst is over. From a jungle clearing halfway around the world, from a dirty, dangerous and disheartening war, they have made it home."

PHU BAI DUSTOFF REVISITED

Following is excerpted from Major Fred "Phu Bai Freddie" Long's 571st Medical Detachment Newsletter of the third quarter, 1970:

"During a hectic week in March, the 571st moved to a new location on the Phu Bai Combat Base. There were a few moans and groans heard as we prepared to leave the area we had just finished fixing up. However, just about everyone seems satisfied with the new area. The new operational facilities are much better and the new living quarters will be better once they are fixed up. It is going to take a lot of work to bring this area up to our standards and it will probably take the rest of the year, but it will be well worth the effort.

During this quarter, the 1st ARVN Division has remained relatively inactive, thus confining our missions to isolated actions within our AO. During March our flying hours and patient numbers saw a noticeable increase as we moved a ship south to a field standby with Danang DUSTOFF at Hawk Hill.

Just prior to the last week in February, Charlie started sharpening his winning ways and charming manner (especially his guns) and whittled away at the number of virgins the 571st has managed to accumulate over the past several months.

The first crew to go was WO1 Robert Patterson, WO1 John Potter, SP4 Timothy Brownlee, and SP5 Steven Cogliano. Although they were the first, I'm not saying they're the unit push-overs. But, with seven rounds through the cargo compartment and one through the fuel cell on a hoist mission with the cable down, I will say what parents tell their young and innocent, 'Fly it if you must, but don't tease!' It was the first time for all but SP5 Cogliano who had been compromised many months earlier while still at an early in-country age.

The second crew was WO1 John Arvai, WO1 R.A. Johnson, SP5 Ruben Acosta, and SP5 Bartley. Not to be had as easily as the first crew, they held out as long as possible but were finally accosted by a single sniper in a secure LZ. They took three rounds through the transmission oil cooler and one through the cockpit. Both SP5 Acosta and SP5 Bartley were old hands at this game but, for the two pilots, it was the first time. Feel anything missing, fellas?

The third violated aircraft belonged to CW2 Jack Lewis, 1LT Marcus Cox, SP5 James Hall, and PFC Roy Lathren. To CW2 Lewis and SP5 Hall, it had all happened before; to 1LT Cox and PFC Lathren, like it or not, you've just become worldly aviators.

The fourth ship was crewed by the same CW2 Lewis, 1LT Cox, SP5 Acosta, and PFC Lathren. This was a repeat performance of the previous mission -- and occurred only five hours later. Really now, fellas, twice in one day? That kind of nymphomania can be dangerous.

How 'bout that new sign some of the officers posted outside the CO's Office: 'Commanding Officer, Mini-Battalion'?

Some people always make an entrance. This time it was Captain Charlie Jordan, our XO, and 2LT Dan Shackleford, our new administrative officer. It seems that the helicopter bringing them to their new assignments with us had an engine failure and was forced to make a rather heavy landing on a nearby beach. No one was seriously injured, but the ship was bent up a bit. A real bang-up welcome..."

FORWARD AEROMEDICAL EVACUATION

by CPT Randall G. Anderson
USA MEDEVAC Pilot
57th Med Det, XVIII Abn Corp

Dealing with the emotions of personal suffering and death is never easy. For most soldiers, war is the first time they experience the sights, sounds and smells of wounded comrades. Dealing with this trauma is nothing new for Army aeromedical evacuation (MEDEVAC) crews. However, the situations presented for flight crews deployed to Southwest Asia were like nothing ever experienced before.

The MEDEVAC mission is unique to the Army in many ways. Flight crews must maintain a 24-hour readiness posture, not knowing exactly where or when the next injury will take place. Unlike conventional combat maneuvers that are prior coordinated with plans and rehearsals, this mission does not allow the teams to conduct detailed planning, especially when minutes can mean life or death to an injured soldier. Additionally, MEDEVAC missions are often flown single-ship, without the benefit of another cover aircraft to assist in case of problems. During the ground phase of Operation desert Storm, air crews from the 34th Medical Battalion (EVAC) were assigned to the 24th Infantry Division, 82nd Airborne Division, 3rd Armored Cavalry Regiment and other nondivisional units within the XVIII Airborne Corps area. To minimize the response time in evacuation requests, crews were positioned with the brigade Tactical Operation Centers (TOCs) for the advance across Iraq. From this location, MEDEVAC crews were able to tie into the intelligence updates and maintain a channel of communications for mission requests.

