



THE DUSTOFFER NEWSLETTER



DUSTOFF ASSOCIATION

JUNE 1996



Vietnam DUSTOFF print highlights the urgency of the aeromedical mission, then, now, and in the future. (Cover painting by PFC Samuel E. Alexander "Medevac helicopter, 93rd Evac Hospital, Dong Tam, Vietnam 15 September 1967.")

PRESIDENT'S MESSAGE

Greetings!

It seems like yesterday that I first signed into the 507th Medical Company (AA) as a "wet behind the ears" Lieutenant. Now, I look back over my 25-year career and marvel at how far we've come and what we have accomplished in that time. It is truly an honor to serve this year as your President. I am excited about the organization, its status, and its prospects for the future. Many thanks and compliments go to Bob Romines and Bill Grimes for their two years' of work putting this Association on solid footing. We know where we are now more than ever before in our history. Thanks, guys! Ya'll done good!!!!

We have begun to do greater things because of them, too. We have a business plan developed by our new Treasurer, CPT Jonathan Fristoe, that has been adopted by the Executive Council. Our books have been audited and automated and "to the penny" balanced with the bank. Our business plan for the year will show that we can make a slight profit this year without new fees or increasing the dues. We will be giving two awards at the next reunion. The Outstanding Rescue Award and the Dustoff Medic of the Year Award. Your Association has baseball caps and golf shirts for sale with no capital outlay to get started; and they are higher quality than before. Preparations are being made for next year's reunion and we plan on making it every bit as big a hit as this last one.

I have two goals that I want to reach for this year. One is to increase our membership by 10%. The other is to find our lost Life Members. I need the help of our unit commanders to do the first and everyone's help on the second. A list of lost Life Members is in the newsletter (page 14) and I ask that you take the time to write us or call us if you see a name you recognize.

Looking forward to a great year!

Sincerely,

Dan Gower

President, DUSTOFF Association

DUSTOFF APPLICATION

NEW MEMBERSHIP AND CHANGE OF ADDRESS

_____ I wish to join the Association as a Member \$15.00 (Annual Fee)
\$10.00 (Initial Fee)
\$25.00 (TOTAL)

_____ I wish to join as a Lifetime Member. \$100.00 (One-time Fee)

_____ **Catch-Up Dues - \$15.00 per year back dues owed to be reinstated for Life Membership eligibility.**

_____ Change of address.

RANK: _____ Unit Served With
and Dates: _____

LAST NAME _____

FIRST NAME _____ M.I. _____

MAILING ADDRESS _____

SPOUSE'S NAME _____

TYPE MEMBER: _____ Lifetime Home Phone (_____) _____ - _____
 _____ Regular Work Phone — DSN _____ - _____

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EDITORIAL OFFICES

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UNIT 61322 • Box 1583
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Letters to the DUSTOFFer...

Had a note from the gentleman who is credited with piloting the first-ever helicopter aeromedical evacuation mission (yes, even before John Temperilli!). Carter Harman, as follows –

✉ I was surprised to see my name in the November newsletter, as perhaps you are to see yours, here. I want you to know that I have written a pretty good memoir, called "Burma Angel," of my activities with the First Air Commando Group in Asam, India, in 1944-45, featuring my flight in a YR-48 to rescue those guys in Burma. I am trying to sell it to a publisher, with negative-to-ambiguous results so far (other readers say nice things about it). It starts with what was probably the first unintentional autorotational landing (crash) at the Sikorsky factory, my ATC flight to join the outfit in March, 1944, some of the Commando activities including the hair-raising night glider landings in Burma, the forced landing of a casualty-evacuation L-1, my flight into Burma, the rescues and my return flight in the monsoon. All pretty dicey, as the Brits say.

I am a retired journalist, published author of non-fiction and a novel nearing presentable status. If you can think of a publisher who might be interested in "Burma Angel," I'll be grateful. I can send you a printout if you'd like.

Cordially,
CARTER HARMAN

Also heard from an old friend and fellow DUSTOFFer who'd been cued back into the DUSTOFF family through Joe Kralich's outstanding Internet activities. Editor's Note: In my view, the writer represents one of the true heroes of DUSTOFF...those guys in the back who have to rely on the skill and daring of the aviators in front, generally without being given any choice in what's really a

life and death affair –

✉ Sorry for the familiarity, but Captain Truscott seemed demeaning due to your promotion, Colonel Truscott is someone I didn't know, and J.J. would be way too familiar.

Anyway, if this letter actually finds you...congratulations, Colonel! You absolutely deserved it. I trust that whatever you are doing in the Middle East is fulfilling and what you want.

Thanks to CompuServe and the Military forum, I met Doc Kralich and a few others who say they served with the 45th, though none that I remember. (Also saw the video. What a photogenic dude!)

Perhaps I should stop here in case you are saying, "Who the hell is this guy?"

I'm Elliott Mitchell. I served with the 45th from December 1967 to December 1968. The first half of my tour was under Major Luce at Lai Khe where I served as Radio Operator and Patient Protector.

After the main body of the company rotated back Stateside in June or July '68, I was brought back up to Long Binh to serve as Awards Clerk under you. Guess being able to spell and type has its payback in the Army.

I flew Patient Protector out of Long Binh several times. Toward the end of my tour, I would only fly on your missions because of my high regard for your skill and character.

I have a small diary that a girl friend gave me when I came to Vietnam, but I only kept it up for about 2 months. How I wish I had copied over a company roster.

Take care of yourself. If you'd like to write that would be great!

ELLIOTT MITCHELL
2006 Flamingo Drive
Costa Mesa, CA 92626
Phone (714) 540-6159

Carter Harmon recently passed away. We will try to get information on his book. He was a pioneer in aviation and one of the first brave class of rotary wing pilots. The DUSTOFF Association maintains much on his duties as a pilot during WWII. Those of us who knew him realize that a truly great American has passed.

