



# THE DUSTOFFER



DUSTOFF ASSOCIATION NEWSLETTER

SPRING/SUMMER 2004

## 571st Medical Company's Crewmembers Honored as Grand Marshals in Pennsylvania's Largest Memorial Day Parade



SPC Wilder Morey (DUSTOFF Association's Crewmember of the Year) and SGT Bryan Scott, a DUSTOFF medic in the 571st Medical Company, representing themselves, the 571st Medical Company and all DUSTOFF units, were the grand marshals for the Annville, PA Memorial Day Parade. The theme of this year's parade was to honor "The Healers" (medics and chaplains). John Travers and Mike McLaughlin, who are key figures in the efforts to get the Combat Medical Badge authorized for all DUSTOFF Crewmembers who served in combat operations since Korea, were instrumental in arranging for airline tickets, lodging, and all the schedule of events. The local chapter of the Vietnam Veterans of America threw out all the rule books and pulled an "arm-full of collective" to leave no stone unturned and spare no expense. SPC Morey and SGT Scott along with COL (R) Doug Moore had an audience with the governor of the State of Pennsylvania, Edward G. Rendell, himself a veteran on Friday. Then on Saturday they were honored as the grand marshals and were in the reviewing stand for the two-hour parade that featured over 200 marching units. Later that evening, both SPC Morey and SGT Scott threw out the ceremonial first pitch at the local minor league baseball team's home game. Following their pitches, both teams came out onto the field to personally shake their hands and thank them for their service to our great nation. As Doug Moore said after it was all over "I'm sure the Grand Marshals walked away with sore hands after all that hand shaking. It was one of those "feel good" events that you, thankfully, can still find away from the Washington area."



# President's Message



I hope and pray that this Spring/Summer DUSTOFF Association Newsletter finds each DUSTOFFer and family member well and out of harm's way. I received a call from my son, CW3 Joe Sylvester, alerting us that he had just arrived at the 10<sup>th</sup> Mountain Division after a stay in Afghanistan. I do not remember worrying about going to an assignment, but when it is family, the perspective does change. I reread the last two newsletters, and it surely re-emphasized that all of our DUSTOFF teams continue to carry on the traditions to be above the very BEST. Our crews are stationed in numerous nations, foreign lands and CONUS. Please continue to have your prayers with them each and every day.

The dedication of the Memorial Pavers and the induction of the 2004 Hall of Fame members were somber and touching events. My hat is off to the newly selected members, and congratulations to Charles Allen, Eldon Ideus, Doug Moore, and Ray Salmon for their devotion to duty.

## **DUSTOFF Association Executive Council**

President: Art Hapner  
arthur.hapner@na.amedd.army.mil

Executive Assistant to President: Mike Toennis  
mtoennis@aol.com;

Vice President: Ernie Sylvester  
esylvest@tampabay.rr.com

Treasurer: Dan Gower  
treasurer@dustoff.org  
dan.gower@altarum.org

Secretary: Rob Howe  
secretary@dustoff.org;  
robert.howe@amedd.army.mil

Administrative secretary: vacant  
(for all membership issues)  
paidsecretary@dustoff.org

Historian: Patrick Zenk  
historian@dustoff.org  
patrick.zenk@cen.amedd.army.mil

DUSTOFFer Editor: Jim Truscott  
jtrus5@aol.com

Web Site: Ronald Huether  
<http://www.dustoff.org>  
ron@hueyproductions.com

patriotic service, and their sincere high regard to the men and women they served.

We also honored seven Crewmembers of the 571<sup>st</sup> Medical Company (AA) who gave their lives in service to our nation in Operation Iraqi Freedom. The following were killed 9 May 2003: CWO Hans N. Gukeisen, CWO Brian K. Van Dusen and SGT Richard P. Carl. Those killed 8 January 2004 were: CWO Ian D. Manuel, CWO Philip A. Johnson Jr., SPC Michael A. DiRaimondo, and SPC Christopher A. Golby.

The 2004 DUSTOFF Reunion was outstanding. It meant a lot to me personally because in February 1964 I was graduating from Flight School (Class 63-8A) at Ft. Rucker en route to the 57<sup>th</sup> Medical Detachment (HA). Our thanks to a few of the key folks who are always ready to step forward and be counted: Gary Atkins, Dan Gower, Art Hapner, Karen Hill, Rob Howe, Tanya Siller, and the Executive Committee for all the successful events. A very special thanks and a JOB WELL DONE on the historical presentation that Jim Truscott and Patrick Zenk labored on to get a very powerful review of our past and present history.

We have another great team this year: Garry Atkins (VP), Dan Gower (Executive Director and Treasurer), and Tanya Siller (Secretary).

Patrick and Cheryl Fries were voted in as Honorary Life members this year. Congratulations to their film entry in the documentary category, "In the Shadow of the Blade," which was the number-one film in the WorldFest International Film Festival in Houston, Texas. It also received the TOP award, the "Jury Gold Award," which is the festival's highest award for a feature-length documentary. They have portrayed a part of American history that few Americans have seen and understood. We are very proud of your production and labor of love.

Many names of great crewmembers have surfaced in the past year, and the DUSTOFF Association would like to welcome the new members who are joining the Association. I hope we all can continue to have hundreds of crewmembers join their comrades in the near future. Let us all seek out our crews who we have flown with in the past and encourage those who have hesitated to join today, so we might enjoy the lasting relationship that some of us started five decades ago.

Lastly, thank you, Art Hapner, for being at the helm at the DUSTOFF Association in a stellar year. Dan Gower, thank you for your devoted focus of all events.

I look forward to this great year, and may all of you continue your support to DUSTOFF and our nation.

DUSTOFF  
Ernie Sylvester

# DUSTOFF Historical Attention to the Environment

**Editor's Note:** Famed DUSTOFFer Emil Ferdinand Meis III was cited in this article a number of years ago, from the *European Stars and Stripes* newspaper, for accommodating the German citizens near his airfield.

Griesheim, West Germany—The commander of Griesheim Army Airfield has responded to citizen complaints by taking steps to reduce noise generated by helicopters at the field.

The decision by Emil F. Meis, III, grew out of a May 23 meeting between U.S. Army officials, Griesheim Mayor Norbert Leber, and politically interested parties, including Citizens Against Flight Noise.

Their talks centered on noise caused by the 14 UH-60 Black Hawks of the 159<sup>th</sup> Medical Company (Air Ambulance) in Griesheim, a suburb west of Griesheim.

Meis said that after the meeting, he decided to move the airfield runway's compass rose point, an emblem painted on the runway that is used to calibrate helicopter compasses.

"The old one was on the far west end of the runway, fifty meters or less to citizens' homes," Meis said.

"The compass rose is now at the southeastern end of the runway, which means all flights will start from the houseless side of the field," Meis said. The only exception will be when winds prevent southern starts.

In an earlier move to reduce flight noise, Meis imposed new rules that limit landing privileges at the field to the helicopters stationed there, private planes from the United States flying club based at the field, and aircraft on emergency flights or transporting important persons.

Meis, who turns over command of the airfield to Major Eugene Pfeiffer on Thursday, said the decisions came from the quarterly meetings held with the mayor and other city groups. The program started about two years ago.

Meis said West German officials were pleased that Pfeiffer was coming from a medical unit in Graffenwohr, which also has dealt with noise problems.

## A DUSTOFF Easter in Afghanistan

*AOL reported an e-mail note from Afghanistan and CW4 Jeff Crandall, a DUSTOFF Aircraft Commander stationed there in 2003.*

Hello Everyone,

It has been a while since I wrote, but I've been busy. It seems like it has been a month since I wrote last.

We had a very nice Easter here. We had a sunrise service and a bagel brunch after. Shaun and I went from our unit, and there were about fifty people who braved the early morning cool. I was a bit surprised when I sat down and Shaun (I thought) came and sat right next to me. I looked over to see that it was not Shaun but Brigadier General Fox, the 18<sup>th</sup> Airborne Corps Medical Commander. "Happy Easter, Chief." A bit of a surprise. It was a very nice service.

We have been on and off busy and then last Friday was the day we have always trained for, and all the "what ifs" that we go through in the medical evacuation field were put to the test. It was a "mass casualty."

The day started kind of normal; our crew in Salerno had a call to pick up two victims of a knife fight. Both were local nationals, and while needing serious medical attention, not really the critical medevac for which we always train. However, that was about to change.

The first-up crew here was getting ready to pick up one of the locals when he came out of surgery at Salerno, and then we started getting reports of "troops in contact." That in itself is not uncommon because the locals kind of shoot first and ask questions later (unfortunate for them).

However, this engagement kept happening! They started calling for medevac and reinforcements. First one serious wounded and then three, then four. We spooled up both our Salerno birds and sent them to pick up the wounded. We knew the Forward Surgical Team (FST) in Salerno was going to be overflowing with four new patients and the other

two from earlier, so we launched our first-up HH-60 from here to get the overflow and assist in any way needed. While they were en route down (about a 60-minute flight), there were three more casualties. All but one were U.S. soldiers. The first Salerno bird made a second trip into the fray and picked up all the remaining wounded. Our first-up (from Bagram) and the other Salerno bird departed to the fire base just in case there were more casualties, but thankfully, there were no more and the fighting was over.

The FST was working feverishly to stabilize and prep all the wounded for transport. They do not regularly have nine critical patients in one day, so as the day wore on, their supplies were getting very low. A C130 fixed-wing had been in the area and diverted to help. They brought five of the nine patients back to the hospital here in Bagram, but four were still needing transport from Salerno to Bagram. Our first-up HH-60 was there and needed to return to Bagram. Due to nature of the injuries, it was not able to transport all four.

We decided to launch the remaining HH to take supplies down to the FST and help transport the other patients back to the hospital. En route we learned that the one very critical patient would be going back on my bird, and the other three stable patients would be on the other HH. A few other obstacles started popping up—thunderstorms—and it was getting late, so it would soon be dark. When we landed at Salerno, the other HH was loaded and ready to head back with three patients. Our patient was still in surgery and in very bad shape. We refueled, unloaded all the supplies, and waited.

*(Easter, continued on page 4.)*

*(Easter, continued from page 3.)*

The storm scope on the HH showed the planned route and where the storms are relative to the route. We had three designed routes to fly to and from Salerno, and as we waited, we programmed each route. We discovered all were impeded by large thunderstorms (a bad thing). However, our patient was still not out of surgery, and we began to wonder if we would even have a patient going home. (A very bad thing.) Just as the sun was setting, our medic returned with the patient.

The routes home were still covered with storms, but if we went directly, straight line, we looked clear. We informed our escort AH64 of the plan to go direct, and we were cautiously reminded that there were some really big mountains in the darkness between where we were and where we wanted to go. About that same time our medic plugged into the intercom and informed me that our patient was in bad shape and seconds counted. The decision was made—direct to Bagram at max speed.

The normal time to fly the route is 60 to 65 minutes, so I started the stopwatch. "Let's go, go, go" were the words from the crew in the back as we made the turn toward home. The HH-60 is lighter and more powerful than the AH-64, so we were climbing faster over the mountains and flat-out just leaving the escort behind. We slowed a bit to let them catch up.

Thankfully, we had all the bells and whistles of the HH working for us, FLIR, route lines, storm scope, HF radio, all doing their part plus using our NVGs. About ten minutes into the flight my crew chief calmly informed me, "Gary's doing chest compressions." His calmness made me question what he had said. "You know, CPR. I'm suctioning stuff and Gene is pushing drugs and running the show." Now all the medical improvements in the HH were in use.

Well, there was no more waiting for the escort bird. We were flying between mountain peaks that reached up to 14,000 feet, thunderstorms all over. We were still in "Indian Country," and it was really dark. Everything I have ever trained for was being put to the test. The AH-64 kept asking us to flash our lights so they could see us across the

valleys, and soon we were two valleys ahead and only in radio contact.

We crested the final large peak and had the airport in sight. What a relief to see the lights of the base and know that we would have this young man (19-year-old private) into the care of doctors in the best hospital in this country in just a few minutes!

We landed and I looked at the clock—42 minutes! We landed seven minutes in front of the escort AH64. The ambulance was waiting with a Doctor inside, and we made the hand-off. The patient had a pulse and blood pressure. We had gotten him back alive.

It was an emotional moment for me because until that point I had not really seen him (on purpose, I didn't look). He looked so young and like a boy who would hang out with my daughters or one of the boys from church. It really hit me hard.

It took us about a hour to clean up, get gas and wait on the medics to resupply and let us know about the patient. We could have called on the radio, but in a way we just didn't want to know. We all expected the worst. We had done our part the best we could, and the doctors at the hospital had done their best to stabilize him. Now only time would tell.

I sat in operations that night waiting and thinking about the events of the day. I wrote Michelle an email to try to get my head clear and deal with what was going through my mind.