Since the assault across this vast distance was so quick paced, most crews found that there was no need for sleeping provision beyond the cabin of their aircraft. The MEDEVAC crew consists of two pilots, a crewchief (aircraft mechanic) and the flight medic. In some cases, extra crewmembers were augmented to an aircraft for additional support. Living in the small confines of the helicopter was austere, but manageable for the few hours of rest that the crews received. In between location moves and actual missions, many crews would setup folding cots outside of the helicopter or rest inside of the helicopter. For crews of UH-60A Black Hawk helicopters with a carousel litter support system, the four litter pans provided an excellent method of sleeping personnel in the cabin.

A crew of four living in a helicopter reaches a point where the necessity for a shower outweighs the discomforts for the cold air and lack of facilities. One crew reached this point on the fifth day in Iraq as they set up a "field shower" in the cold, windy desert. The helicopter blade served as an excellent support for the shower bucket and a cot on end provided just enough privacy to make the experience enjoyable. Water was sightly warmed on a small portable gas stove and each crewmember took a turn filling the bucket for the rest of the crew. Despite the fact that they were covered by blowing sand by the time they dried off, the shower made them feel (and smell) clean.

Although most crews endured the entire ground war by consuming the meals ready to eat (MREs) that they carried in their helicopters, some crews were lucky enough to establish relationships with units from other countries. A French aviation unit that was field sited in central Iraq provided numerous MEDEVAC crews with emergency aircraft fuel and warm hospitality. The American flight crews were supplied with cases of Perrier bottled water and French boxed meals. The meals, "Ration De Combat Individualle Rechauffable," came in different meal selections and determining the contents of each was an adventure.

Living in the desert at night was a unique experience. After dusk the sky was aglow with ammunition dump explosions -- some shooting high in the sky with streamers of colored flames similar to Fourth of July fireworks. The southeast sky would glow red from the burning oil fields. In the darkness, wild dogs and jackals would come to the edge of the camps. Their howling would continue through the night, making the soldiers sleeping outside keep their weapons at close range in case of attack.

Within a minute of receiving a mission request, the crew would have all cots, sleeping bags and other equipment stowed in the limited area of the helicopter compartment. Since it was likely that the TOC would move in the time it took to pick up a patient, evacuate him to a hospital and return, it was necessary to take all of the equipment on every mission. Each crew found the most efficient arrangement to transport their cases of MREs, five-gallon jugs of water and personal belongings. Since space was so limited, most forward deployed crews often lived with only one or two flight suits and washed them when necessary in small basins.

Throughout the duration of a mission, the MEDEVAC crew would have to overfly numerous unit boundaries to a designated grid coordinate in order to provide rapid evacuation of the injured soldier. With units covering great distances and the lack of terrain features to navigate from, many mission requests were transmitted with inaccurate pickup coordinates and resulted in a delay as the MEDEVAC helicopter searched the area to find the patient. It was in this fast moving, constantly changing environment that the majority of the crews found their biggest challenge to maintain a current assessment of the battlefield.

Such was the case on 27 February 1991 when the regimental surgeon for the 3rd Armored Cav Regiment relayed a mission request to the crew of "DUSTOFF 57" from the 57th Medical Detachment, Fort Bragg, North Carolina. The mission was to pick up four enemy wounded soldiers at coordinates PU 930610, about 40 kilometers southeast of the triple-runway Jalibah South-

(Continued on page 9)

FORWARD AEROMEDICAL EVACUATION

(Continued from page 8)

east airport. Since the aircraft did not have secure voice capability with the unit on the ground, they made their calls coming into the area as, "DUSTOFF Five Seven in the red." No one responded, but as they approached the coordinates, the crew overflew a large formation of M1A1 tanks heading to the east. They did not realize that this area might be the middle of a battle area. After spotting two armored personnel carriers (APCs) side-by-side, they decided to land for assistance in locating the patients. This turned out to be the RTAC (regimental tactical command post) -- the forward, highly mobile, tactical control point -- and the location that the casualties would be picked up from once they were ground evacuated from the front lines.