Memorial Board AMEDD Museum Update:

The DUSTOFF Memorial Boards have been relocated to the end of the entry hallway and now stands out as a most moving testimony. The light from the full wall windows causes a reflection upon the brass plaques; whenever anyone stands before the Memorial their reflection can be seen. The museum wants to display some photographs of DUSTOFF with an emphasis upon those lost during Vietnam service and since. These would be surrounding the exhibit. If you want to share a photograph and a few words please contact the DUSTOFF Association: Attention Memorial Board.



CH-47 CHINOOK HIGH CAPACITY AIR AMBULANCE

Helping people in need has been a hallmark of rotorcraft from the start. The first helicopter mercy mission was performed in 1944, when a Coast Guard helicopter delivered blood plasma to treat more than 100 victims of a Navy ship explosion. Thousands of wounded Korean War GIs and Marines owe their lives to helicopter crews who flew them from battlefield aid stations to mobile hospitals and MEDEVAC choppers are credited with transporting over 100,000 casualties during the war in Vietnam.

For decades, rotorcraft have been essential life-saving tools in war and peace. However, evolving battlefield requirements and increasingly complex civilian medical rescue missions, combined with the ready availability of advanced medical treatment systems, are creating a need for more sophisticated special-purpose medical rotorcraft.

Helicopters are critical medical evacuation tools because they largely eliminate or reduce the need to construct airfields and landing areas. Fluid, fast-moving battlefields and lack of available airports reduce the effectiveness of fixed wing transport aircraft for moving patients to distant medical treatment facilities. This time-distance linkage, critical in the first "Golden Hour", is vital in saving the lives of casualties whose chances for recovery increase exponentially as transport time is reduced by leapfrogging over intermediate handling and treatment sites.

A recent U.S. Army Surgeon

General's requirement study defines new expectations for added value in medical evacuation and related missions, such as response to mass casualties in natural disasters, lateral movement of casualties between medical treatment facilities, movement of special medical personnel such as burn teams, and re-supply of surgical equipment, pharmaceuticals, whole blood and other life saving materials. The report also suggest a reorganization of battlefield medical facilities with quick transfer to corps-level support areas on the extended battlefield. The new study entitled Medical Re-engineering Initiative (MRI) has been incorporated into the efforts of the Joint (USAF and USA) Initiative Working Group. Specifically, it is the S.W. Asia warfighting scenario that requires an additional platform to handle casualty evacuation to the Corps support area, that platform remains the High Capacity Air Ambulance.

One way to meet the demand for this new medical helicopter is to utilize a proven airframe with the capacity to carry a treatment facility. The goal is to use a rotorcraft with the range and capacity to address Army requirements while generating significant savings in numbers of dedicated helicopters, mission flights, flight hours, personnel and maintenance.

A proposal from Boeing Defense & Space Group, Helicopters Division, takes this approach. The CH-47 Chinook is ready to assume the HCAA role by adapting the Chinook with readily available, cost-effective technology inserts to meet

the Army Medical Departments special needs.

Casualty evacuation is nothing new for the Chinook. The standard CH-47D can accommodate 23 litters and two attendants to transport people in need of rapid treatment. The Chinook HCAA departs from mere transportation, however, and provides an integrated medical facility in the helicopter to treat casualties in transit to hospitals. The Chinook's large cabin enables caregivers to assist up to a dozen litter patients with serious injuries and 4 ambulatory patients.

The Chinook HCAA also benefits from the reliability and capability of the proven CH-47 airframe and propulsion designs, providing speed, range and utility.

For example, a fully loaded Chinook HCAA can fly at 150-knot speeds. Standard fuel capacity, 1,030 gallons, provides a range of 275 nautical miles, while long-range fuel tanks, holding 2,000 gallons, permit 600-nautical mile ranges. With additional fuel, the Chinook HCAA can self-deploy with medical equipment to action stations up to 1,280 nautical miles from base, allowing early entry into a battlefield requirement or a natural disaster site.

Installation of a full Emergency Medical Services treatment suite still allows room for 12 litters with two attendants in crashworthy seats with unidirectional inertial restraint harnesses. Less complex treatment facilities provide accommodations for up to 16 stretchers. This high capacity (coupled with extended

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CH-47 CHINOOK...

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range) can help eliminate delays in evacuation of seriously wounded casualties that occur when smaller aircraft are used for the mission. Enroute, attendants will have plenty of room to work on patients with immediate needs. Oxygen and full electrical systems can also be installed at a majority of litter stations for full-fledged emergency treatment.

Each litter station can be rigged with two intravenous holders with positive pressure infusion. Variable intensity, adjustable pointing and focused lighting and adjustable blackout curtains are available to facilitate treatment and monitoring with minimal patient disturbance. Cabin temperature controls can establish comfortable temperatures of 75°-78°F from extremes of -30°F to +110°F within 15 minutes. And, cabin insulation abates engine noise, providing an 85 db speech interference level.

An external rescue hoist enables the Chinook HCAA to lift patients from hard-to-reach areas when landings are impractical, and the Chinook's triple cargo hooks for external loads permit it to carry two HMMWVs, a CBPS system, or an entire hospital shelter package where they are needed.

The Chinook HCAA's three-man crew can rely on a full array of avionics — including radar altimeter, Doppler, GPS, heads-up display, VOR, ADF, ILS and DME, as well as weather radar and a nose-mounted Forward Looking Infra Red sensor — to fly urgent life saving missions in adverse weather day or night and return safely to base.

The same avionics suite can also facilitate telemedicine data transfers with updates on patient condition enroute. Aircraft survivability equipment — IR jammer, missile warning, laser/radar warning, and flare dispensers, — enhance the HCAA's safety in combat environments. Finally, cockpit and crew communication relies on wireless, voice-actuated headsets with private modes for independent voice traffic on the flight deck and in the medical treatment facility. With this system, medics can talk while keeping both hands free to treat their patients.