The network news had already started reporting the fight and casualties. There was a new reality there for me. I was in this news, not one mention of medevac, but we were there. Our unit had picked up and cared for nine patients that day. It was incredible to read and hear about it in a so matter-of-fact way. I could walk 100 feet and see every one of the victims. It just didn't put a face on it like we had all experienced that day.

When I woke up the next morning, I was informed the young man had succumbed to the injuries. It was expected but still a shock. A few hours earlier he was getting better, but the trauma was beyond what he was able to recover from. Later that day I was able to call Michelle and discuss it with her. She was very moved by the situation and the death of the young man.

It gave me a whole new respect and aspect of war. Real, cold, un-respecting of persons, and knowing that a family back home had to deal with the terrible news. War is something that will never cross my mind lightly again.

Well, I am glad to report we are all back to usual business, and lately the winds have kicked up and kept us grounded even. The bad guys got their tails between their legs and are in hiding again. But as long as these terrorists are fueled by the hatred of Americans and our belief in Jesus and our way of life, we will always be in the danger of another September 11th, or in our case April 23rd. We must stay vigilant and ready to answer the threat.

I am doing well and continuing to deal with things. Michelle has moved into our new house, and a SPECIAL THANKS to everyone who helped. I owe you all for the help. Thanks.

And on another really cool note, my daughter Rachael was hearing the events of this tough day from Michelle and started doing the time conversions to exclaim she had been praying for me almost continuously during the time I was flying this mission. She told me later that she was praying for strength and agility. That is so awesome to know I am remembered in prayer by so many. I got an email from a friend a few days ago who just said exactly what I need to hear. Then I received two letters (which had to have been mailed at least a week before any of this happened) and just lifted my spirits. It is great, beyond words to describe how reassuring it is being here and know friends and family are covering all the bases for me.

Well, I have rambled on long enough. I appreciate you all

Until next week,

Jeff

—DUSTOFFer—



# A DUSTOFF Hero of the Ages

Editor's Note: The following is a letter from Linda Seebeth, a real hero's wife, written to Senator Patty Murray in support of the initiative to obtain Army authorization for award of the Combat Medic Badge to DUSTOFF crewmembers. The letter, as noted enclosed an article written in 1983 by former Captain Robert Robeson, DUSTOFF Aircraft Commander with the 236<sup>th</sup> Medical Detachment (Helicopter Ambulance) in Vietnam in 1969. The article was published in the May 1983 edition of the *Soldier of Fortune* magazine.

Dear Senator Murray:

I read about your involvement to award the Army Combat Medic Badge (CMB) or to create a Combat Medevac Badge for DUSTOFF crew members and I applaud your efforts. Surely, none other could be more deserving.

I married a DUSTOFF medic and know first hand the quality of human being who flew combat missions in Vietnam. Theirs was one of the most dangerous types of aviation in that ten-year struggle. I'm including an article about John who, today, still breathes and speaks from the wound he received while attempting to rescue a severely injured infantryman.

One reason the Army has denied the CMB to DUSTOFF crews is the belief that they did not suffer the hardships of infantry, such as sleeping in the jungle. Although DUSTOFF crews did sleep in beds, statistics confirmed that they stood a high chance of not making it back to those beds. Over one-third of DUSTOFF crew members were injured, wounded, or killed during their one-year tour. A DUSTOFF chopper was 3.3 times more likely to be shot down by hostile fire than any other helicopter missions flown in the Vietnam War.

The reputation that air ambulance work was a good way to get killed might explain why infantrymen have said to my husband, "I wouldn't want to do your job." John was actually adopted by the 196<sup>th</sup> Light Infantry Brigade eleven years ago when they finally located the medic who had been shot while supporting their men. Despite bureaucratic policies, the vast majority of infantrymen would want

the DUSTOFF crew members to receive a CMB.

My knowledge of the military was limited before I met John several years ago, so it is hard to comprehend the meaning of decorations to a soldier. I do understand that ribbons are proudly received for individual valor, but a combat badge is particularly cherished because it indicates you belong to a band of brothers. In fact, many cherish their CIB or CMB above all others.

If other members of society conducted themselves with the honor, bravery, and willingness to help others displayed by the DUSTOFF crews, this

world would be a much better place. I was fortunate to meet such a person. John has never stopped flying DUSTOFF and still "strives to save lives" through his work to educate humanity about the threats of global warming and the solutions we must implement.

Senator Murray, please continue your efforts to recognize the DUSTOFF crews with the badge they long for and justly deserve.

Sincerely,  
Linda N. Seebeth

—DUSTOFFer—

## DUSTOFF Association

### Past Presidents

Chuck Mateer (1980-81) ..... deceased  
John Hosley (1981-82) ..... hosss@capital.net  
Byron Howlett (1982-83) ..... bybkhaw@satx.rr.com  
Ed Taylor (1983-84) ..... eddotaylor@aol.com  
Thomas Scofield (1984-85) ..... tomsco@erols.com  
Joseph Madrano (1985-86) ..... blkhand@flash.net  
Jim Ritchie (1986-87)  
Donald Conkright (1987-88) ..... donconkright@satx.rr.com  
Roy Hancock (1988-89) ..... southflite@yahoo.com  
Glen Melton (1989-90) ..... GlenMelton@aol.com  
Gerald Nolan (1990-91) ..... gerrynolan@aol.com  
Jim Truscott (1991-92) ..... jtrus5@aol.com  
Roger Opio (1992-93) ..... rogeropio@amedd.army.mil  
Ed Bradshaw (1993-94) ..... edwardb421@aol.com  
Robert Romines (1994-96) ..... romines@cablelynx.com  
Daniel Gower (1996-97) ..... dan.gower@us.army.mil  
Charlie Webb (1997-98) ..... dustoff6@hotmail.com  
Herb Coley (1998-99) ..... coleyhs@earthlink.net  
Merle Snyder (1999-2000) ..... snyder@belmontcc.com  
Gregg Griffin (2000-01) ..... lonestar06@satx.rr.com  
Jeff Mankoff (2001-02) ..... jgmankoff@satx.rr.com  
Ken Crook (2002-03) ..... crookkr@cs.com

### Founder

Tom "Egor" Johnson ..... dustoff76@adelphia.net

### Members at Large

Michael Kelly ..... michael.kelly@amedd.army.mil  
Richard Agosta ..... richard.agosta@us.army.mil  
Tim Burke ..... timothy.burke@amedd.army.mil  
Patrick Wilson ..... patrick.wilson@kor.amedd.army.mil  
Craig Honaman ..... careerdir1@aol.com

### Newsletter Editor

Jim Truscott ..... jtrus5@aol.com

### Newsletter Layout & Design

Susan Gower ..... rockgower@yahoo.com

### Printing

Ink. Spot, Ink Printing & Publishing

## DUSTOFF! "God Go With Us"

He trudged through the ankle-deep sand at the 95<sup>th</sup> Evacuation Hospital in Danang, Vietnam, displaying the smiling face I would learn to appreciate so much in the next few months. He was short, wiry, and he saluted even though his flight helmet was still on—visor up and intercom cord trailing out behind him like some dangling reptile.

Grabbing my overloaded duffel bag and effortlessly slinging it over a shoulder, he directed me toward the idling helicopter on the pad 50 yards away. It was my first glimpse of Specialist Five John N. Seebeth.

It was mid-July 1969. War would be a reality for me, but Seebeth, at 21, had already seen it all. I wondered, later, if he'd ever really been young or if, like so many others I would get to know in Vietnam, he had been born old and experienced in the ways of death and life. Although the next month and a half would irretrievably alter our lives, I will never forget his smile at that first meeting—and it was always there whether we were involved in good or hard times. I knew Seebeth was a good man for a bad Medevac, but I knew little else about this grinning, gung-ho medic until it was really too late.

Our crew was assigned to field standby south at LZ Baldy, about 25 miles south of Danang. Further south, American Division units had been engaged with an entire North Vietnamese Army (NVA) Division, and we began flying twelve to thirteen hours a day picking up their dead and wounded. During those two and a half days, our DUSTOFF crew was forged into a team that worked under the worst conditions to save lives in combat.

I remember lying in my back on a dusty bunk during a brief lull in the action on the second day, and talking to Seebeth across the hooch. A high-pitched voice and animated conversation were his trademarks, and I smiled as he drew me a picture with hands that had saved many lives. This time, the words had a serious note, probably because we knew our odds were getting worse.

He spoke rapidly, and I listened and

nodded as he talked. He brought up the possibility of our being shot down. "Well, sir," he said, "if we go down, you can sure count on one thing." "What's that?" "That I won't leave you alone out there. Especially if you're hurt. If I have to die, I want to go trying to help someone or trying to protect my buddies."

At that moment, it sounded a bit too dramatic, even though we'd already taken a number of hits the morning before in our first aircraft. I had been locked into my shoulder harness when a round entered behind my seat and broke the unlocking device.

But even in combat, you don't really think the worst will ever happen. You see it all day, but it's always someone else—never you. We talked for few minutes more until another mission being called in ended our discussion.

It was another unsecure landing zone under heavy small-arms fire. Normally, we'd try to get gun ships to accompany us, but none were available because of the heavy action in the area. The ground troops had also radio-relayed to the aid station that the patient would be dead unless we got there immediately. Although we were unarmed, we agreed to go alone and try to sneak in as we'd done many times before.

This mission was for a seriously wounded American. He waited for us in a valley that we'd gone into ten to fifteen times before. We had received fire on almost every attempt. I remember looking down as we approached the area. It appeared calm and untroubled from about 2,000 feet, but inside I knew danger was waiting down there. Even Seebeth's usual "God go with us," spoken softly into his intercom before every approach, seemed different. The crew chief said later that he held up crossed fingers as he said it. We'd never done that before. Maybe intuition warned him.

Diving down from 2,000 feet, we spun quickly toward the yellow swirl of smoke in a tiny clearing. But all of our maneuvering was to no avail because we had to drop straight down into a "hover-hole" barely wider than our blades. We began taking hits before we touched the ground.

As the skids made contact, the entire jungle exploded with enemy fire. We were encircled. As they threw the wounded many aboard, holes popped into the chopper's skin as if by magic. I turned to Seebeth to see if he was inside when a short burst of automatic fire blew open his neck. I yelled for the crew chief to assist him as we attempted to climb out of the ambush. The fire continued and knocked out all of our radios but one. Somehow we climbed and limped toward home.

I turned in my seat and told Seebeth, "We'll get you back. You'll be all right." I doubted it, since there was a ragged hole where his throat had been. He just shrugged his shoulders and instructed the crew chief, via hand motions, how to put the IV into his arm. Then he monitored its flow and kept his own airway clear of the blood that was quickly filling his lungs.

With great difficulty, we flew the aircraft back and landed safely. A litter team was waiting for us, but Seebeth pointed to the other patient, pushed them away, and ran 70 yards to the aid station—unassisted. As a medic, he knew the severity of his injuries and was well aware that seconds saved meant life.

I ran in behind him and marveled as he jumped on an open litter used for examinations. He waved for the doctors to start working—doctors who had worked with him on other patients only hours before. He kept mouthing the words, "I can't breathe," as they began a tracheotomy to get air to his lungs. There was no time for painkillers; they just started cutting.

Seebeth was fighting to live and began kicking his feet in anger at his body's failure. I held his feet and tried to ease the fears we all had. He looked at me. His lips moved silently: "I can't breathe," and big tears began to run down his cheeks, mingling with the mucus and blood that covered him and everyone nearby. He suffered bravely until he passed out.

After surgery, Seebeth began to respond and was judged capable of being evacuated from the war zone for further surgery. I went to see him a number of times between missions, at

the evacuation hospital. But he was always unconscious, so I just stood by the bed feeling inadequate, watching the heaving chest and the tubes running in and out of his body.

I wished then that the whole world could have seen him bring three Americans back to life in one day after they had been placed on our aircraft apparently dead. Mouth-to-mouth breathing and closed heart massage, which he could do simultaneously, gave them another chance to live. Seebeth would do anything to save another human.

Days later, Seebeth was taken by helicopter to Danang Air Force Base for evacuation. The crew that flew him over told us that as they took his litter from our ship to the waiting ambulance, Seebeth raised two fingers to form a "V" and then raised his other hand. In it he waved our unit patch, a patch that exhorted "Strive To Save Lives." They said he was smiling through the blankets and tubes. The two pilots had to look away; they were all crying, Seebeth included.

Even in combat, there is time for love to grow, and we all loved Seebeth for what he was—the best medic we'd ever seen. He had lost his larynx but not his spirit. He always gave more of himself than was required. He kept going because he believed that human life was the most important thing. I'll always remember those words before every approach, "God go with us."

Seebeth left his mark on the thousands he treated, but he knew and respected the inevitability of death. He took his wounds the same way, fighting, but humble. His memory will always be with me, watered by tears and warmed by the smiles of yesterday. His words so long ago were prophetic. The memory of John Seebeth, of his courage and humanity, will never leave me alone.