At the RTAC was the regimental commander, who was directing the battle from that location. He briefed the crewchief and medic while the pilots continued to run the aircraft. The 3rd Armored Cavalry Regiment was in the process of fighting a division of the Republican Guards and was pursuing towards Al Basrah. The resistance was strong and the U.S. forces were drawing fire. At 1650 hours, the helicopter crew was still waiting for the patients when they noticed M1A1 tanks and Bradley fighting vehicles appearing from everywhere. They were driving fast and circled the helicopter and APCs -- setting up a parameter defense. At that same time, the crew spotted incoming artillery rounds impacting in front of their area, sending up clouds of dust as they hit the ground. Word came from the regimental commander that the enemy was getting closer and that he wouldn't keep the crew there more than five minutes.

At the top of the hour, armored personnel carriers started pulling up in a hurry, kicking sand and dirt up with their tracks. The backs opened and they brought out wounded enemy prisoners of war from all over. One soldier was shot in the legs and was carried in the flight medic's arms to the helicopter. When all were loaded, the medic went to work treating the five casualties. He cut the clothes away from an Iraqi soldier who was severely wounded in the legs and back by gunfire. There was blood everywhere as the soldier lay face-down on the litter. The bleeding soon stopped, but the soldier would still need surgery. The medic tapped the soldier on the shoulder and a slight head movement meant that he was still alive. The flight to the Medical Troop would only take 15 minutes, but just before the crew took off, an officer from the RTAC ran up to the pilots and told them not to depart straight to the west, the way they had arrived. Friendly artillery rounds would soon be fired at the approaching enemy troops. The crew modified their flight route hoping to miss the incoming rounds, but having no idea where the friendly artillery unit might be. Although this crew was able to safely evacuate the casualties without incident, this demonstrates another real danger to MEDEVAC crews. They are required to fly into developing tactical situations without prior coordination or current intelligence reports for enemy and friendly locations.

Not all helicopters deployed to Southwest Asia had the same luck when encountering the enemy forces. One 28 February 1991, a MEDEVAC crew was called to the site of a UH-60 Black Hawk helicopter crash. The crash site was discovered by AH-1 Cobra helicopters looking for an Iraqi air defense threat in the desert to the northeast. The Cobras provided security while the MEDEVAC crew landed at the devastating site.

There were no survivors in the crash and the MEDEVAC crew had the unfortunate task of recovering ten American bodies. The aircraft had not burned, although there was hardly anything left of it -- as if it had totally disintegrated in the air and fell in pieces to the ground. Looking around, the only parts that the crew could identify were the tailboom, the main transmission, one pilot seat and a fuel cell. One pilot remained with the running MEDEVAC aircraft while the other pilot and two crewmembers picked up the bodies. As they walked through the debris, they found numerous dismembered bodies and a pilot without a head, still strapped in his seat. They put the bodies and parts in sleeping bags and ponchos located at the site.

The horror of the event was evident on the faces of the crew as they returned the bodies for casualty processing to the medical treatment facility. Later that day, the crew was informed that the Cobra helicopters had destroyed seven ZSU-23-4s near the crash site that morning. The ZSU-23-4 is a self-propelled anti-aircraft gun system with four barrels; it shoots 23mm bullets at a rate of 800-1000 per barrel per minute. Its radar can reach out 20 kilometers and the range of the guns is three kilometers. This weapon is one of the helicopter pilot's biggest threats and can totally disintegrate a helicopter in seconds. If the UH-60 crew had flown into a "nest" of seven or these, they didn't have a chance of surviving.