Although smaller utility helicopters provide medical evacuation in both military and civilian environments, the Chinook HCAA's capacity is truly unique in terms of mission capability, flexibility and versatility. The Chinook is a logical extension of the current medical helicopter fleet, complementing the UH-60, which provides lift from the battle line to Forward Surgical Teams, after which the CH-47 eliminates bottlenecks by ferrying large numbers of stabilized patients to hospitals in the corps support and rear areas.

The Chinook's tandem rotor configuration is another plus for MEDEVAC and rescue missions, enabling it to maintain flight stability in bad weather and in rough terrain where utility aircraft may not be able to fly and pick up casualties who often cannot wait for the more favorable flight conditions that conventional helicopters normally require for mission completion.

The Chinook has maintained its high level of service through four

decades because its design permits insertions of technology improvements such as the HCAA integrated capability that enable CH-47s to perform beyond the expectations of today's operators.

In summary, the Chinook offers large increases in overall capability, making possible new and more effective operations and higher quality treatment. No other helicopter available can perform comparably and offer more capacity to meet such extensive life-saving and trauma treatment requirements during medical evacuation missions.

And, these same capabilities add value in peacetime as well, since the Chinook High Capacity Air Ambulance would become a dual-use asset, lending support in natural disasters affecting civilian populations. In the U.S., National Guard Chinooks have long served the public by performing civil relief missions, and international users also consider their CH-47s to be nation-builders as well as military platforms. The addition of comprehensive medical treatment facilities on board would clearly increase the value of the CH-47s in service around the world, in peace and war.

Jerome C. McMullan II
Manager, CH-47 Business Development
Boeing Defense and Space Group

Benjamin M. Knisely
Vice President, INS Incorporated



Report From Saudi Arabia *(written April 1996)*

It occurred to me this morning...14 November 1995...that perhaps I, like many DUSTOFFers, had become so terribly familiar with the twentieth century phenomena known in the media as a "terrorist bombing" that it had almost become a matter of little concern. Yesterday a car bomb exploded near a U.S. military office building in Riyadh, Saudi Arabia, killing (at last count) eight persons, at least six of whom were American soldiers. Some 60 persons were injured badly and the property damage was, needless to say, devastating. Yet, clad in shorts and a T-shirt, here I ran, blithely though none too quickly nor stealthily, through those same

streets with few concerns other than an upcoming field training exercise with our counterparts in the Saudi National Guard.

My first "close up and personal" experience with a terrorist's whim was in Saigon in 1965. One balmy evening, when the duty crew's duties had shifted elsewhere, Mike Trader, Doug Moore, and I had opted for dinner at the Crazy Cow Restaurant rather than sampling the sights and delights at the My Canh Restaurant, floating in a picturesque location in the Saigon River. It was only upon returning to our quarters near Tan Son Nhut Air Base that we learned that a cleverly placed bomb had struck the diners at the My

Canh, killing a dozen and maiming another score. Later in that tour, other explosive devices carried in bicycles and cyclos ended the lives of more and more soldiers and hapless civilians.

The second tour was a little better although only because the war had progressed from a counter-insurgency to a series of main force battles from the Cambodian and Laotian borders to the South China Sea.

Terrorists on another continent struck a serious blow to all DUSTOFFers in 1971 when the Baader-Meinhof Gang detonated a major weapon at the Terrace Office-

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DUSTUFF...

Did you know that...

- Some 3.4 million U.S. military men and women served in the Republic of Vietnam during that poignant but increasingly dim conflict?
- During the time since the Vietnam War, the hunting of elephants near the quaint village of Ban Me Thuot has become a sport engaged in only by well-to-do sportsmen? Some years back it was the sole venue of American Gun Ship pilots.
- A part of the pre-flight check list for the UH19 helicopter once included tying the clam shell engine compartment doors together with an 18-inch length of nylon parachute suspension cord?
- Mostly famous DUSTOFFer Merle Snyder, then a WO1, responded to his first hostile fire

in Vietnam by trying to hide his entire body behind the cyclic of a UH1H helicopter?

- Semi-famous DUSTOFFer Bob Romines, then a WO1, attempted to gain Purple Heart fame early in his career by hovering directly above a heavily-armed Viet Cong company after having been carefully informed of the enemy's exact location by the ground force?
- DUSTOFFer Billy Hughes, then a medic with the 57th "Original DUSTOFF," was among the first to lend medical treatment and aid when terrorists exploded a large bomb at the U.S. Embassy in Saigon in 1965?
- During Ed Bradshaw's first Vietnam tour, on the ground as an infantry platoon leader with the 1st Cavalry Division, he was closely associated with Bill Carpenter, who called in air strikes and artillery on his own

position?...and the history of the action listed Ed as "David Bradshaw?"

- Jim Cassell, recovering from wounds in Vietnam - 1968, suffered even more painful agony from sunburned private parts resulting from his search for an "all-over tan?"
- A number of 45th Medical Company pilots were threatened with military justice proceedings for failure to eagerly certify the combat flying hour contributions and awards recommendations of passengers from higher headquarters?
- Then-CW2 Terry Murphy, DUSTOFFer 1968-69 in Vietnam, having lost his right thumb to an OH13's tail rotor drive shaft, gained a hairy replacement joint when the appendage was attached to his stomach for skin graft purposes?

INDIAN AIR FORCE LAGS BEHIND DUSTOFF IN IMPORTANT AREA

A recent article published in *The Arab News*, written Syed Amin Jafri, titled "IAF Inducts First Batch of Women Helicopter Pilots," outlines interesting, if somewhat belated, developments in at least one other nations' armed forces —

The Indian Air Force (IAF) set yet another record of sorts today when the first batch of women helicopter pilots was inducted at an impressive ceremony at the Air Force Academy near here.

The nine women helicopter pilots received their wings at the combined graduation parade reviewed by the retired chief of the air staff, Hrishikesh Moolgavkar. Pilots, ground duty officers, navigators, short service commission women pilots and women ground duty officers also graduated at the ceremony.