Nearly 14 years have passed since then. The world has changed dramatically, but the memories of this special medic still touch me because he typified the humanity that often is overshadowed by the inherent brutality of any war. Seebeth was wounded in August 1969. This 21-year-old is now 34. He saved my life that day; the burst of machine-gun fire would have hit me if he hadn't been sitting between me and the NVA.

I have only one photo of John Seebeth. It doesn't do him any justice, but then nothing does. Strangely enough, it shows the exact position I saw him when he was hit, because he was sitting facing toward the rear, with his back against the other pilot's armored seat.

For 12 years I wrote letters to VA hospitals and to fellow pilots, trying to find out where Seebeth was and how he was doing. Finally, I was told that the VA computer system could assist me if I wrote down his name, rank, serial number, and when and where he was wounded. I sent a letter with my address and phone number in the Summer of 1981. The VA forwarded it to his last known address.

That fall the phone rang. My wife answered. She said to me, "It's for you. It's some guy with a very hoarse voice. I can hardly understand him."

"Hello," I said. "Bob?"

"Yes. This is John."

"John who?"

"John Seebeth."

He now lives in Seattle. We talked for 30 minutes, reliving the near-tragic day and the past 12 years. He's had 10 or 12 throat operations. Science and surgery have allowed him to speak again, but not that rapid, high-pitched voice we knew. An alien sound has replaced the laughter he gave so freely, but he's alive and well.

On 3 October 1982, I flew to Seattle to visit John. We met at the Seattle/Tacoma Airport. KOMO-TV and radio from Seattle were also on hand to cover the story for their 6 and 10 P.M. news programs. But I wasn't thinking about the surrounding cameras, lights, or microphones as I walked from the aircraft and embraced this special medic and friend after so many years. All I could think of was that we were survivors; we'd helped each other to make it back alive.

We shared some tears, laughter, and many reminiscences during the next few days. John's positive outlook on life and living, despite the pain and suffering he'd undergone with his 100 percent disability from the war, overshadowed everything else, as always.

When it was time to say good-bye again, John placed his finger over an opening in the plastic device that fits into the ½ inch by ¼ inch hole in his throat. This device lets air pass through his mouth so that he can speak. "Thanks for coming, Bob," he said. "It has really meant a lot to me."

Our eyes misted as we embraced for the final time. My gaze went past him to a poster on his bedroom door. It said: "Some men see things as they are and say 'Why?' I dream of things that never were and say 'Why not?'" —Robert Kennedy.

Somehow no other statement seems so appropriate in John Seebeth's world.

Unless you are sitting in a rice paddy about to be dismembered by heavy automatic weapons fire, you ought to stop and think before making any rash decisions.  
— A famous DUSTOFF pilot some years ago.

—DUSTOFFer—



## 2005 MEDEVAC COMMANDS

Unit	Commander	Replacement
68th Med Co, Korea	MAJ Spero	MAJ Eberhardt
USAAD, Honduras	CPT Mallory	CPT Franks
236th Med Co, Germany	MAJ Gruber	MAJ Risio
542d Med Co, Korea	MAJ Bailey	MAJ Letch
USAAD, Fort Drum, NY	MAJ McCarthy	MAJ Anderson, P.
498th Med Co, Fort Benning	MAJ McDowell	MAJ McNally
507th Med Co, Fort Hood, TX	MAJ Leech	MAJ Ortiz

# 498<sup>TH</sup> RACKING UP RESCUES SUPPORTING MARINES

*The Sikorsky Lifeline Web site highlighted the famous 498<sup>th</sup>'s actions in the Arabian Desert.*

The US Army's 498<sup>th</sup> Medical Company (Air Ambulance) reported carrying more than 700 patients during Operation Iraqi Freedom.

The unit flew UH-60A Black Hawk helicopters during combat operations in a desert environment from Ali al Salem, Kuwait, to Baghdad, Iraq.

"The aircraft performed excellently under the most demanding of circumstances, never letting the crew or the patient down," read a message to the Sikorsky Winged-S Rescue Award program. "The hours flown on each airframe are a testimony to the quality product Sikorsky produces."

"The fact the 498<sup>th</sup> Medical Company flew a total of 1,550.5 hours in support of the 1<sup>st</sup> Marine Expeditionary Force, while evacuating 735 Marines, U.S. Army soldiers, Iraqi civilians, Iraqi EPWs, and Kuwaiti civilians, from 22 February 2003 to 10 May 2003, is a testimony to their sustained courage during combat operations," the message concluded.

About 150 soldiers from the 498<sup>th</sup> received heroes' welcomes from friends and family members when they returned to Lawson Army Airfield at Fort Benning, Georgia, after spending four months in Iraq, according to the base newspaper.

"These soldiers did a fantastic job," Major Greg Gentry, company commander, told the Fort Benning Bayonet. "This is the first time the Army has provided this type of support for a Marine unit, so they were paving the way, both doctrine and mission wise."

"When we received notice, we were given two objectives," Gentry said, "accomplish the mission and bring everyone back. I'm sure every one of these soldiers feels fortunate that we were able to accomplish the mission and remain relatively unscathed," he said.

## ROAD WARS IN SOUTHERN IRAQ

*In its February 2004 issue Aviation Week and Space Technology reported on DUSTOFF crews picking up casualties from Iraq's lethal high-speed highway system.*

In the low-intensity phase of the conflict in Iraq, medical evacuation helicopters are still hard at work. But few of the patients are traditional combat casualties.

Now most of the sanguinary work of these aircraft and their crews is dedicated to tragedies on the road. Some small percentage are victims of roadside bombs, but most are the product of traffic accidents. Many drivers on Iraqi or Afghanistani roads—where law enforcement is simply irrelevant—operate on a loosely defined code of their own, where every vehicle is to be passed, and any gap in traffic is to be filled. Added to the deadly formula are roads often perched atop berms and regularly built without shoulders. The result is a steady stream of U.S. and coalition injuries that must be evacuated.

From a few thousand feet altitude, CW3 Jon D. Campbell, a UH-60A pilot with the 112<sup>th</sup> Medical Company from the Maine National Guard, points to 100-truck convoys of commercial vehicles forming near the base not far from Nasiriyah, the gateway to roads along the Euphrates and the Tigris that form major arteries of commerce between Kuwait and Turkey. Most of

these trucks are staging for the run to Baghdad after refueling, inspections, and a brief rest.

Only a few miles north, the ordered four-lane highway turns into a six-lane gravel road. When the traffic is heavy and the dust blows, travel continues to speed despite visibility that often drops to a few tens of feet. The inevitable result is high-speed accidents and major injuries.

Campbell is a member of one of the final three medical support teams left south of Baghdad. The other two are in Babylon to the north and Kuwait to the south. His three-helicopter detachment rotates on deployment to Tallil from its home base among the ruins of Babylon, where the ancient irrigation system is still intact enough to keep the area green.

He likes flying here better than his last assignment in Afghanistan because the helicopters perform better near sea level. Here, the Black Hawks can carry six litter patients and one walking injury. He's been in theater since March 2003 on a one year deployment. In that time, the 112<sup>th</sup> has logged 4,000 flight hours and evacuated 1,000 people. At Tallil, the casualties are stabilized and put on C-130s for Baghdad. There they

are triaged and moved on board C-17s for the flight to Ramstein Air Base, Germany, and an advanced military hospital. During the first six months in theater, only about 11% of his evacuees were from traffic accidents; now the rate has skyrocketed.

For aircrews, the changing war is also becoming more worrisome. Senior U.S. Army and Air Force commanders are noting the migration of shoulder-fired, surface to air missiles from the Baghdad area to the south. Where villages they overflowed once produced only tracers from small arms fires, now aircrews occasionally spot the bright flash of a man-portable SAM. Intelligence officials believe that insurgents tend to save the more sophisticated SA-16s and SA-18s, which are still few in numbers, to try to bring down helicopters.



# DUSTOFF VETERANS GATHER AT MUSEUM TO REMEMBER COMRADES

**Editor's Note:** Phil Reidinger, wrote a moving article in the *Fort Sam Houston News Leader*, reporting on 2004 Reunion activities.

**D**USTOFF Association members met at the Army Medical Department Museum on Saturday to recognize the contributions of comrades and remember medical evacuation crewmembers killed in Iraq. New bronze plaques added to the DUSTOFF Wall of Fame commemorated the contributions to medical evacuation of Charles Allen, Eldon Ideus, Doug Moore, and Ray Salmon.

Memorial pavers along the Wall of Fame were dedicated to crewmembers recently killed in Iraq. The names of seven Army medical helicopter crew members joined 250 memorial pavers honoring Army helicopter "DUSTOFF" crewmembers who have lost their lives during efforts to save others.

LTC Bryant Harp, 36<sup>th</sup> Evacuation Battalion commander, described the heroic actions of two medical evacuation crews assigned to the 571<sup>st</sup> Medi-

cal Company. Chief Warrant Officers Hans D. Gukeisen and Brian K. Van Dusen, and SGT Richard P. Carl were killed when their medical evacuation UH-60 helicopter crashed 9 May 2003, during a mission to save an Iraqi girl near Baghdad. Also memorialized were Chief Warrant Officers Ian D. Manuel and Phillip A. Johnson Jr., and SPCs Michael A. DiRaimondo and Christopher A. Golby, whose aircraft was shot down by a surface-to-air missile 8 January 2004. Five patients on board the aircraft were also killed. Several family members of the soldiers who were assigned to the 571<sup>st</sup> Medical Company attended the ceremony.

The dedication is part of the annual reunion of the DUSTOFF crews held yearly in San Antonio. The DUSTOFF Association derives its name from the radio call sign given to the first helicopter evacuation unit in Vietnam, the 57<sup>th</sup> Medical Detachment (Helicopter Ambulance), which arrived in country in 1962.

The 57<sup>th</sup> initially communicated internally on any vacant frequency it

could find. In Saigon, the Navy Support Activity, which contracted all call words used in call signs in South Vietnam, allowed the 57<sup>th</sup> to adopt the call sign "DUSTOFF."

This call sign epitomized the 57<sup>th</sup>'s medical evacuation mission. Since the countryside was dry and dusty, helicopter pickups in the fields often blew dust, dirt, blankets, and shelter halves all over the men on the ground. Throughout Vietnam all evacuation helicopters assumed the call sign DUSTOFF, followed by a numerical designation.

The DUSTOFF Association is an organization for all officers and enlisted Army Medical Department personnel, aviation crewmembers, and others who are, or ever have been engaged in or actively supported in any capacity, Army Aeromedical evacuation programs in war or peacetime.

**Editor's note:** Not all AMEDD Aeromedical units in Vietnam used the call sign DUSTOFF. The 1<sup>st</sup> Cavalry Division's medical aircraft used the call sign "MEDEVAC."

## USO Honors Flight Medical Crews for Rescue Heroism

Hundreds of Defense Department personnel, top state and federal government officials, corporate leaders and celebrities came to pay tribute to U.S. service members during the United Service Organization's annual gala in the nation's capital 10 October, recognizing each military branch.

Among those honored was SGT Noah Harrison, for helping rescue a 7-year-old girl following a recent boating accident in Washington state's Yakima River. Harrison's air-ambulance team was preparing to redeploy to Iraq when his medical flight crew intercepted an emergency call for assistance.

Harrison, a flight medic who's assigned to the 54<sup>th</sup> Medical Company, volunteered to be hoisted into freezing waters to pull the child to safety. He said he "didn't realize how cold it was in the water. I guess my adrenaline was pumping."

Although the crew arrived on the scene within minutes, Harrison said the child's temperature had dropped to 85 degrees by the time they reached her.

"When we got her into the aircraft, she was cold and shaking," he said, adding, "then she stopped breathing." He said the medical flight crew members did whatever they could to keep the child warm while working to start her breathing. "She could have died," he said.

Article in December 2003 *AMEDD Mercury*, written by SFC Doug Sample.

## What's New at [www.dustoff.org](http://www.dustoff.org)

### Electronic *DUSTOFFer*

If you would prefer to receive your *DUSTOFFer* newsletter electronically, please email us at [ed@dustoff.org](mailto:ed@dustoff.org) and provide us with a current email address. We'll forward a user name and password that can be used to download your *DUSTOFFer* newsletter. Beginning with the fall *DUSTOFFer*, you will receive an email that will notify you that *The DUSTOFFer* is ready for download. *The DUSTOFFer* will be in Adobe Acrobat format (a .pdf file) that can be downloaded and read or printed out. This will save the Association approximately \$1.50 each edition per member who chooses this option.

# Medical Choppers Not Immune to Iraq Perils

**Editor's Note:** Patrick J. McDonnell, staff writer for the *Los Angeles Times*, penned this worthy reporting of the 571<sup>st</sup> Medical Company (Air Ambulance) on 26 January 2004.