Although most mission requests were transmitted by radio, a wide variety of methods were used to dispatch the lifesaving crews to injury sites. The "nine-line" MEDEVAC Request was the preferred method of relaying the required information and provided a standardized format for all units throughout the Army. One of the more unique mission requests was delivered to a MEDEVAC crew written on a MRE "Ham Slices" cardboard box. Some MEDEVAC missions were initiated by visual signals from troops on the ground spotting an aircraft with red crosses flying overhead.

One such mission occurred on 1 March 1991 as a MEDEVAC crew was searching for a refueling site. The medic, sitting on the left side of the aircraft, spotted green smoke and a group of soldiers on the ground waving their arms. Lying next to them was a body on

(Continued on page 10)

FORWARD AEROMEDICAL EVACUATION

(Continued from page 9)

a litter. The pilots circled the soldiers and landed a short distance away. The process of using smoke grenades to signal aircraft had many benefits. Not only did this confirm the pickup location, but it also gave the pilots an indication of the wind direction. Since the desert was flat and without concealment, there was not a problem of enemy troops drawing DUSTOFF aircraft into ambushes like they had in Vietnam. Therefore, there was not a necessity to confirm the color of smoke spotted. Some of the pilots in Operation Desert Storm continued this trick learned in Vietnam, just as a practice of good technique.

The patient was a Bedouin woman in her traditional black coverings. With her was the husband, dressed in camel herding clothes, talking rapidly to the American translator. He had a very concerned look on his sun-aged face and comforted her by holding her hand. The personnel on the ground helped load the litter with the woman, and her husband crawled into the helicopter next to her. The pilots flew the helicopter 50 feet above the ground, at 140 knots (160 miles per hour) towards the 5th Mobile Army Surgical Hospital (MASH). The smell in the aircraft was bad, comparable to carrying a flock of sheep. The crew opened the windows and turned on the vent blower.

Prior to departing the pickup site, the flight medic was informed that the Bedouin woman had been shot through the leg, pubic region and the arm. The husband and midwives on the ground were forbidding the male medics from examining the woman's wounds or providing any treatment to her body. All the medic could do was kneel next to the woman and make her comfortable until she reached the hospital. He put his poncho liner under head and patted her hand with reassurance.

The concept of not providing life-saving care to an injured person is hard for Americans to understand. The difference in cultures and beliefs was very evident, and the U.S. troops did an excellent job in not intervening. In less than a half hour, this woman and her husband had been relocated by a means of transportation that they had probably never seen before.

By the end of Desert Shield and Desert Storm, the 34th Medical Battalion had evacuated 4251 patients, 1062 of which were injured enemy prisoners of war. The 49 air ambulances in the battalion flew over 4000 hours, to include 1215 hours at night with use of night vision goggles. Despite the harsh flying conditions and the traumatic scenarios encountered by the MEDEVAC crews in Operation Desert Storm, thousands of lives were saved by the advantages of superior technology and a strong obligation to human compassion.

The following prayer, written by Kent S. Nabarrete, was read on 16 March 1991 at a memorial service for four aeromedical crewmembers who died in the Iraqi desert while evacuating two casualties at night.

• • •

DUSTOFF PRAYER

When we are called to duty, Lord,
Wherever wars may rage,
Give us strength to save some life,
Whatever be its age.

Help us save a soldier's life,
Before it is too late,
Or save a wounded citizen,
From horrors of that fate.

Enable us to be alert,
And guide our skills to bear,
Both quickly and efficiently,
Provide the best of care.

The "mission" is our calling,
to give the best we can,
To guard against the pains of war,
When man is killing man.

And if, according to our fate,
We are to lose our lives,
Please bless, with Your protecting hand,
Our children and our wives.

• • •

MEDEVAC PROPONENCY UPDATE

- Numerous personnel changes have taken place at Fort Rucker over the past few months. COL Frank Novier is the new Director, replacing COL Bill Stahl who retired this summer. Bill's leadership and service will be missed. MAJ Mike Deets departed for 179-day TDY to Croatia as part of the UN Team. He was replaced by LTC Al Rogers. CPT Greg Fix, currently the UH-60Q project officer, will attend the Aviation Officer Advanced Course in January 1994 and will be replaced by CPT Robert Saale from Eagle DUSTOFF.