The IAF recently celebrated 63 years of its existence. The IAF had created history when the first batch of women short service commissioned officers were inducted in June 1993. So far, two batches of women pilots have been commissioned into the transport wing of the IAF. Thus the IAF no longer remains a male bastion.

The first batch of women helicopter pilots of the IAF comprises: G.R. Anuradha, Sunita Vijayan, Cheryl Dutta, Shaifali Chowdhury, Gunest Kaur, Anita Rai, Simrean Sodhi, Sangeeta Rani and P. Sujata. They had completed 18 months of training at the Air Force Academy, Dindigul.

Some of these women helicopter pilots had their moorings in the National Cadet Corps where they gained experience in flying gliders. The batch was imparted training in basics as well as ground duty subjects, besides acquiring 30 hours of flying experience on HPT-32 aircraft.

Intensive training was also provided to them at the Helicopter Training School at Hakimpet on rotor-wing aircraft (helicopters), particularly on the "Chataks." In all, women helicopter pilots completed 110 hours of flying in helicopters.

The women under as rigorous a training as their male counterparts. They learned the basics of flying, attended classes in field craft, meteorology and navigation and participated in a jungle camp in the first phase.

For the second phase, they were made to undertake flying in helicopters. In the advanced phase of training, they participated in mock rescue operations, cross-country flying and advanced navigational exercises.

The women helicopter pilots will be going to the different units where they have been posted. They are poised to embark on a high flying career in what was considered to a male preserve so far. It may be recalled that the Government of India recently allowed the induction of women as officers on short service commission basis in the army, the navy and the air force.

Report From Saudi Arabia

Continued from page 6

ers' Club in Frankfurt, Germany, fatally injuring Lieutenant Colonel Paul Bloomquist. Paul's untimely death, especially in light of his brushes with danger in Vietnam as well as other parts of the world, was particularly difficult for those who'd flown and served with him.

Arrested terrorists associated with that attack were, ironically, the cause for imposition of a no-fly area for DUSTOFF and other aviation crews near Stammheim Prison, northwest of Stuttgart, in the mid-to late-1970's.

European terrorism was still viable when I returned to command the 68th Medical Group in Wiesbaden in 1985. A young soldier was murdered near that city in Hesse for the purpose of obtaining his identification card and subsequent entry to Rhein-Main Air Base. A cleverly-planted explosive device in a parking lot soon snuffed the life of a passing airman and a young dependent wife. Only weeks later, another bomb blasted automobiles and customers at the Frankfurt Post Exchange complex, miraculously missing fatal results. Similar incidents, in Germany and France, continued through the 1980's.

And so yesterday DUSTOFFers were close by as yet another death-dealing, cowardly device was detonated in the name of some questionable ideology.

Already two previously unheard-of groups have claimed responsibility. Fortunately DUSTOFFers Dick Scott, Bill Stahl, Steve Fontenot, and I were sufficiently removed from the scene to be able to tell the tale. Would that it will always be so for all DUSTOFFers.



Longtime DUSTOFFer E. Goodman Bradshaw demonstrates the correct method for dealing with excess German beer while attending the MSC Conference in Garmisch during his mid-1980's tenure as Commander of the 3d Armored Division Support Command.

AVIATORS TRAIN WITH ROK SPECIAL FORCES

KORUS, The U.S. Forces, Korea, command periodical, contained an exciting article about DUSTOFF Korea's cross training experiences, written by SSG Todd Oliver of the 19th TAACOM Public Affairs Office –

"Up, up and away," was the cry from the soldier suspended more than 30 feet below a UH-60 Blackhawk helicopter during a recent training exercise at Cheju-do.

It was all part of a two-day exercise designed to give members of the Republic of Korea's 7th Special Forces, 31st Battalion, a chance to train with a unique device—the rescue hoist.

The training focused on extracting downed aviators. It involved a crew of the 19th Theater Army Area Command "Dust-off South" Medical Evacuation Platoon; a U.S. Spe-

cial Forces soldier assigned to the 31st Bn.; 7th ROK Special Forces and several ROK special forces search and rescue teams.

"I coordinated with 18th Medical Command to get a DUSTOFF helicopter so they could practice hoist operations," said Sgt. 1st Class Nick Zambito, a U.S. Special Forces liaison, who has been with the ROK Special Forces battalion for more than three years.

Zambito explained that part of the battalion's mission was search and rescue. Knowing how to use the hoist for extraction purposes would come in handy if any member of the battalion ever had to go in after a downed pilot.

"If a pilot were actually shot down behind enemy lines, we would send in one of these teams to

link up with the pilot and radio back that they had him or her," he said.

At this point, a helicopter with a hoist would fly to the area and extract the downed pilot while the team provided security, according to Zambito.

The hoist is a winch-like apparatus designed to lower rescue personnel to an emergency site or lift out patients from places where helicopters are unable to land.

Sgt. Christopher Pugh, a Dust-off South flight medic, said it's capable of lifting 600 pounds, with a maximum of three people at a time. With 250 feet of cable, the hoist is able to get in almost anywhere to retrieve anyone unreachable by conventional means, according to Pugh.

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FOULOIS FETED IN SAN ANTONIO CEREMONY

The Fort Sam Houston News Leader recently carried the following article of aviation interest, penned by Pat Davis of the AMEDD Center and School –

The National Order of Daedalians commemorated the birth of military aviation at Fort Sam Houston recently in a ceremony honoring the Army Signal Corps officer who piloted the first military aircraft and launched military aviation into the history books.

The original flight, which took place on March 2, 1910, could be considered the first *take-off*, first *solo*, first *landing*, and the first *crash*, all in the same day!

Some 200 people watched Lt. Benjamin D. Foulois as he took Aeroplane No. 1 on her maiden flight.

The Wright Brothers Type A biplane roared along a 50-foot monorail at the startling speed of 30 miles-per-hour, and launched into a gentle breeze.

At the end of his sixth run past the crowd, Foulois headed for the shed and a "dead stick" landing, accomplished with the engine cut off.