Al Asad, Iraq—The helicopter crews of Iraq will tell you that their main concern is not so much the regular volleys of small-arms fire and rocket-propelled grenades hurled their way, all potentially lethal should a shot find its mark. It's the heat-seeking surface-to-air missiles.

"With a SAM, if you see the smoke trail and it's going toward you, it's usually too late," chief Warrant Officer Jason Coombes explained the other day on this sprawling desert base in western Iraq, as the pilot headed out to his waiting Black Hawk. "But we can't just up and quit. There's a lot of people depending on us."

These are edgy times for US chopper crews in Iraq. Helicopters play a critical role here, but ground fire has forced down nine in the past three months, killing 49 soldiers, the Army says.

Two more pilots were missing Sunday when their OH-58 Kiowa Warrior helicopter plunged into the Tigris River in the northern city of Mosul during a rescue mission. Initial reports indicated that the crash was an accident. Sunday's incident follows another apparent accident in which two pilots were killed in Qayyarah, south of Mosul, when their helicopter crashed in bad weather.

Among the victims this month were four members of Coombes's unit, the 571<sup>st</sup> Medical Company, which is attached to the 3<sup>rd</sup> Armored Cavalry Regiment. The four were killed 8 January when their Black Hawk medevac helicopter was hit near the restive city of Falluja, west of Baghdad. Five U.S. military patients on board were also killed.

The 571<sup>st</sup> has flown more than 1,000 medevac missions, the vast majority without incident. But the unit has lost three helicopters. The latest crash underlined the daily peril the air corps faces in Iraq, regardless of whether helicopters bear their conspicuous red

crosses and are shielded by the Geneva Convention.

"It opened the eyes of a lot of people," said Staff Sergeant Jonathan E. Spiller, a flight medic. "It was an unfortunate confirmation that, yes, the threat is still out there."

It was also a time of deep anguish for the troops of the 571<sup>st</sup>, known as the Witchdoctors, one of five helicopter ambulance companies operating in the Iraqi theater. Each company is a close-knit group of about 150 soldiers, sharing both the camaraderie of deployment in a distant land and the distress of long-term separation from family, friends, and familiar places.

All are bound in a singular mission, saving lives on the battlefield. Teams remain prepared to lift off in specially outfitted Black Hawks absent the standard, door-mounted machine guns, within 8 minutes of an emergency call. Pilots have been schooled in evasive actions, flying low and fast, varying flight patterns, and performing nonessential missions at night.

"Everything we do, everything we work on every day, is focused on one thing: an aircraft landing and a medic getting out and placing their hands on someone who is injured," said the 571<sup>st</sup>'s commander, Major William P. LaChance, 38, a veteran pilot. "There are soldiers all over Iraq, young kids, who have just been told they're going out on a convoy, or on a raid, and they're scared to death," said LaChance, a father of two. "I somehow believe they do it because they know no matter what happens to them, no matter how, no matter where, if they get hurt, an aircraft with a red and white cross is going to come and get them."

Once on the ground, the crews are pledged not to discriminate among victims. Their triage protocol focuses first on the most seriously injured, be they U.S. soldiers, enemy combatants, or civilians.

In fact the unit suffered its first losses of the war on 9 May, when a helicopter from the 571<sup>st</sup> tried to rescue an 11-year-old Iraqi boy who had stepped on a land mine near Samarra, north of Baghdad. The aircraft appar-

ently dived to avoid enemy fire and hit an unseen cable strung across the Tigris, plunging into the river. LaChance said. Three crew members were killed.

Among those lost that day was Hans N. Gukeisen, the best friend of a soft-spoken company pilot, Ian D. Manuel, from Jacksonville, Florida. After the memorial service for his comrade in May, a shaken Manuel sought out his commander.

"He had lost a great friend, was obviously shattered, and had a lot of doubts about his own courage to get back in the aircraft, to go back to doing those dangerous things his friend was doing," LaChance recalled. "It was a perfectly natural human reaction."

Soldiers are famously hesitant to acknowledge fear.

Manuel, who told friends he joined the Army because he wanted to make a difference and follow in the footsteps of his grandfather, a bomber pilot in World War II, soon overcame his misgivings. He and his crew were awarded the prestigious Air Medal with Valor after landing in a hostile zone and evacuating injured personnel from a convoy that had been ambushed.

Manuel, a chief warrant officer, was back in the cockpit on 8 January as copilot of a 571<sup>st</sup> helicopter, Witchdoctor 11, transferring five patients from one Army medical facility to another. It was a routine mission though the helicopter did have to pass near Fallouja, where several aircraft had already been forced out of the sky.

At about 2:20 P.M., the Army says, the Black Hawk was hit by ground fire, probably another shoulder-fired surface-to-air missile. Manuel, 23, was among the nine killed.

LaChance received the news at the unit's unassuming command center here, where a stylized likeness of a witch doctor doing a Kabuki dance and brandishing a wrench and a medic's kit greets visitors.

"So, how do you feel?" LaChance said, repeating a visitor's question with a clipped laugh. "I can tell you, it hurts bad. You feel like you've been kicked in the gut. I was quite literally numb

for a couple of days.”

It is the commander's doleful task to call the victims' families. "I can tell them what happened; I can tell them the condition of their loved one," LaChance said. "I can tell them how he died. All those things that are difficult to say, yet they so desperately want to know."

The flight medic on board, SP Michael A. DiRaimondo, 22, from Simi Valley, California, had come to Iraq as a ground medic. But he openly admired the adrenaline-jolting skill of his airborne counterparts.

"This is cool," LaChance recalled him saying. "I got to do that."

It was not so easy. Medevac commanders have a saying: If you don't have a top medic, you may as well not fly. When DiRaimondo first came knocking at the door, he was told he lacked experience. But he didn't give up, at one point asking a doctor acquaintance to intercede with the commander. Finally, his persistence paid

off. DiRaimondo joined the 571<sup>st</sup> on 10 September.

His dedication during the rigorous training regimen impressed many of his fellow soldiers. The first major test came on 2 November when the 571<sup>st</sup> dispatched five helicopters to the site of a crash of a big CH-47 Chinook transport craft, also downed by a missile near Fallouja, the Army says.

"Junior, when we land, don't be looking for me," his superior told DiRaimondo en route to the site of the Chinook crash, LaChance recalled. "You're on your own."

Casualties were scattered among stunned survivors and twisted, burning wreckage. The engines of the downed Chinook were still hot. Volatile fuel had spilled, forming puddles on the ground. Sixteen died from the crash; 26 were hurt.

A rescue helicopter was about to leave the scene with a load of wounded, but no medical personnel. "We need to get a medic on board that Chinook!"

came the call from a sergeant, LaChance recalled.

DiRaimondo, medical bag in hand, darted toward the rescue helicopter. He jumped inside, just before the doors shut and the aircraft took off.

"He was a natural. He just had the skills," said flight medic Spiller, who trained DiRaimondo. "It wasn't anything he learned. Everything he touched just seemed to flow."

Of the crash that killed DiRaimondo and the eight others, Spiller said, "Everyone was devastated. But we had to go out and do it all over again. We didn't have a choice."

A memorial service was held on the base three days later. It is a crucial ritual for soldiers coping with the loss of close friends.

"You remember them, and I feel that's what they would want," Chief Warrant Officer Coombes said. "They'd want us to remember them, but then just keep doing what we're doing."

## DUSTOFF on Fire!

**Editor's Note:** Bill Perkins wrote the following story, published in the *Vietnam Helicopter Pilot's Association Newsletter*, September-October 2003.

LZ Uplift, 9 June 1970. RVN.

It is a typical sunny, humid day in Binh Dinh Province, and by mid-morning a gentle coastal breeze is in effect as we are close to the coast and located on Highway 1 halfway between Bong Son village to the north and Phu My Phu Cat Air Force Base to the south.

Uplift is a good-sized landing zone base of the 173<sup>rd</sup> Airborne Brigade, with its LRRP teams and other supporting elements, including our UH-1H Army medical evacuation (DUSTOFF) helicopter that is on constant, 24-hour alert.

My fellow crewmen of the 498<sup>th</sup> Medical Company, consisting of WO Max Owens, the aircraft commander; SP4 Kenneth Lamborn, the crew chief; SP4 Richard Doke, our medic; and me, WO Bill Perkins, copilot, are halfway through a 10-day field standby and are taking it easy in the shade of our hooch.

Only a few feet and seconds away

is our DUSTOFF bird, and we are waiting for the inevitable call that always comes, sooner rather than later. We all hear the urgent DUSTOFF request message coming into the RTO shack close by and immediately spring into action, with Max Owens running to the RTO operator with his map board and the rest of us racing to the medevac, where we strap on our helmets and heavy armor chicken plates.

When our crew chief and medic untie the rotor blades, I strap into my seat and when the blades are clear, begin and emergency engine start to rapidly bring the engine up to full flight 6,600 revolutions per minute in less than two minutes. As I flip on the radios, Owens takes control of the aircraft, and we do a rapid DUSTOFF departure from Uplift.

On climb out to altitude, Owens quickly briefs the rest of us that this is a hot LZ with a unit of the 173<sup>rd</sup>, "The Herd," in contact with the enemy and a critical gunshot-wounded U.S. casualty who is in need of urgent evacuation to the 67<sup>th</sup> Evacuation Hospital. We then switch radio channels to the FM frequency in use by the ground unit and

supporting UH-1C gunships of the 61<sup>st</sup> Assault Helicopter Company with the call sign "Starblazers."

A flight school buddy of mine, WO James McFadden, is flying copilot in one of these two gunships overhead. I recognize his voice on the radio.

As soon as we are airborne, we can see the circling gunships and ground smoke; the combat action is close to Uplift. We are quickly told by the Starblazers and the ground units that the guns have just finished another run on the suspected Viet Cong ambush positions and hostile fire has ceased.

We are given the all-clear signal to go in for the urgent DUSTOFF pickup. Owens tells the ground unit to pop colored smoke to mark the location of the casualty next to a tree line.

As Max starts the approach into the LZ, I put my hands and feet on the controls, a standard procedure in case he is killed or wounded by flying bullets. I also place our intercom on hot mike, so all crew members can instantly communicate with one another. The medic and crew chief complete preparations to treat the wounded.

*(Fire! continued on page 12.)*

*(Fire! continued from page 11.)*

All is quiet as we descend to short final at 100-150 feet. Then all hell breaks loose as the loudest noise I have ever heard erupts when 100 or more armor-piercing AK-47 and 37mm rounds hit the left rear side of our aircraft. Instantly, the engine area is on fire, and we start losing rotor RPM, with all red and caution lights blinking.

Max instinctively turns us away from the LZ and manages to glide us over a tree line away from the enemy fire by milking the collective and cyclic controls to retain minimum RPM for a crash landing. The gunship pilots are yelling on the radio that DUSTOFF is on fire and to get it down! NOW!

Fortunately, there are plenty of open, flat, dried rice paddies in front of us. At 35-50 feet, I yank hard on my pilot's emergency door release handle and the door falls cleanly away. Unbeknown to me, Doke and Lamborn had the presence of mind to retract our pilot's seat side armor plates to allow Max and me to exit quickly this now-flaming inferno on crash landing.

The flames and smoke are now in the crew compartment, and they have moved up front, just behind our seats. Using what little control and non-flying RPM he has left, Max sets us down in a soft, plowed paddy with a slight slope. The skids sink in up to the belly, and instantly we all bail out of the right side of the aircraft, with Max on my heels and coming over my seat and through my door behind me.

I bang my head hard on the upper door post. I later learn I had cut my leg on the lower instrument panel and broken the visor of my helmet.

We fall to the ground, and as we stand up, a muffled explosion from inside the aircraft knocks us down again. We all had cleared the burning aircraft.

Again we get up, and I remember stepping up onto and over a 1- to 2-foot dike and then taking cover behind it with my .38 caliber pistol in my hand.

With sickening realization, I now see Lamborn face down in the paddy, within 15-20 feet of the aircraft. Our medic, Doke, who is kneeling beside him, nods his head that Lamborn is dead. He had died instantly.

I am about another 15 feet from

them and thought Lamborn had been killed by the same or other Viet Cong who had just shot us down.

The DUSTOFF is now a raging inferno, with thick, black smoke billowing out of it and continuous hissing, sizzling, popping, and muffled sounds coming from it, as our small arms ammunition cooks off and fire extinguishers and other items explode and burn.

I am sick and disgusted to death to know Ken has escaped alive with us from the burning wreckage only to be killed seconds later by something of unknown origin, possibly enemy gunfire.

With the guns circling over us, we are in the prone position behind the dike, with weapons drawn, waiting for the VC to attack us or fire upon us from hidden cover. After only a few minutes, at most, I notice a commotion behind me and turn to see a UH-1D "slick" helicopter has landed just behind me. The crew is gesturing for us to haul ourselves aboard. We all are returned to Uplift for treatment of our minor wounds, and the body of our crew chief was immediately flown to the 67<sup>th</sup> Evacuation Hospital at Qui Nhon.