- The 1994 Army Medical Evacuation Conference will be held in San Antonio from 27 February - March 4 1994. This year's theme will be MEDEVAC Operations in Support of a Power Projection Army. An excellent lineup of guest speakers is anticipated, with MG Jerry White, CG of the United States Army Infantry Center, as the scheduled keynote speaker. Several serving brigade commanders will address the attendees on ground and air evacuation. The Navy's new Doctrine Command will also present their views on Army MEDEVAC support to naval operations.

- The newest aircraft, the High Capacity Air Ambulance (HCAA), is in concept statuswith the Mission Need Statement and Requirement Document undergoing staffing at this time. The AMEDD is working hard to ensure our requirements are coordinated with the Army's Fixed Wing Investment Strategy and the Army's selection of a new Multi-Mission Medium Tactical Transport.

15TH ANNUAL REUNION OF THE DUSTOFF ASSOCIATION • 4 MARCH – 6 MARCH 1994

REGISTRATION FORM

Member's Name _____ Spouse's Name _____

Home Address _____ Military Address _____

_____ _____

_____ _____

Home Phone _____ DSN _____

TOTAL PRICE:

1. DUES: Annual Dues: $10.00 (if not paid earlier) ..... $ _____
   Life Member Dues: $100.00 (one-time payment) ..... $ _____
   Initial Fee: $10.00 (new members only) ..... $ _____

NUMBER ATTENDING:

2. REUNION REGISTRATION
   Member/Spouse Costs – $12.50 ..... _____ $ _____
   Non-member/Guest Costs – $15.00 ..... _____ $ _____
3. FRIDAY NIGHT MISSION BRIEFING
   Steamship Round of Beef, Chicken Florentine, Etc. – $16.00..... _____ $ _____
4. SPOUSE'S LUNCHEON – $15.00 ..... _____ $ _____
5. CHUCK MATEER MEMORIAL GOLF CLASSIC
   $16.00 Club Member ..... _____ $ _____
   $25.00 Non-Club Member ..... _____ $ _____
   Golf Handicap: _____
6. SATURDAY NIGHT REUNION DINNER – $20.00..... _____ $ _____
   Cocktail Party – Cash Bar
   Roast Prime Rib or Chicken Cordon Bleu ..... Beef # _____ Chicken # _____

Please make checks payable to The Dustoff Association.
Refunds cannot be guaranteed for cancellations made after 25 February 1994.
Please mail this form with payment to: **The Dustoff Association**
P.O. Box 8091 – Wainwright Station
San Antonio, Texas 78208

The reunion will be held at The Holiday Inn – Northwest, Loop 410 at I-10, San Antonio, Texas 78213, (210) 377-3900. Hotel room reservations should be made directly with the hotel. Ensure that you tell them you're with **The Dustoff Association** to obtain our contracted room rate of $55.00!

SCHEDULE OF EVENTS

FRIDAY – 4 MARCH

1200-1800	Registration – Holiday Inn-Northwest
1300-1800	11th Annual Chuck Mateer Golf Classic FSH Golf Course
1500-1800	Hospitality Suite Open
1900-2200	Cocktails and Buffet
2200	Hospitality Suite Open

SATURDAY – 5 MARCH

0900	Assemble for the Professional Meeting
0900	Opening Remarks – President Ed Bradshaw
0905-1145	Professional Meeting
1145	Closing Remarks – Vice President Bob Romines
1215-1430	Spouse's Luncheon
1330	Business Meeting
1330-1340	Opening Remarks – President
1340-1350	Minutes, 14th Annual Business Meeting – Secretary

SATURDAY - CONTINUED

1350-1400	Financial Report – Treasurer
1400-1415	Old Business and Report of Activities
1500	Adjournment – President
1500-1800	Hospitality Suite Open
1830-2000	Sociability Exercise
2000-2200	Dinner
2100-2115	Remarks – President
2115-2130	Guest Speaker
2130-2145	Presentation of the Lucas Life Saving Award
2145-2200	Introduction of the New Officers
2200-2215	Closing Remarks
2215	Hospitality Suite Open