Just as he hit the gas line cutoff, an automobile pulled onto the field, directly in his path.

Foulois used the last of his air speed to hop the flivver, and landed a half-mile beyond his intended touchdown.

Foulois—who joined the Army in 1898—was actually a

Signal Corps balloonist who learned to fly in Army Dirigible No. 1.

Later, he learned to fly the biplane all by himself, aided only by letters from the Wright brothers and his own perseverance.

He had barely three hours of flying instruction—during which time he was never allowed to take the plane off or land it—when he made that fateful first flight.

Military aviation has taken a giant leap since that time—from the Wright brothers' early heavier-than-air flights at Kitty Hawk to the Astronauts of today. Credit goes to Benjamin Delahauf Foulois, whose courage, foresight and dedication inspired others to follow his lead.

Air power has become an instrument of national policy and a major weapon in the nation's defense arsenal.



Greetings from the Wiregrass:

by Col Sexton

Quite a lot has happened since the publication of the last newsletter. I will attempt to fill you in on some of the changes and actions that are currently being worked that will have an impact on the MEDEVAC community.

On 1 March 1996, the AMEDD Aviation Consultant's position was moved from the national capitol region to Ft. Rucker. The Director, Medical Evacuation Proponent Directorate will now have the additional duty as the Aviation Consultant. For many years the Consultant was assigned to the OTSG staff, but during the process of "right-sizing" the force, the position was eliminated. COL Rich Beauchemin had been performing the duties as the Consultant and after he joined the DoD staff the decision was made to move the position to Ft. Rucker. We all owe COL Beauchemin a great deal of thanks for his tireless efforts during his tenure as the Aviation Consultant.

The 1996 Army Medical Evacuation Conference (AMEC) was held in San Antonio, Texas, 25 February - 1 March. There were in excess of 250 attendees this year, making it

one of the largest, if not the largest, ever held! As usual, LTC Al Rogers and MSG Herb Yeager did a splendid job in putting the conference together. Thanks also go out to those who made presentations and conducted the workshops. Tentative dates for the 1997 AMEC are 24 - 28 February. Once again, central funding is being pursued but is not locked in yet. If central funding is granted for the 1997 AMEC the amount will be decremented by 15% from the 1996 level. This translates to fewer attendees who can be centrally funded -- so plan accordingly.

It appears that a long-standing readiness problem in our National Guard MEDEVAC units has been solved. Until recently, aviation Branch officers wishing to branch transfer to Mhad to forfeit a great deal of their time-in-service; in some cases, up to three-fourths, in order to do so. To say the least, this was not an incentive to branch transfer. Therefore, many of the 67J positions in ARNG MEDEVAC units are being filled by non-MSCs. Twelve of nineteen ARNG MEDEVAC units are commanded by Aviation Branch officers and, of the 161 total 67J positions in the ARNG, only 46 are filled by MSCs. With the cancellation of DoD Directive 1321.2 and the publication of DoD Directive 6000.12, limitations pertaining to prior service credit for Reserve Component officers no longer exist. DoD Directive 6000.12 makes it easier to branch transfer and aids in eliminating the MOS/AOC that has been experienced in the past. In a memorandum dated 9 May 1996, from the Assistant Secretary of Defense (Health Affairs) it states that "...as an exception to the general rule, that helicopter pilots on active duty, or on active status in the Reserve Component, who are branch transferred

to the Medical Service Corps from combat aviation units, be eligible to receive year-for-year prior commissioned service credit."

Another initiative working its way through the Army staff is the request to grant a one-time waiver for an additional five months of Total Operational Flying Duty for Credit (TOFDC) to all 67Js who attended the AMEDD Advance Course between 1 January 1991 and 1 July 1996. This is the same time frame awarded Aviation Branch officers. On 16 September 1991, Mr. Wincup, then Assistant Secretary of the Army for Manpower and Reserve Affairs, signed a memorandum approving TOFDC for officers attending the Aviation Officer Advance Course (AVOAC). Aviation Branch officers who have attended the Combined Logistics Officer Advance Course (CLOAC) have received credit, and the AMEDD aviators who attended the AVOAC or CLOAC have received credit. Those who have not received credit are the AMEDD aviators who attended the AMEDD Advance Course. As you all know, the AMEDD Advance Course is being restructured with an approximate two-month resident phase. There is no intent on the part of the Medical Service Corps to request a blanket waiver in the future for the two-month resident phase of AMEDD Advance Course. Hope to have an answer on this issue for the next newsletter.

During the period 22 April - 5 May, the second AMEDD Aviation Pre-Command Course for CPT(P)s and MAJs en route to company command was conducted at Ft. Rucker. A total of thirteen officers attended the course. Of the thirteen, ten were from the active component and three were from the ARNG. One of the ARNG attend-

ROK SPECIAL FORCES

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The training scenarios revolved around search and rescue and typically occurred at heights of about 40 to 50 feet.

"It was a neat thing," said Seo, Jung-Suk, a search and rescue team member. "It was a good experience. If we had been in real combat and this helicopter came, I would feel safe," he added. "The hoist seems to be very reliable and a very safe piece of equipment."

(Note: Oliver is assigned to 19th TAACOM Public Affairs Office.)

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Greetings...

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ees was non-AMEDD (we'll train 'em all). CPT Dave Parramore from the School of Aviation Medicine did a super job of orchestrating this very important training event.

Currently, an officer who had less than six years of aviation service as of 1 October 1991 must have nine years of operational flying by the 12th year of aviation service to receive continuous flight pay through 18 years of service. Consideration is being given to changing the nine years to eight. More on this issue in following newsletters.