We learned later the crew chief who rescued us belonged to the 134<sup>th</sup> Assault Helicopter Company, called the "Demons," and they were simply passing by the area and saw us go down in flames. Without hesitation they proceeded to our location to save us from our predicament. This heroic "Demon" crew consisted of LT George Swartz, WO Daniel Brown, SP4 Edward Parodi, and PFC George Kev. For all they knew, they could have been landing in the middle of a murderous firefight.

The soldier we were attempting to medevac died in the hot LZ due to his wounds, and a command and control helicopter was severely shot up, with

one crewman seriously wounded while trying to complete our DUSTOFF. A rapid response infantry platoon from the 173<sup>rd</sup> was landed, and the firefight raged on, with one VC or NVA dead and a number of weapons captured.

We were told later that Ken was killed by a blow to the back of his head from the still-spinning rotor blade. Some of us believe he may have been killed by cookoff from our small arms ammunition or from an exploding fire extinguisher. We will never know for sure and, in this case, it really doesn't matter. Combat dead is dead.

The 1<sup>st</sup> Air Cavalry lost a lot of helicopters and crew members to the local VC in this same area of the Bong Son Plain from 1965 to '67. I have color photos of the burned remains of our DUSTOFF aircraft, thanks to WO Charles Clapp, who took the photos later that day. He and his crew replaced us on DUSTOFF standby at Uplift.

Ken Lamborn, 20, was one happy new father and bragged about his new baby girl, who he held only a few times before leaving for Vietnam. We were all happy for him and remember the photos he showed us of his baby girl. He placed those photos in the cockpit between us pilots while we were on DUSTOFF missions. Those photos burned with the helicopter.

Max Owens and I would not be alive today except for the brave, courageous actions and loyalty of Ken Lamborn and our Doke. With the flames and smoke in their cabin, they had the presence of mind to retract our side armor plates while we were still in the air. This made the difference between our life and death by fire.

We will always honor the memory of Ken Lamborn and his family. Richard Doke is still with us today, and he will never be forgotten.

**571<sup>st</sup> Medical Company (Air Ambulance)  
selected for Master of Readiness Award in  
MEDEVAC category by Utility Helicopter  
Project Manager's Office.**

# The Guys in the Back

**Editor's Note:** Steve Vermillion, DUSTOFF 40, penned this poignant tribute to the guys who never have received the credit due them for the DUSTOFF mission.

All too often in Army Aviation, pilots feel the world revolves around them. If the truth could be known, the "guys in the back" are really the ones who make it happen.

An unarmed medical evacuation helicopter in Vietnam was crewed by four people, generally in their late teens or very early twenties. The "guys in the back" were our crew chief and medic. Both were integrated members of the team commonly known as DUSTOFF.

We entrusted the crew chief with our lives every day we flew, for he was the one who performed the never-ending daily maintenance on the helicopter. He ensured the myriads of components were maintained within prescribed tolerances. Daylight, darkness, the blazing heat of summer or the monsoon rains that could chill a person to the bone were his operating environments. Pilots often left him with a he-

licopter damaged, either by combat or through their own mistakes. In either case, we always knew that the guys in the back could get us flying again.

"Doc," as our medics were affectionately known, rode in the back with the other guy, the crew chief. With wounded on board, "Doc" became "God." Pilots listened intently to him. The wounded entrusted life and limb to the medic, who they prayed had the skill to keep them alive long enough to reach the hospital.

Time and time again, Doc brought the dead back to life through the magic healing powers he seemingly possessed. There were times, even with all his wisdom and skill, he could not coax life back into a damaged and war-beaten body. More wounded lay on the floor of his helicopter, crying out in anguish from the wounds that had been inflicted upon them. He had to tend the living; the Chaplain would tend to the dead. The guys in the back could do no more.

Medics were cross-trained to do basic helicopter maintenance. Crew

chiefs learned basic emergency medical care. As a team, they ensured the helicopter was mission-ready. As a team, they cared for the wounded during the fast trip from the LZ to the medical facility. No stronger team or bond between two people can ever be found than that formed between the guys in the back.

In tight LZs, it was the guys in the back who kept the helicopter clear. On the ground, they were the ones who jumped out in harm's way to load the wounded. A hoist mission in a hot LZ often found one of the guys in the back receiving a free ride down on the jungle penetrator to help load the wounded. The guys in the back made it all come together.

The heat of the day, darkness of night, marginal weather, or withering enemy fire could not prevent this dedicated team from accomplishing their mission. It was truly my pleasure, as one of the "guys up front" to fly with the "guys in the back."

—DUSTOFFer—

## Letters to the Editor

Dear Sir,

I served with the 57<sup>th</sup> Medical Detachment from 16 April 1962 to 13 April 1963. We were attached to the 3<sup>rd</sup> Surgical Hospital at Fort Meade, Maryland. I flew with all of the equipment for the 57<sup>th</sup> on a C-130 cargo plane from Maryland to Saigon, then transported everything to Nha Trang. The 57<sup>th</sup> was attached to the 8<sup>th</sup> Field Hospital. I was with them for about a week when everyone else showed up. We had five choppers to cover all of Nam at that time. They were the "A" model Huey. About six months later, they were replaced with the "B" model Huey.

Take Care and "Welcome Home,"  
Tommy R. Trapp

Dear Editor,

Having returned from a month-long visit in Spain just three weeks before the March 11, 2004, terrorist attack in

Madrid, I was appalled by the magnitude of the act. However, I was not particularly surprised that Spain was a target.

A member of NATO and the European Union and heretofore a staunch friend of the United States, Spain is a vigorous democracy. Although troubled by unemployment ranging as high as 18%, it has an expanding economy acting as a magnet for illegal immigration, particularly from Latin America, Eastern Europe, and by far the greatest number from Morocco.

The smuggling of illegal aliens across the Strait of Gibraltar from Morocco is so great that it is bitterly said that "the Moors are reconquering Spain." The price charged by smugglers to transport illegal aliens from Morocco to Spain reportedly is 1,000 Euros (\$1,250); complete with forged credentials, the price is 3,000 Euros (\$3,750). Even though Catholicism is the most widely held religious belief,

the increasingly large influx of immigrants (legal and illegal) from Morocco, Algeria, and other North African countries is reportedly rapidly shifting the culture and religious orientation of a significantly expanding segment of the population.

With illegal immigration into Western Europe and the Americas so widespread, it is to be expected that the "cultural fabric" of the host countries becomes stressed and even "torn." Because the several arrested suspects of the Madrid bombing reportedly are from Morocco and two from India, it simply makes Spain, like the U.S., a victim of the truism: *A nation that is unable or unwilling to control its borders is a nation that is unable or unwilling to control terrorism.*

Doctor John A. Buessler, Colonel, USA  
(Ret)

(Letters, continued on page 14.)

17 March 2004

Something sort of strange is happening, and this ole Vietnam War veteran likes what he sees. The young Iraqi Freedom military personnel are bonding with us relatively old Vietnam War veterans. They say, "We respect you and welcome home." This is the welcome that we never got—until now. We say back to them, "Young warriors, you

are doing a great job. We Vietnam War veterans are proud of you."

When we call them young warriors, they beam with pride. A warrior has been on the killing fields where the stench of death permeates, where your best buddy lies in a body bag, and where your only true friend is God.

The young troops are fighting with state-of-the-art weapons, equipment, but in war some things never change. Being in a foreign land like Iraq or Vietnam can be like being on Mars—dif-

ferent culture, different languages, and different religions. In Vietnam, the vast majority were Buddhists; in Iraq an overwhelming majority are Muslims.

Hand salute to all of our young warriors! We Vietnam War veterans are on your side, and we will assist you and your families left behind in any way we can. You can count on us!

John B. Givhan, Andalusia, Alabama

—DUSTOFFER—

## Copter Crew Used to Saving Lives

by Patrick Rucker, staff reporter, The Chicago Tribune, 28 January 2004.

Five red crosses, intended to shield medical personnel from attack, were emblazoned across the U.S. Black Hawk helicopter that was downed January 8 by a surface-to-air rocket while on a medevac mission outside Fallujah, Iraq.

All nine soldiers on board were killed, including the pilot, Chief Warrant Officer Philip A. Johnson Jr., 31; the copilot, Chief Warrant Officer Ian D. Manuel, 23; a medic, Spec. Michael A. Diraimondo, 22; and the craft's mechanical engineer, Spec. Christopher A. Golby, 26. Those four men were serving with the Army's 571<sup>st</sup> Medical Company, based in Ft. Carson, Colorado.

Johnson, of Mobile, Alabama, spent his early years in southwest suburban Bolingbrook. He began his military career as a Marine and loved the corps but wanted to fly, said his father, Philip Sr. The Army offered Johnson a chance to fly, and he jumped at it. Over the last two years, Johnson flew missions in Saudi Arabia, Kuwait and Iraq, though it meant time away from his new wife in the U.S.

Manuel, a native of Jacksonville, Florida, was younger and newer to the Army but an equally dedicated pilot.

"Those two made a great team," said Sgt. Ted Snyder, a rescue medic based in southern California who remembers taking ground fire while on Iraqi rescue missions. "[They] pulled me out of a couple hot [landing zones]."

Snyder left the crew in August. Diraimondo, of Simi Valley, California, joined a month later to continue what

he told family was the most fulfilling job of his life.

"My son didn't like the idea of going out and shooting people," said his father, Anthony. "He loved the idea of going out and saving them."

As the first responder to battlefield casualties, DiRaimondo often had to make a grim, split-second decision: who could be saved and who could not. For his work as the first medic on the scene of a Chinook helicopter crash in November, Diraimondo posthumously received the Air Medal.

Diraimondo was sure that his time in the military would serve him well in civilian life, where he hoped to work as a paramedic-firefighter, his father said.

Golby, of Johnstown, Pennsylvania, also had plans for when he left the Army. He planned to take advantage of the GI Bill, get a degree from Embry-Riddle Aeronautical University and become a civilian pilot, his family said.

"He had fun," said his mother, Dawn. "We have lots of pictures of him dangling from the helicopter."

Snyder remembers the surreal life on a helicopter rescue team: how the soldiers would while away countless hours in their bunks and then be in the air on perilous, low-altitude rescue missions in an all-but-defenseless aircraft.

At times the job meant complete boredom. Then the crew would fly more than five missions in a day.

Johnson and Manuel "used to say, 'It seems the longer we're in Iraq, the better their aim gets.'" Snyder said.

None of the families of the lost

crewmembers have met yet, but many will unite for a memorial ceremony February 5 at Ft. Carson. The ceremony will include a eulogy, a rifle salute and a fly-over of Black Hawk helicopters in missing-man formation.



### Heroes One and All

Sgt Paul McQuown, of the 498<sup>th</sup> Medical Company (Air Ambulance), received the Soldier's Medical for helping rescue three people trapped in a car hanging over a guardrail above a 30-foot-deep ravine last year.

The governor of Oregon paid tribute on 29 October 2003 to CWO Robert Brittain, CWO Gregg Schroeder, SSG Mark Carter, SGT Clinton Davis, and SGT Jason Branch, of the 1042<sup>nd</sup> Medical Company (Air Ambulance), who rescued two injured firefighters from the rugged Hell's Canyon area on 28 August 2003.

# My Lai Hero Honored

Editor's Note: CBSNEWS.COM reported on 25 March 2004 on a long-time DUSTOFFer's recognition for his heroic actions of almost 40 years ago.

"I went for 30 years without ever saying a word about it," says Vietnam veteran Hugh Thompson.

He didn't say one word about 1968, the year when Thompson, piloting a chopper over Vietnam, stopped a murderous rampage in the village of My Lai.

As CBS News Correspondent Lee Cowan reports, U.S. soldiers were burning it down hut by hut, rounding up civilians and gunning them down in cold blood: old men, women, even babies.

"I'll never get that out of my mind, because this is not what the American soldier does," says Thompson.

So he landed his chopper in front of the advancing troops and helped air lift 11 Vietnamese civilians to safety—all who were left.

"It had to happen right then, cause they were fixin' to die," says Thompson.

In My Lai, they still mourn the 504 people who did die that day.

When '60 Minutes' brought Thompson and his door gunner, Larry Colburn, back there in 1999, they were treated as heroes.

"Sorry we couldn't have helped more that day," Hugh said at the time.

But Thompson's act of conscience was viewed with a sneer back home. He was hauled before Congress and treated like a traitor, he says. Even after the lieutenant who ordered the massacre had been court-martialed, Thompson still received death threats. Only public pressure forced the Pentagon to recognize Thompson with the Soldier's Medal in 1998, an honor that left a bad taste in his mouth.