SUNDAY – 6 MARCH

0900-1000	Memorial Service

DUSTOFFER ASSISTANCE REQUESTED

The pages associated with this appeal were not paid for by The DUSTOFF Association, but were funded by individuals and firms interested in promoting the modernization of the Army's aeromedical evacuation system. The issue is explained herein. There have been, as a result of this ongoing effort, some successes, but we need to keep the issue in front of the Department of Defense and the Congress. Please take the time to read the enclosed letter, its enclosure and then, if you feel you'd like to assist, forward something resembling the letters to Congress appropriately.

Dear DUSTOFFer:

The purpose of this letter is to request your support of medical evacuation modernization by forwarding the enclosed correspondence to your representatives in the United States Congress. As you may know, The DUSTOFF Association established its position a number of years ago of not wishing to become involved in lobbying or influence matters regardless of the nature of the issue. Accordingly, we're writing only as fellow DUSTOFFers who are seriously concerned about the future of the Army's aeromedical evacuation system in these difficult days of force downsizing and budget reductions.

The essence of the issue is that Army Medical Department Aviation remains captive to parochialism in Army Aviation and is still primarily equipped with the obsolescent UH-1 and older UH-60A aircraft. Aviation leadership continues to overlook the medical fleet mission requirements. As our advocate for modernization, they ignore the lessons learned in recent conflicts and fail to brief these issues to the senior leadership. The focus remains on warfighting/steel on target and continued development of programs such as the Comanche and Apache Longbow. These programs take funding away from AMEDD modernization efforts. After action reports from Operations Just Cause and Desert Storm identified the need for the UH-60Q helicopter in order to keep up with the force it is supporting and to sustain the lives of those wounded, injured, and ill soldiers who are its reason for existence.

The scope and pace of the modern, extended battlefield simply demand significant technological change. The new face and nature of warfare, emphasizing humanitarian and civic assistance operations over major land warfare, make the AMEDD's role all the more critical and demanding. Army Aviation and the ground warfare force have upgraded systems to meet this challenge while AMEDD Aviation continues to fall behind.

AMEDD efforts to obtain funding for modernization from Aviation leadership have been unsuccessful. The other alternative is to request a supplemental appropriation from the Congress. The Army National Guard, teaming with the AMEDD in the modernization effort, played a major role in making the UH-60Q "proof of principle" aircraft a reality. The Guard is also providing funding this year for the High Capacity Air Ambulance (HCAA), continuing its history of forward-looking support for the efforts of the AMEDD in the Total Force. Current National Guard resolutions for FY95 include the procurement of 36 UH-60Q's and continued procurement of the HCAA. The Guard needs and deserves our active support. A cooperative, focused effort will insure that both aircraft systems are fielded as quickly as possible.

The budget process began in earnest again within the past few months. During this process, there are key events which will also require your support. We'll let you know when it's necessary to inform your Congressmen of your position in sufficient time to impact the vote. Please send the enclosed letters to your Senators and Representatives now! Feel free to make the text more emphatic if you wish and, if you happen to have a more personal relationship with one of your elected officials, please add a personal note asking for their support. Call them or send them facsimiles. Any way in which we can cause action in this matter will be positive for the future of DUSTOFF.

To keep costs down, we need to know if you'll support the Congressional effort so we can limit the mailing list to supporters. Please let us know that you'll be active in this respect by calling or writing. If you'd like more information on the core of the modernization issue(s), please call or write Jim Wingate at (210) 653-8304, 5919 Windhaven Drive, San Antonio, Texas 78239. Jim Truscott will assist in the collection of names and addresses and development of mailings to the Congress and may be reached at telephone (210) 524-7790, facsimile (210) 524-7791, 9311 San Pedro, Suite 700, San Antonio, Texas 78216.

DUSTOFF!