The Total Army Analysis 2003 (TAA 03) has recently been completed. As many of you know, the TAA is a multi-phased force structuring process designed to develop the Army's force structure for the coming years. TAA 03 recognized a warfighting requirement for twenty-four MEDEVAC companies (357 airframes); twenty-three 15-aircraft companies and one 12-aircraft company. This is a reduction of eleven companies and 189 airframes from TAA 01. The TAA 03 scenario was based on two nearly simultaneous Major Regional Contingencies (MRCs). The total MEDEVAC structure will reside in COMPO 1 (Active Component) and COMPO 2 (ARNG).

AMEDD aviators continue to compete extremely well in selection for Senior Service College (SCC) and 05/06 command. LTC(P) Mickey Meis and LTC Mike Deets have been selected for command, and LTC(P) John Becker and LTC Randy Treiber have been selected for the Army War College Corresponding Studies Course. Congratulations and good luck!

Finally, the following is a list of proposed changes to the 15-aircraft company TOE that is currently being worked. Many of you have submitted these changes and need

to know the leadership is listening to your needs. Thanks for your input. Be advised that these are only the major changes and it will be some time before they actually hit the field.

- Change Company Safety Officer - W4 to W3
- Add Company SIP to HQ - W3
- Add Flight Ops Officer - 03
- Add Asst Flt Ops Officer - 02
- Add Pneudralics Repairman (68H) - E4
- Change Maintenance Officer - W4 to W3
- Change Air Amb Plt Sgt to 91B4F

Area Support MEDEVAC Section:

- IP/IFE - 2 W3s
- IP - 2 W2s
- ASE/EW Officer - 1 W2
- Aeromed Evac Pilots - 5 W2s

Forward Support MEDEVAC

Teams:

- Aeromed Evac Pilots - 2 W2s
- Maint Officer 3 W2s
- ASE/EW Officer - 1 W2

Aircraft Maint Section:

- Add 6, 67Ts

Current plans are to discuss these changes at the 1997 AMEC.

★ ★ ★ ★ ★ ★ ★

HEROES WANTED! FORWARD CITATIONS HERE!

Please indulge your diligent editor on this one. I'd like to highlight the epic actions of all of our members, active and reserve component; officer and enlisted; aviators, crew members, and other intrepid DUSTOFFers; everyone who's been mentioned in dispatches for any valorous action, whether in peacetime or in war. So...go to your drawer or file or closet or wherever you file your copies of old orders or certificates and drag out your awards orders and narratives, make a copy of each and send them to me, care of the Association. I'm looking for all narratives on awards like Silver Stars, Distinguished Flying Crosses, Medals of Honor, Distinguished Service Crosses, Air Medals for Valor, Bronze Stars for Heroism, any other medals with "V" devices, Soldier's Medals, and any other award or decoration, foreign or American, that reflected on a member of

the DUSTOFF family.

My intent is to publish at least excerpts of these citations to provide a cross section of your deeds, of the kinds of performances, professionalism, skill and bravery that has made DUSTOFF what it is. I obviously can't do this without you and I know it will cause many of you grievous and painful difficulty in finding your awards, taking them to the copy shop and paying probably up to a dollar or so for the copies and the mailing. That's all right; I figure you owe it to your Association. I will, if you so request, omit your name on the citation if you're overly shy or reticent.

So...send your awards citations today. Remember, we're looking for valor and skill, not meritorious performance of duties for a great assignment at Camp Swampy in the Joint Fitness Center.

"ARMY" FEATURES THE UH60 QUEBEC

Scott Gourley, a freelance writer with over 200 articles published in defense journals, authored an update article on the new Black Hawk in the April issue of *Army* magazine, the periodical of the Association of the United States Army –

One of the most significant Army programs for delivering additional healing and telemedicine capability to U.S. soldiers is the new UH-60 Quebec aeromedical evacuation (MEDEVAC) variant of the Black Hawk helicopter.

"The UH-60 Quebec will have a 1553 data bus that will help us as telemedicine matures," said Lt. Col. Michael Deets, the program manager responsible for the Quebec variant within the U.S. Army's UH-60 program office.

"It will allow us future growth in terms of medics being able to hook up digitally, whether that turns out to be television monitors for a medic in the back to talk with a doctor or for the doctor to see the

medics work. The growth potential is tremendous."

The UH-60 Quebec is based on the airframe of the UH-60 Alpha that is in service with some medical units. Other Army medical units are still performing MEDEVAC functions with UH-1 series Hueys. Long-range plans reportedly call for the eventual fielding of UH-60 Alpha-model aircraft to replace the aging UH-1 series and fielding of the UH-60 Quebec variants to the Army's "first-to-fight" elements.

One UH-60 Quebec model has been built to date. This Q1 aircraft, which belongs to the Tennessee National Guard, serves as the "proof-of-principle" model for the Quebec series.

As of this writing, the Army is beginning phase II of the Quebec program. Under this two-year integration and qualification effort, the Army will contract for the building of three additional Quebec aircraft as well as the necessary work to carry the program through type classification.

Specific litter configuration is one possible change that has been identified. According to Col. Deets, the combat litter system in the Quebec model will make better use of the cabin interior than does the litter carousel used in the current Alpha model MEDEVACs. "The carousel presented us with problems – if you install the internal rescue hoist, you lose 50 percent of your litter capacity. We will be going with a medical interior that makes better use of the room."

In addition to the combat litter system, the Quebec will use an external rescue hoist to save interior space while reducing aircraft weight.

Another new feature that will enhance the combat litter system is the environmental control unit (ECU). In some scenarios, a traumatized patient with a cold-weather injury might be placed in the rigged cabin of a UH-60 Alpha for transport. The new ECU will provide heat to that patient. It will also cool patients being transported in desert environments.

Medical attendants will also be provided with crashworthy seats and medical storage cabinets, which will enhance safety and patient care by providing medics with quick access to supplies and allow them to administer care while seated in safety restraints. An onboard oxygen-generating system will eliminate the need for stored oxygen as well as the hazards associated with pressurized oxygen bottles.