But, on Thursday night, that all changes. He's to be inducted into the Army Aviation Hall of Fame, a medal not from the government that once scorned his actions, but from fellow pilots who understand.

"He took a personal risk for himself and his crew to stop something that he knew was fundamentally wrong," says retired Major General Benjamin Harrison.

He is no longer a pariah. In fact, he's a sought-out speaker with a lesson he has lived.

"That little ol' saying that you can make a difference is true," he says.

Even if that difference isn't recognized for years.



## Things You Should Know about Pilots

There are rules and there are laws. The rules are made by men who think they know better how to fly the aircraft than you. The laws (of physics) were made by the Great One. You can and sometimes should suspend the rules, but you can never suspend the laws.

The helicopter pilot is the highest form of life on Earth.

The ideal pilot is the perfect blend of discipline and aggressiveness.

It is absolutely imperative that the helicopter pilot be unpredictable.

He who demands everything his aircraft can give him is a pilot; he who demands one iota more is a fool.

If you learn to fly as a Lieutenant or a WOJG and do not forget how to fly by the time you are a Lieutenant Colonel or a CW3, you will have lived a happy life.

About night flying:

The aircraft doesn't know it's dark.

There are certain aircraft sounds that can only be heard at night.

If you're going to fly at night, it might as well be in the weather, so you can double count your hazardous exposure.

You would have to pay a lot of money at a lot of amusement parks and perhaps add a few drugs to get the same blend of psychedelic sensations as a single-engine night weather flight in a helicopter.

Any night flight over water will absolutely guarantee abnormal engine noises and vibrations.

# MASCAL IN OPERATION IRAQI FREEDOM

**Editor's Note:** A personal account of DUSTOFF support of OIF written by Eric Couture, a pilot with the 112<sup>th</sup> Medical Company (Air Ambulance), Maine Army National Guard. The incident was a mass casualty, which occurred on 27 December 2003 at Karbala, Iraq. The incident and associated injuries were from three suicide bombers, mortar and grenade attack, which killed six coalition soldiers, six Iraqi police, and injured over 170.

The first 9-line was coming in while we were running up to depart for Talil, and we shut down and waited. Erica was first-up, and her 9-line was to Camp India for five patients. SFC Curtis was very uneasy about McFarland on his own for five patients and wanted to launch us also to help, but we had also received a call about a second 9-line coming in, and we had to wait on that. He was nervous, as he had just signed McFarland off at RL 1. I told him that he would do just fine. He had done great every time we had gone on a call up to this point.

Our 9-line was to Camp Lima to pick up three patients; we were still not thinking Mascall. When we got to the camp, Erica had just landed ahead of us and was picking up her five patients, and she told me to pick up four.

Once on the ground, a doctor was talking to SFC Curtis, and SGT Bumps was trying to get the aircraft ready for patients, when soldiers and patients started coming from everywhere. When I looked back, they were loading patients from both sides, and both Bumps and Curtis were trying to take charge, which was tough because I didn't see one American. It was overwhelming to see what was going on. We were in a four-patient configuration, and they had to off-load the patients to go to a six-patients configuration.

There was one patient on board who had two foreign doctors or medics performing CPR on him, continuing the process while they lifted the pan into six-patient configuration. He was in pretty rough shape.

They loaded the other patients, one of whom had a splint on his arm that wouldn't fit into the pan. They tried both sides of the aircraft until finally finding a way to fit him in.

Upon takeoff, we had the two foreign doctors working on one patient. SFC Curtis was working on the other two patients on the left side of the aircraft, while SGT Bumps was bagging one of the patients on the right side. While SFC Curtis was working on his patients, he was also talking to SGT Bumps, controlling the treatment he was giving to the patients on his side. I was very impressed with both their performances throughout the flight. At one point, SFC Curtis had to go to the right side to check on the patients. To do this, he had to climb over the medic seat, behind the pilots, and down the right side of the aircraft. Then he had to get past SGT Bumps to reach the patients.

As I think about it now, we had six patients on board with four people working on them, doing an outstanding job of staying calm and controlling the situation. Upon reaching the

28<sup>th</sup> Combat Support Hospital, the patients were unloaded one-by-one by a large group of medical personnel. The patient who had required CPR the whole trip was unloaded, and they continued to work on him just outside my door with SFC Curtis assisting. SFC Curtis plugged back into the ICS and asked if he could go inside, still wanting to help. His hands, arms, and shoulders were covered with blood. I had to tell him no because we couldn't tie up the landing pad.

Without missing a beat, SGT Bumps was already reconfiguring the aircraft to go back to Camp Lima, and SFC Curtis was checking on his medical supplies. They grabbed new litters, and we were on our way back.

As far as the rest of the flight, SGT Haight did a great job getting the 9-lines and running the radios for us in a very systematic manner. Mr. Fitzsimons flew to Camp Lima and from there to the 28<sup>th</sup> CSH. He did an outstanding job of staying on course and maintaining altitude so I could concentrate on communicating with DUSTOFF 70 (Green), who was already in the landing zone and Cheater North (SGT Haight). On our way to the 28<sup>th</sup> CSH, I was able to reach Sable 40, who was also able to assist us. We got great support from the 159<sup>th</sup> Medical Company (Air Ambulance).

—DUSTOFFer—



## How to Contribute Articles to *The DUSTOFFer*

*The DUSTOFFer* would like to publish your article. If you have a recollection of a particular DUSTOFF or MAST mission, please share it with our members. If your unit has been involved in an outstanding rescue mission or worthwhile program, please submit your essay about it to *The DUSTOFFer*. Send photographs with your article or attach them electronically to your e-mail.

Send typed, double-spaced hard copy to the address below, or e-mail your article to [secretary@dustoff.org](mailto:secretary@dustoff.org) or [jtrus5@aol.com](mailto:jtrus5@aol.com).

Please send your submissions to:  
*The DUSTOFFer*  
P. O. Box 8091  
San Antonio, TX 78208

# Closing Out the Flight Plan

**Mel Rebholz**—On August 11, 2003, Mel Rebholz, a resident of Port Richey, Florida, and a 1963 graduate of Greenhills High School, died of esophageal cancer. He had fought a very courageous battle against the disease for 20 months.

Mel attended all twelve years of school at the Community Building in Greenhills, a suburb of Cincinnati, Ohio. He was class president, Homecoming King, fullback on the football team, and was in the concert choir all four years of high school. In addition, he played varsity baseball, track, and basketball.

"Mel was a good athlete and popular student," said Tom Rogers, Class of 1964. "He had a great sense of humor; you could always count on him for a practical joke. He had a smile and laugh that will always be remembered."

Mel attended Miami of Ohio University before joining the U.S. Army. After returning from Viet Nam, Mel flew a traffic helicopter in Cincinnati for WLW-TV. He completed his degree at Miami.

Mel and his wife, Diana Rabert, Class of 1963, had three sons, Matthew, Mark and Michael. A successful marketing career in the plastics business took them to North Carolina and Florida.

Mel's distinguished Army flying career in Viet Nam and memories from his fellow pilots speak to his character, commitment and courage. Gary Potter of Three Rivers, California, and Jack Leininger of Marseilles, Illinois, flew medevac helicopters in Viet Nam with Mel.

Gary remembers Mel bringing in a group of wounded soldiers in a helicopter that had taken heavy enemy fire and commented, "We couldn't believe the thing was still flying; it was filled with bullet holes and making a terrible screeching noise. After the wounded were unloaded, Mel took off again. Mel has done a lot in his life, yet when I spoke to him recently, he told me what he wanted to be most remembered for was that he was a good Christian."

Jack Leininger described Mel as the only pilot he knew who arrived in Viet Nam with half the normal gear and a 5000 BTU air conditioner. "I heard it was hot over here," Jack quoted as Mel's simple explanation. Eventually, the two pilots lived in the only hut with air conditioning and a private shower. "He just knew how to get stuff. I will miss him and his sense of humor," Jack said.

In a letter recommending Mel for commendation, Colonel Hubert E. Tansey wrote on May 6, 1968, "CW2 Melvin C. Rebholz piloted his evacuation helicopter into hostile territory, under extremely difficult conditions with disregard to enemy fire, and evacuated four wounded servicemen to safety. These soldiers probably owe their lives to the rapid evacuation." Colonel Tansey recommended CW2 Rebholz for heroism. Mel was awarded the Distinguished Flying Cross and the Air Medal with 21 Oak Leaf Clusters, One for Valor.

Eulogizing his father on August 14, 2003, a tearful Matthew Rebholz told a group of over 100: "I want to tell you who my father was. He flew medevac helicopters in Viet Nam. He took enemy fire. He flew to the front lines and picked up wounded soldiers and flew them to the safety of combat hospitals. He was shot down. My father was an American hero who came home and never missed his sons' games."

Mel is survived by his wife Kathy, his three sons, Matthew, Mark and Michael, his sister Libby Muncey of Columbus, Ohio, and his stepmother Anna Rebholz.

**Danny McFadden**—Danny passed away on 19 January 2004 in a Mexican hospital. He had been employed by an offshore oil company there. Danny was a medic with Eagle DUSTOFF, 326<sup>th</sup> Medical Battalion, in 1970–71 in Vietnam. He leaves his wife of 31 years, Debbie, two daughters, Jane and Katie, all living in San Antonio, Texas.

**John D. Cook**—On the 30 April 2002 a funeral was held in Colorado Springs, Colorado, for retired Sergeant First Class John D. Cook.

John, A Vietnam War aviation veteran, passed away earlier in the month from natural causes. He had retired from active duty in the early 1990s. His last duty station was Fort Carson, assigned to the 571<sup>st</sup> Medical Detachment (HA), where he served as the maintenance NCOIC, Platoon Sergeant, and ultimately, as the Detachment First Sergeant.

ISG Randy L. Ford, USA (Ret), and others present remembered John and his dedication to aircraft safety. Everyone always appreciated his efforts and performance of duty. Many of his fellow soldiers reflected on good MAST missions, good commanders, good pilots, and good crews.

One and all, they toasted John, saying, "Thanks, John, for then and now."

**Neil Lankford**—LTC John McNeil Lankford (Neil), U.S. Army Retired, passed away on May 18, 2004, at the age of 58. Col. Lankford, a graduate of North Georgia Military College, was a Vietnam Veteran, having served as a combat medic with the 3rd/187 of the 101<sup>st</sup> Airborne Division. As a medical Service Corps officer and specialist in systems engineering, he made significant contributions to the Army Medical Department during his 23 years of service. Following his military retirement, Col. Lankford continued to work in the Information Technology field. He was a proud member of the DUSTOFF Association and was active in numerous professional organizations. Neil is survived by Cecilia Lankford, his wife of 35 years, and daughters Anne Marie and Jennifer Lankford, among others.

COL Lankford gave his family the kind of love that makes a difference and lasts a lifetime. His unique humor and selflessness touched all who were privileged to know him. His wife Cecilia said in an email, "He made this world a better place and laughed all the while he was doing it. He was, and always will be, my hero."

# Original DUSTOFF Flying High in Iraq

**Editor's Note:** SGT Troy Chatwin, 4<sup>th</sup> Infantry Division Public Affairs, reported from OIF that the "Originals" are still excelling in forward combat area missions.

Forward Operating Base Warhorse, Baqubah, Iraq—9 February 2004—A call comes in on the medical evacuation frequency with a "9-line MedEvac" request from a highway in Central Iraq. An improvised explosive device has disabled a vehicle convoy, and wounded soldiers need to be moved to a hospital. Within 10 minutes, a helicopter carrying a combat medical team onboard is in the air and en route to the site at speeds approaching 200 miles per hour.

With roots that can be traced back to MedEvac crews that served in Vietnam, the 57<sup>th</sup> Medical Company (Air Ambulance), known as the "Original DUSTOFF," relies on teamwork and commitment to deliver high-speed medical evacuations in the Task Force Ironhorse area of operations.

"If we don't get there on time, people could die," said Warrant Officer Thomas Schurr, a pilot from Palmdale, California. "Once we receive the nine-line, we have only ten minutes to be

up in the air and on the way."

"If the medic says 'this guy is critical,' we pull the guts out of the aircraft to get the patient to the hospital," said Chief Warrant Officer Kevin Herrick, a Panhandle, Texas, resident and another pilot in the air ambulance company.

Placing medics on helicopters to treat casualties during the critical hour following the injury known as the "golden hour" was the original concept of MedEvac during the Vietnam War.

"The difference between casualty evacuation and MedEvac is with CasEvac, you get a ride, but no treatment," said 1LT Samuel Fricks, the commander of Bravo Forward Support Team, which supports the 2<sup>nd</sup> Brigade Combat Team. "With MedEvac, a highly training team of medical specialists provides continuous medical treatment while en route to the forward surgical team or combat support hospital."

Loss of life, limb, or eyesight is the guide as to when a MedEvac flight is warranted. That guideline applies to both Coalition forces and enemy troops.