Jim Truscott
Colonel, US Army, Ret.
Past President and Editor, DUSTOFF
DUSTOFF Association

Jim Wingate
Lieutenant Colonel, US Army, Ret.
Former Chief, AMEDD Aviation Systems Division, AMEDD Center
DUSTOFF Association

Enclosures

The Honorable _____
United States Senate
Washington, DC 20510

Dear Senator _____:

I am seeking your assistance in obtaining the necessary funding for modernization of the Army's aeromedical evacuation system: The UH60Q and the High Capacity Air Ambulance (HCAA).

The current system is rapidly being dismantled by neglect and obsolescence as the Army's force modernization effort increasingly favors direct combat forces, munitions, and weapons systems over the life and limb-saving battlefield evacuation system. Combat hospitalization has been modernized, at great but justifiable expense, and well-trained, dedicated professionals are available to treat the wounded. If, however, the wounded cannot be efficiently and rapidly evacuated from the sites of battle to these facilities, there is no purpose in their existence. The majority of combat medical aviation remains equipped with the UH-1 helicopter. Even the current UH-60 helicopters require extensive equipment improvements to meet force projection mission requirements.

The Army has not kept pace in resourcing its aeromedical evacuation programs as opposed to substantial improvements, for example, in the Apache helicopter and the Kiowa Warrior. The technology these programs replace is vastly more recent and capable than that of the UH-1's and the UH-60's flown by the Army Medical Department. The ability of the Army to provide appropriate and timely combat health care is directly linked to the technological improvements and advancements found in the UH-60Q.

Lessons learned from Operations Just Cause and Desert Storm identified combat deficiencies which can be corrected by the UH-60Q and its partner aircraft, the High Capacity Air Ambulance (HCAA). These are key improvements which can provide the needed strategic deployability and tactical mobility features necessary to support our fighting forces, be they Army, Marine, Navy, Air Force or coalition partners.

Your interest and support of aeromedical evacuation is sorely needed. I, and the more than 1200 other members of the DUSTOFF Association, a patriotic group of current and former flight crews, physicians, nurses, and others who have supported this critical battlefield support system, see the value in lives saved and improved care for our fighting forces. I know that you share the feelings of the mothers and fathers across our great nation when they tell us that the one thing they can count and expect is – "the very best combat medical care possible" with regard to support of their sons and daughters in the military. This is impossible without modernization of the medical evacuation system.

Thank you for your consideration, your support, and assistance in this vital military readiness issue.

Sincerely,

The Honorable _____
United States House of Representatives
Washington, DC 20515

Dear Representative _____:

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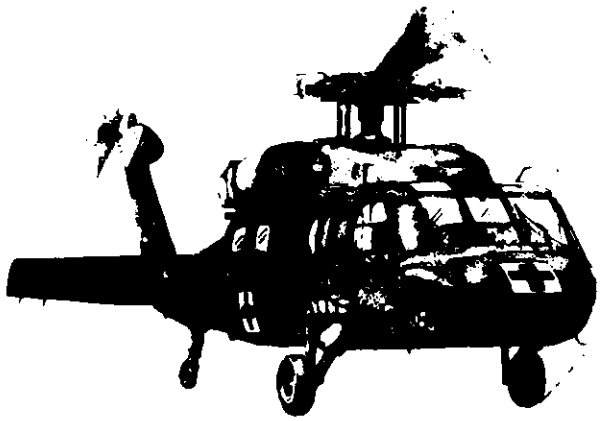
Thank you for your consideration, your support, and assistance in this vital military readiness issue.

Sincerely,

NEW ENTRIES ON THE FLIGHT MANIFEST

LIFE MEMBERS
David Drury
Jeff Norton
Michael Phillips
Robert Spano
Dennis Sweet
Hugh Thompson
Mike Thoroughgood
and
all of those
who've paid
$10.00 yearly
for the past
15 years.



NEW MEMBERS
John Anderson
Robert Baird
David Barkley
James Bowman
John Campo
James Denton
Rose Edwards
Greg Gentry
Michael Giaquinto
James Hernandez
Gregory Holmes
Carl McCloud
James MacKay
Parker Marshall
Michael Moulton
Geoff Muntz
Phillip Pemberton
Patrick Plemmons
Frank Ramisch
William Rosser
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David Towle

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