The 1553 data bus will also facilitate a number of new avionics features that will be integrated in the Quebec. Examples include better navigation with the future Army aviation standard integrated glo-



Caught at the 1995 DUSTOFF Reunion are among the most famous of Army Medical Department heros. From left to right: Colonel Glenn Williams, CW4 Mike Novosel, and the founder of the DUSTOFF Association, SFC Tom "Igor" Johnson.

(Continued on page 12)

UH-60 QUEBEC

Continued from page 11

bal positioning system/doppler, a personnel locator system to enhance capabilities for combat search and rescue, a marine band radio for more efficient shore-to-ship evacuation support, a storm scope to increase all-weather capabilities and a forward-looking infrared radar (FLIR) system coupled with multifunction displays. The FLIR will assist MEDEVAC and combat search and rescue missions in bad weather or bad terrain.

Once UH-60Q type classification approval is received at the end of two years, planners hope to continue producing the new Quebec aircraft in fiscal 1998 if sufficient funding can be identified. As noted earlier, the Quebec MEDEVACs are slated for fielding to the Army's first-to-fight elements. The current Force Package I requirement for the Quebec variant totals 162 aircraft, 87 of which are needed to equip the initial contingency corps.

In addition to facilitating the delivery of telemedicine, the Quebec program offers a number of other potential benefits. According to Col. Deets, "Right now the Army chooses to fight when it's dark and when the weather is bad. The UH-60 Quebec will give us the opportunity to go out and provide MEDEVAC in those situations. More important, you don't have to wait for a war to get a return on your investment because we're out there doing humanitarian relief, supporting local communities, and responding to national and international disasters."

Whether used in war or peace, the Army's new UH-60 Quebec aeromedical evacuation aircraft will help ensure that the world's finest soldiers receive the world's finest medical care.

DUSTOFF Association Financial Status

At the business meeting this last reunion we discussed several options for insuring the financial stability of the Association. Among those options were collecting money from all members as a maintenance fee, charging vendors to display their organization at the Reunion, advertising in the newsletter, and voluntary contributions. All of these matters were sent to the Executive Council for resolution.

On May 11, 1996 the Treasurer and President presented to the Executive Council a business plan developed by the current slate of officers. This plan was approved by the Executive Council. Briefly, here is the plan for the next fiscal year.

First, the Association has adopted a fiscal year that runs from May 1 to April 30. This allows the reunion to be the ending event for the year and the new officers to finalize the budget for the next year after the reunion expenses are all paid.

Second, CPT Fristoe finalized the long awaited audit of the books. The check book balances to the penny with the bank and all funds have been documented for the last three years. The data are all input into Microsoft Money and we can now track budgetary items.

Third, the Association started the fiscal year (May 1, 1995) with a bank balance of \$12,354.77. Income totaled \$35,784.50 which included all fees for the reunion. Expenditures totaled \$16,816.57 which included all reunion expenses. The bank balance as of the end of the fiscal year (April 30, 1996) was \$18,967.93.

Fourth, the business plan prepared for the Executive Council's approval by the current slate of officers projects the following items:

1. Purchasing a CD for \$10,000 to generate funds for the Associa-

tion in excess of the interest we generate on the checking account.

2. Projected income of \$19,565 which includes another successful reunion attended by 200 members, dues, a \$1000 donation by Sikorsky, selling ads in the newsletter, interest on the CD and Checking Account, and sales of DUSTOFF hats and golf shirts.

3. Projected expenditures of \$16,004 which includes reunion expenses, publishing the newsletter, hiring the secretary, operating costs, and upgrading our software.

4. Our annual income will be approximately \$3541. This will be accomplished without additional donations, collections, and does not include new member dues.

As you can see, we are on solid financial ground!!! Thanks to Bob Romines and Bill Grimes we have a great start on the year and money to operate. Our golf shirt and hat sales are just beginning. The officers of the Association have begun this enterprise on our own and we encourage your support. We have a supply laid in for sale and our vendor has fronted us the setup and initial inventory. Hats are \$10 each and golf shirts are \$20 each. They are all American made and of equal quality to previous editions. Furthermore, we make about 15-20% profit on them.

If any member would like a full copy of the audit, the business plan or budget, they can receive one by sending a self-addressed stamped envelope to the Association. We will be glad to share the good news!

Dan Gower
Jonathan Fristoe



INTERNATIONAL DUSTOFF – 63^D REMEMBERED

The fighting 63d Medical Detachment (Helicopter Ambulance), long the cornerstone of aeromedical evacuation within the European Theater and the only unit to sport a cigar-puffing OH13 on its unit patch, was written up by Sergeant Jim Ward in EurArmy magazine in its January 1987 issue –

There is another side of flying in combat; one where speedy jets and maneuverability and dogfights never enter the conversation – the helicopter pilot.

Of these daring men who fly into combat zones with a lot of faith and even more skill -- not to mention a ton of courage -- perhaps the most fearless were the Medevac pilots, who flew directly through enemy gunfire of all types, for all practical purposes unarmed, landing in a small clearing to pick up the wounded and then hightailing it out of there.

Robert Brady, who is now a lawyer in Washington, PA, became a Medevac pilot before his nineteenth birthday. Why did he choose such a bold profession? "Truthfully, I didn't have an education, so I couldn't fly in the Navy or the Air Force," he says. "It's that simple."

"I started taking flight lessons when I was fifteen and I wanted to fly in combat from the first day, so it was a matter of *where* I could do that in the Vietnam era. The *only* place I could go was to the Army, and the only thing I could fly was a helicopter. You see, the big thing that made a helicopter pilot different then was that we were much younger. I was eighteen."

Brady had never been a helicopter in his life, so he took his first ride in one after he entered flight school in 1968. At that time it was a one-year program; the students went through five or six months of primary training. They were taught how to fly the aircraft, and then they went into advanced tactical, in which they worked on instrument flying. For the next six months, they

learned the tactics they would later use in the jungle battlefields.

Virtually all of the pilots at that point were on direct orders to 'Nam, so Brady was sent directly from flight to Vietnam.