"A hard part of my job is to keep

the enemy alive," said SSG Michael Lombardo, a medic from Columbus, Ohio. "Under the Geneva Convention, we still treat enemy soldiers like we hope they would treat our guys. I look at it as keeping them alive so they can be interrogated."

The highest priority job of the medic after picking up patients is to keep them alive, stabilize the patient, stop the bleeding, and provide continuous medical treatment, said Lombardo.

Patient care en route is one of the keys to preventing a casualty from becoming a fatality.

"The theater has seen over 2,000 wounded patients and about 500 deaths," said the Morrow, Georgia, native about the number of casualties transported on MedEvac aircraft in theater. "MedEvac has a lot to do with keeping the numbers low."

The result is about 83 percent of those picked up survive. Much of that is due to the immediate treatment provided by the in-flight medics, Lombardo said.

The 57<sup>th</sup> MedEvac, part of the XVIII Airborne Corps at Fort Bragg, North Carolina, easily distinguished from other MedEvac companies by the red cross on a white circle found on the nose of the aircraft, has flown over 600 hours and carried more than 100 patients in the 4<sup>th</sup> Infantry Division's area of operations.

"The white circle behind the red cross is the signature of our unit," said Fricks, explaining the unique logo of the "Original DUSTOFF" unit. We are proud of it, and it distinguishes us from everybody else."

Whether it is the 57<sup>th</sup> MedEvac or another unit delivering the high-speed medical care, the highly trained team of medics and flight crew are pivotal in maintaining life during the "golden hour."

"It takes the pilots, the crew chiefs, and the medics to make the team," said Fricks. "It takes the whole team to make saving lives happen."

*(Schoolhouse, continued from page 27.)*

determining a unit's MOS level, except for AMEDD officers. However, if a Commander considers the ASI to be essential to completion of assigned wartime missions and the soldier in this position does not have the required skill, this will be subjectively considered in determining a unit's training and overall category level. So it is up to the individual commander to make the determination on how this affects his or her individual unit. The bottom line is that a Flight Medic ASI is a step in the right direction to ensure that the right soldier gets to the right job with the right credentials. Yes, it will be difficult at first, but the Army is changing, and it is about time we change the way we manage flight medics.

In closing I would like to acknowledge the Distinguished Honor Graduate and the Honor Graduate of the last two Flight Medic Courses. The Distinguished Honor Graduate for Class 04-

01 was CPL Victor Ioffredo, and the two Honor Graduates were SSG James Gambill and SSG Jeffery James. The Distinguished Honor Graduate for Class 04-02 was SPC Eric Moore. Both graduating classes had the good fortune of two excellent guest speakers, MAJ Teresa Duquette and CSM Eugene Jeffers. I would personally like to thank both of them for their time and words of wisdom.

If you have any concerns, comments, or suggestions about how we here at USASAM can better assist you in the field, please feel free to contact me at COMM: (334)-255-7417 DSN: 558-7417. Thank you for your service and continued support. DUSTOFF!

—DUSTOFFer—



—DUSTOFFer—

## YOUNG AND STUPID

Editor's Note: A great and very familiar story, written by old DUSTOFFer Phil Marshall, DMZ DUSTOFF 711.

In order to be Old and Wise,

One must first be Young and Stupid.

—Ancient U.S. Army proverb.

I arrived in Viet Nam on the 4th of July, 1969, barely 21 years old. It was an average age for most of the other Army helicopter pilots I flew with in the 237<sup>th</sup> Medical Detachment in northern I Corps near the DMZ. One guy was 19, while the oldest (not counting our Commanding Officer) was the 28 year old XO, Army slang for the second in command Executive Officer.

Back home in the "real world," my buddies were at the drive-in, drinking beer and looking for a carload of girls to flirt with, just as I had been doing a year or two before.

Even though I had yet to fly my first hour of combat, I had already done many incredible things that my high school and college friends could not even dream of. I couldn't have been more proud of myself and my flight school classmates for having come this far.

With a fair amount of apprehension, it was now "the moment of truth." Could we really do what we had been trained to do without letting anyone down? We especially were concerned about the troops we were there to support. It was finally time to find out if we had the "gonads" to be combat helicopter pilots.

When I found out I was assigned to be a medevac pilot, I was devastated. In my mind, the only way I would survive the 365 days in Southeast Asia was to be a gunship pilot, blazing my way back to the States, defending myself with miniguns, rockets and grenade launchers.

All through flight school, we were taught by gun pilots, slick drivers, scout pilots (although not as many of the scout pilots; they had a high loss ratio), and oh, yes, ONE DUSTOFF pilot. He was an instructor pilot at Downing Army Airfield at Ft. Wolters, Texas, in May 1968.

I remember my very first primary flight instructor pointing at him as I listened intently to his every word. "There walks a dead man. He was a DUSTOFF pilot." "A dead man" meaning he should never have made it back, since DUSTOFF aircraft were unarmed medevac helicopters with red and white targets painted all over them that flew single-ship missions. It was a fact that DUSTOFF crews had three times the casualty rate of other helicopter crews. I never forgot the reverence with which that statement was made, as I began to form a "survival plan of action" in my mind. I would NOT fly unarmed helicopters!

Shortly after arriving at Ft. Rucker, Alabama, I learned that those of us with the highest flight grades would attend a two-week gun school near the end of training, while the rest learned formation flying. I wanted that top 20% and focused all my abilities and energy on making gunship training. I did well enough to make the school, along with about 25 of my classmates. But as the Army would have it, during Friday night formation of the middle weekend of gun school, 24 of us, including 12 in the gun school, received orders to attend Medevac school at Ft. Sam Houston, Texas, immediately after graduation.

I told my roommate, "This is it. I won't make it back." Obviously, I was wrong, but I didn't know it then. It turned out to be the best thing that happened to me, even though I was wounded before the year was out and sent home before my tour was over. I had no idea of the satisfaction, pride.

*(Young, continued on page 20.)*

### Nominate Your Hero for the DUSTOFF Hall of Fame

DUSTOFFers, don't let our legacy go untold. The Hall of Fame honors those who exhibited our ethics and standards in their actions and their contributions to DUSTOFF. Do your homework. Find out about that man or woman who made a difference in your career by his or her inspiration. Research your hero and nominate them. Deadline is July 1. Details are on the [dustoff.org](http://dustoff.org) homepage. Click on the Hall of Fame tab at the left of the opening page for information. It's OUR Hall of Fame; let's make it complete.

### Attention, DUSTOFFers!

The next DUSTOFF Association Reunion is scheduled for February 4-6, 2005, at the Holiday Inn Riverwalk in San Antonio. We've held several very successful reunions at this festive location, so begin planning now to attend. More details in the Fall issue of *The DUSTOFFer*.

*(Young, continued from page 19.)*

sense of accomplishment and even elation I would feel in the next six months.

Since I first heard the phrase that is the title of this article, it struck me that those words were exactly what we did as "kids" flying helicopters in Viet Nam. As I look back on my own experiences, two things stand out in my mind that I consider "young and stupid."

First of all, there was landing on the Navy Hospital ships USS Repose and USS Sanctuary in the South China Sea very near the Demilitarized Zone. While in themselves, those landings were not stupid, the way we got there was! Our single-engine UH-1H Hueys did not float in the water very well. In fact, not at all, since we usually flew with the doors open, even at night. And what was even "stupider" I suppose was the fact that if the doors were closed when we reached the water, we opened them so we could get out easier if we did go down.

Okay, so the Hueys were extremely reliable, and I still love those incredible machines. But for the moment let us discuss navigation equipment on a Huey. And the answer is: "There IS none!" Sure, we had a compass and an Automatic Direction Finder, but in the event of an engine failure on the way to the hospital ship, this would have probably been my emergency call. "Mayday, Mayday, Mayday. DUSTOFF 7-1-1, we're going down over the sea. We're about 5 miles out." Five miles out from where? Maybe it was only 3 miles . . . no, 7! Shoot. I had NO idea! But come look for us, will ya?

But I suppose we would have survived; we had water wings! Mine were draped over the back of my seat, along with my M-16 rifle. It was a well-known (and very true) fact that during an emergency exit from an aircraft, if you don't have it strapped to your body, you won't take it with you. If I had gone down over land, I probably wouldn't have taken my weapon with me. If I had gone down over water, I wouldn't have grabbed the "wings" either, because not only had I never tried to inflate them, I had never even tried to put them on.

Well, maybe we could have used

our survival radio once we were in the water or forced down over the jungle. Hehehehe . . . survival radio, what's that? Is that AM or FM? Can I pick up Armed Forces Radio on it? We HAD no survival radios in those aircraft. (So I guess that makes three "Young and Stupids.")

Once out to sea, landing on the ships was an interesting experience in itself, especially when the decks were bouncing up and down like a fishing bobber with a carp under it. I already knew the difference between port and starboard, and it wasn't that hard to figure out "beam" and "quartering" approaches.

I used to laugh at the occasional Huey slick driver who flew out to let guys from his unit use the shopping facilities on the ships. The radioman on the ship would tell them, "Cleared for a port quarter approach."

The silence on the radio was the proverbial "pregnant pause," and I could imagine the conversation inside the Huey cockpit. "What'd he say?" "Hell, I don't know. Damn Navy talk!" The hospital ship would then radio to the helicopter again, "Just come in from the left and land to the back of the boat." It always got an immediate "Roger!"

It has been said many times by Navy and Marine jet pilots that landing on an aircraft carrier is like landing on a postage stamp. I would never dispute that, but I would argue that putting a helicopter on the tiny pad of the hospital ship is like landing on a corner of that postage stamp.

And night time was even worse. The first time I tried to land on the ship at night, I terminated at a 30-foot hover over the deck instead of on the deck. The Aircraft Commander had to take over and hover us down to the ship. That was probably the lowest point of my Viet Nam flying experience, and I never forgot it. I promised myself that it would never happen again and it didn't.

It wasn't easy and I will now confess that my depth perception almost was not good enough to pass my initial flight physical, but I made it. (As an aside, when I returned to the States later and applied for my military drivers license so I could drive the Company pickup truck, I was told I didn't

pass the depth perception portion of the eye test and would not be issued the license. I was o.k. to fly helicopters in the Army, but not to drive a jeep! I asked to take a different test and was able to pass that one!

Knowing that my depth perception left little margin for error on the night approaches (especially), I had to concentrate totally on what I was doing and not relax for a second until we were down on that rockin' and rollin' ship.

The night I was wounded, my new copilot Don Study put us right on the deck. But all the while I had visions of my first 30-foot hover when I was a Funny New Guy, an FNG. I knew that if Don got in trouble on the approach, I could not be of much help because of the gunshot wound in my left arm. We were Young and Stupid, and we made it. I will always thank Warrant Officer Study for his late-night "picture perfect" landing on the round end of the boat.

Oh, were we Young and Stupid on hoist missions, too; the second Y & S thing we did! As Medevac helicopter pilots, we flew the only Army Hueys equipped with the electric hoist/winch. The most incredible, dangerous, high pucker-factor, exhilarating thing a man can do with a helicopter is to pull an insecure hoist mission, day or night. Add to that, it is also the most unforgiving mission flown in a helicopter.

First, one has to understand what a hoist mission is and why we did them. Generally, someone is badly wounded in jungle or mountainous (or both) terrain where a helicopter cannot land on the ground or even close to it. The tactical situation is such that the ground troops cannot get the dead or wounded to a secure open area for evacuation.

We must now hover over the trees or rocky terrain while we let out up to 150 feet of quarter-inch cable with a jungle penetrator or a stokes litter attached to it. Translation: There's bad guys all around, we've got wounded, get in here NOW before they die or we have more wounded and you have to come back again. We don't have any place for you to land, so just hang your butts out in the open sky for several minutes so any kid with a bow and arrow can shoot you down, and gee, those red crosses on your helicopter sure

*(Continued.)*

make great aiming points, don't they? When you crash, we'll try to recover your bodies.

We were unarmed, and experience taught us that usually, we were better off to fly to the landing zone quickly, get in and get out as fast as possible while avoiding the bad guys, and fly straight back to the hospital. If we waited for gunship support, it may be too late for the wounded. So most times we tried to "sneak in" and "sneak out" (if that's possible in a clattering helicopter) and complete the rescue before the enemy had TOO much time to shoot us up . . . or down.

A hoist mission was just the opposite. We still got there in a hurry, but once there, we hovered over the trees like a target at the county fair 25-cent shooting booth. Five minutes or more seemed like hours while we sat in the air over the ground troops, taxing every bit of professionalism we had.

And the reader better believe we had the utmost professionalism. The crewmen I flew with on hoist missions (like me, in their teens and early 20s) were absolutely the best and I wish I could shake every one of their hands and hug them today. I am so very proud to have served with them. It required every skill we had. If we had been shot down on virtually any hoist mission, our high hover would not have allowed us to make a safe landing, and many would surely have died. That was the unforgiving part. It happened many times, and their names are on the Wall in Washington, D.C.