The Medevac training was different from the other types of flight instruction because they didn't do any type of formation flying or multi-ship operations. They were always alone. But the big difference was that they had to learn landings...anywhere. If there wasn't a place to land, they were told to "make a place."

Brady survived more than seven hundred missions, retrieving three thousand patients, so the training must have worked.

"On my third mission," says Brady, "things began to happen. Fast! We were on our way to make a pickup and I saw a whole line of 'black pajamas' in the trees as we were going in. Hell, I had no idea who they were. It never occurred to me for a second that they might be North Vietnamese.

"I didn't bother telling anybody else in the helicopter what I had seen; I don't know why, it just didn't occur to me. But when we came out of there, they shot the hell out of our ship. There were bullets flying everywhere; we were all covered with shrapnel from the sheet metal of the fuselage where the small arms fire hit it. That was my indoctrination, and I remember coming out of there thinking this is going to a long year.

"You were called a 'cherry' until you were hit, so it didn't take me long to 'lose my cherry,'" Brady says, with an elfish grin.

Another thing that differentiated Medevac flying from the rest, even the other helicopters, was the conditions in which it was done--mostly at night or in extremely bad weather.

"Troops usually adjusted mentally to war very quickly," Brady explains. "But not helicopter pilots,

at least not in Medevac. The conditions took care of that; it's extremely difficult to adjust to terrible weather and flying at night with no lights to guide you. It was something I never adjusted to. I was always scared. *Always.*"

"We were flying five or six feet off the tops of trees in pouring-down rain, knowing that a mountain may appear in front of us in any second. That keeps your mind on what you're doing."

Finding the destination at night was not difficult as one might imagine. "Vietnam was so dark; it's not like flying in the States, where you see lights every place you look out. When you flew out of the compounds of 'Nam," Brady says, "it was absolutely black. We went in an area were familiar with--the northernmost portion of 'Nam, right up next to the DMZ and down through Danang--and it's a good thing we knew something about it, because you couldn't see your hand in front of your face."

"We got coordinates from the troops when they called for Medevac, so we had a general idea where we were going, but still we had to pinpoint the location. It usually was easy. When they heard us coming, one of the ground troops took a helmet, turned it upside down, and held a lighted match inside it. It was like a beacon. You'd be surprised how far you could see it in the total darkness."

"We made our approach into the match-light, which, of course, didn't show out to the side. They did it that way so that if there were enemy troops around, they couldn't see it."

But at times they *did* see it. During his year in the jungle, Brady had several helicopters shot out from under him. When that happened he got an extra day off.

The most dangerous missions

(Continued on page 14)

THE 63D REMEMBERED...

Continued from page 13

they faced were when there was no place to land, as in the midst of the jungle. In such cases, they dropped what was called a "jungle penetrator," which is a hoist with a little bullet chair that drops down through the trees, breaking the branches as it goes. The troops on the ground strapped the patient on the bullet chair and he was hoisted up to the helicopter.

"It was extremely dangerous," Brady pointed out, "because here we were, hovering up there about a hundred feet above the ground, not being able to move, so if we started taking fire, we had to sit there. I lost a couple of helicopters that way. They shot our tail rotor off on one occasion; when that happens there is no recovery. You have to crash."

"I guess I was lucky, but I was always able to walk out of the jungle to freedom. On one flight, I was running low level down a river stream in Laos, picking up for special forces; of course, we didn't have troops in Laos at that time," he says in a way that makes it clear he knew otherwise. "But we went in low and they had anti-aircraft set up on both sides of the river and they literally blew us out of the air. We spent a few days out in the woods on that one."

The Medevac has no assault or defensive capability at all, with the inadequate exception of one M-16 and some side arms. The best tool they had was their ability to get in and get out.

"We had several tactical approaches; at times we flew in as low as we possibly could, hiding behind trees or anything we could put between us and the enemy. At other times we came in at three thousand feet so that we were out of small arms range. The trick then was to get the helicopter to the ground as quickly as it would fly. We literally *dropped* it out of the sky."

The Medevac helicopters usually flew a thirty- to forty-minute roundtrip flight, mostly back to field hospitals or M.A.S.H. units.

"The doctors were truly out in jungle compounds. It wasn't the best of jobs for a doctor," Brady says understatedly. "They didn't even have nurses then...or golf courses."

"It wasn't at all like what you see on television."

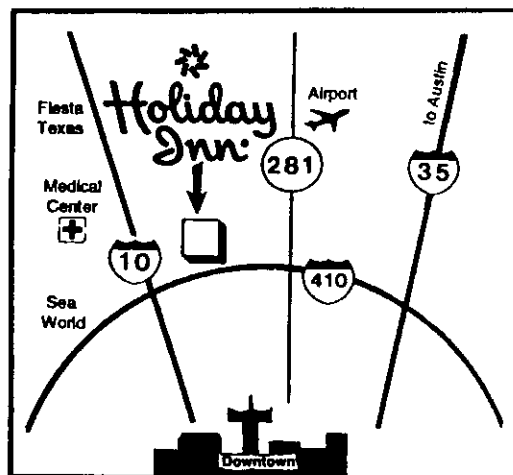
As for the Vietnam protest so many people take cover in, Brady has a thought on that, too: "I'll bet if you took a poll of the helicopter pilots who were there, very few would have any complaints at all."

ANNOUNCEMENT: The "Roy Anthony Westbrook Memorial Helipad" rededication will be held at the new Brooke Army Medical Center (BAMC) on July 22, 1996. Ceremonies will begin at 10:00 Hours. Please RSVP to: DUSTOFF Association.

CW4 Tony Westbrook was a DUSTOFF pilot from 1971 to 1986. He was killed in a training accident July 22, 1989.

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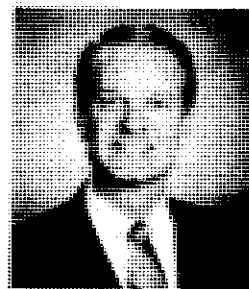
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