One particular mission I recall was a day hoist. We were an easier target during the day, but unlike at night when we kept all the lights off, we could see what we were doing! When we were on short final approach over the landing zone, I heard small arms fire, and my "brand new" crew chief yelled, "We're taking fire!" I pulled power into the rotor system to get out of there as quickly as I could when the radio operator on the ground called out "DUSTOFF, are you going?" "We're taking fire," I said. "That was us giving you covering fire!" he replied. "OK, I'm turning around," and I did another Young & Stupid thing: I made a pedal turn (U-turn) about 200 feet in the air, probably over some bad guys, and hovered back in over the trees.

Normally, one has to push a button to talk over the intercom in a military aircraft, but on a hoist mission, we turned it to "hot mikes" because we all needed our hands for other things. With a hot mike everything that was said, every noise, every round fired, every grunt and groan was amplified and transmitted into everyone's headset without touching any buttons. A constant line of chatter was transmitted from the medic and the crew chief to the pilots, who were both on the flight controls in case either was violently incapable of continuing to fly the aircraft. (One has to realize that there was virtually no protection for the pilots from the front and little from the sides or underneath.)

"The cable's going out . . . about halfway down . . . come right . . . it's on the ground . . . looking good . . . come forward just a little . . . keep your tail straight . . . come left . . . they're on the penetrator . . ." was typical of the continual commentary from the enlisted crewmembers. As the aircraft commander in control of the helicopter, my eyes never left the tree branches that were touching the nose of my aircraft, but made flight adjustments according to the guys in the back. The additional weight of patients on the end of the hoist as they were lifted off the ground further complicated the stability of the aircraft.

During a hoist mission, we flew with one finger on a button on the cyclic stick that operated an electric solenoid. It would instantly cut the cable should any part of the lift apparatus get snagged in the trees or in any other emergency situation. Otherwise, if we got tangled up, it could cause the aircraft to crash. I wonder how many grunts would have gotten on the hoist had they known that.

When I read the quickly handwritten sheet for this particular mission, I knew before we left that it was going to be an insecure hoist. We grabbed some unsuspecting "schmuck" and told him to get his weapon and some ammo and run with us to the aircraft. We put him in the back of the cargo compartment with his M-16 and a helmet, hooked him up to the intercom and we were off. I have no idea who he was, but we logged his flight time as "PP—Patient Protector."

After the first of the two injured soldiers was hoisted on board, the din of the covering fire began to register in my head. With the front of my Huey still kissing the tree leaves and my crew keeping me posted as to what was going on, I took a quick, curious look out my left window to see where the friendly fire was impacting. "Oh, Sugar!" (Not my exact word.) "I can throw a rock in there, it's so close!" was the rest of my thought. I then realized that ole PP back there was just sitting in the hell hole taking it all in, not doing a thing! "Put some fire in that bunker!" I yelled to Private What's-His-Name. I guess that woke him up, as the next thing I heard was his rifle plugging away at a mound of dirt just outside his door and about 30 feet down.

The rest of the mission went as expected with no more surprises. We took no hits on that mission, and as we lifted out of the landing zone, the fact that we "cheated death" again left me with all the exciting feelings I mentioned at the beginning of this article. There was an adrenaline high, too, and a tremendous sense of accomplishment that I have yet to experience since flying my last mission in Viet Nam.

The emotions are almost indescribable, but there was one more feeling—relief from being so scared! Being scared in the sense of risking one's life for others, for sure, but also a sense of being scared that you won't be up to the standards of your fellow pilots. Scared that maybe, just maybe, you'll fail your mission, where someone else just like you would have succeeded. I suppose that's what kept most of us going in the daily risk of flying helicopters in combat in Viet Nam. If we didn't do it, the next guy would, and we would have been found to be personally lacking what it took to complete the mission.

In retrospect, I think that's what happened to one of the pilots in our unit a few months after I left. Warrant Officer I Al Gaddis was a tall, curly haired kid as I remember him. Always smiling and never hurt anyone, I would guess. On what turned out to be his final mission, they were to pick up wounded on a mountain top, but got caught in heavy fire while making their  
*(Young, continued on page 22.)*

(Young, continued from page 21.)

approach.

Whether they took hits at this time or not is speculation, but he tried another tactic. He dropped to the deck a couple miles out and then screamed up the hill at 120 knots and tree top level, trying to "sneak in" past the enemy. But this time he definitely took hits in a .50 caliber crossfire, and as he peeled off from the mountain, fuel was streaming from the aircraft. The gunships escorting him told Al to put it on the ground right away because of the serious leak.

"I think I can make it back!" was his last message as the aircraft caught fire, rolled inverted and crashed in flames, killing all on board. My opinion is that he was as afraid he couldn't complete the mission as much as he was afraid to die. At least, I believe that's how I would have felt, had it been me. We always at least tried to complete the mission and felt that we let someone down if we didn't.

On one particularly difficult night medevac in the mountains, all our windows fogged up as we dropped from 7,000 feet through a hole in the clouds to pick up a soldier with a head wound. It took all our skill and luck to avoid flying into the valley walls as we stuck our heads out the windows to find our way to the LZ without "balling up" the helicopter.

With the patient finally on board, the radio operator with the ground unit "rogered" our departure message with a "Thanks a HELL of a lot, DUSTOFF!" Those brief and simple heartfelt words meant more to me that night than anything else ever said to me during my entire tour. We risked much in a totally dark valley that night, and there was no doubt that someone appreciated us.

So, were we really "young and stupid?" Yes, most definitely young, but stupid? I don't think so. We all volunteered to do something that only a year or two before we could not have even dreamed we would be doing—something only a very few could ever experience; something for which only a very few could even qualify. Those of us lucky enough to come home learned from the excursion and were without question changed men and no longer wide-eyed boys.

I think some of us changed for the better, but some of us didn't. I tried to use the opportunity to prove to myself that I could accomplish the goals I set for myself and do them well. In fact, we all did well. As a group, we helicopter pilots did what we had to do and then some. We sacrificed our youth and innocence; we achieved above and beyond the call of duty on a daily basis. Not only were we not found to be lacking as youthful aviators, as a whole we far exceeded expectations. We are now older and wiser, and for that I am very thankful.

### Epilogue

Most people who see photos of DUSTOFF Hueys in Vietnam observe only the outside of the aircraft. Only a few privileged people other than the crew members themselves know an obscure fact—that there were actually *three* seats in the cockpit of a DUSTOFF helicopter, rather than two seats as mounted in all other Hueys. The third seat was for our testicles. Although I was sworn to secrecy at the time, with the Freedom of Information Act I believe I can now break that silence.

When we, as students, first began training in Hueys at Ft. Rucker, Alabama, our Instructor Pilots (IPs) were required to fill out a Department of the Army (DA) form if our testicles were too big to fit comfortably in the standard front seat of a Huey. This form, number DA-4733-DSC (DUSTOFF-Sized Cajones), was used to determine which pilots would obtain Medevac training at Ft. Sam Houston, Texas, upon completion of training at Mother Rucker. The DA-4733-DSC should not be confused with the much more common DA-4734-GSTT (Gunship-Sized Tiny Testicles), where other pilots made up for their lack of size with big guns and big wrist watches. The third seat was installed in our combat aircraft to accommodate the well above-average size of our family jewels, which were required to complete most of the missions we flew in Vietnam.

Have you ever heard the expression "He was flying the aircraft balls out"? That was us. DUSTOFF pilots and their unique seating arrangement is where that statement originated. On the ground, the troops would look up at Hueys flying over. When they saw one

flying "balls out," they knew it was a DUSTOFF on an urgent mission. There was a down side to the oversized appendages, however. As mentioned earlier, there was little protection from weapon fire for the pilots, and with body parts exposed on a third seat, we were especially vulnerable. One pilot lost a testicle to a .50 caliber round and was able to father only 44 children (at last count) after returning from overseas. (Personally, I have fathered three children with two good DUSTOFF-sized testicles.) We know it was a .50 cal that got him and not an AK-47 bullet because an AK round is not big enough to shoot off the balls of a DUSTOFF pilot. But it was a small price to pay for the successful completion of our daily rescues.

Further proof of these facts can be found at a recent Vietnam Helicopter Pilots Association (VHPA) reunion. As an elevator at the reunion hotel was transporting me and other attendees to the Saturday night banquet, another DUSTOFF pilot stepped on from his floor. As he entered the crowded car, his only comment was "Ballroom, please." The others on board simply assumed that he was also headed for dinner, but I knew the true meaning of his statement. I just tapped him gently on the shoulder and whispered "Hey, Buddy, I'm as far back in the elevator as I can get now." I knew what he really was saying.

In closing, I would merely like to state that I am able to write this today in large part because of luck. A whole lot of good luck and a little bit of good humor.

--DUSTOFFer--



# Consultant's Corner

by COL Scott Heintz, MEDEVAC Consultant

Hello to all. As our nation remains engaged in this war on terror, the young men and women of DUSTOFF continue to serve bravely and honorably, each of them committed to the mission of saving the lives of wounded soldiers. Each and every one of you has the utmost respect of your comrades and your nation. God Bless all of you for the sacrifices you've made and all you've done and continue to do.

The Aviation Focus Task Force continues to work toward its charter of aviation transformation to support the modular concepts of the Army's Unit of Action and Unit of Engagement. The Army G-3 has directed that Air Ambulance Companies would become organic to the Aviation Units of Action and would reside within the General Support Aviation Battalions. In terms of how our units have employed during OIF and OEF, this is not a significant change. What is a significant change is that as a result of the restructuring, our MEDEVAC units may stand to lose the proud lineage built from the sweat and blood of our DUSTOFF forefathers. While the history of the Air Ambulance units would be absorbed by the gaining battalion, the new "Charlie Company" (MEDEVAC), would assume the history of the new aviation battalion. Fortunately, this issue is not unique to MEDEVAC, and a significant number of Army units face the same dilemma and feel as strongly about losing their respective heritage as we do ours. We, along with other affected Army units, have approached the Center for Military History about a solution to this problem. To our distinguished retired DUSTOFF members, please make sure your voices are heard, as well. Write your respective congressional representatives to make them aware of your feelings on this issue.

The first unit scheduled to convert to the new 12-ship, 85-man structure was the 57<sup>th</sup>, but because of operational commitments, the new conversion is now pushed to fall of 2006. The next units scheduled to convert are the 50<sup>th</sup> from Ft. Campbell and the 54<sup>th</sup> at Ft. Lewis (September of this year). However, according to the aviation transformation plan, no units will convert until the Aviation Branch provides an executable concept plan that will address how the General Support Aviation Battalion will support not only the requirements of simultaneous and multiple MEDEVAC deployments, but those of the other aviation units it is tasked to support. The conversion plan is also affected by a multitude of other actions, to include operational deployments in support of OIF/OEF and other directed missions, and the UH-60 RESET plan. More to follow.

In terms of career opportunities for 67Js, not much will change from 2LT to Major. In fact, additional 67J positions within the aviation brigade and the UEx and UEy are being created to facilitate the critical linkage and integration of MEDEVAC with the combat health care system. The Air Ambulance companies will continue to be commanded by 04 67Js. This decision was mutually derived by the AMEDD and aviation branch to ensure that the Air Ambulance commander possessed the appropriate level of medical expertise. The forward support MEDEVAC teams will now be called Air Ambulance Platoons and will have an 03 67J as the platoon leader, with an additional 02 67J in each Air Ambulance Platoon. A more detailed explanation of the new structure can be found at the 67J Web page on AKO (where MAJ Fristoe does a wonderful job of keeping information up to date and relative). Feel free to drop me a line, as well, at heintzs@socom.mil, and I'll be glad to share the latest information in this forever changing process.

While no official determination has been made, we do not expect Evacuation Battalions will be a part of the transformed Army, and our command and control structure may resemble what we had prior to 1993. The AMEDD Center and School is re-looking the entire AMEDD future organizations, to include command and control functions. The 67Js will compete, along with the other Medical Service AOCs, for these commands, as well as the training and recruiting battalions that we currently compete for. I expect that our officers will be sought after (as they are now) to fill critical staff positions within the GSAB and the aviation brigades. I also foresee a time in the future that command of the GSAB will be an opportunity.

Success, in terms of the relationship between command and promotion is relatively, clearly defined today: as a 67J, you need to command an Air Ambulance company successfully to be considered for promotion to LTC; as a 67J, with very few exceptions, you have to have commanded successfully at the battalion level to be considered for promotion to COL. Within the transformed Army, the definition of "success" and those positions that correlate to success as we know it today, is expected to change. Critical staff positions at the LTC and COL level may be filled by officers selected by boards similar to today's command selection boards. Bottom line: career opportunities for 67Js will continue to be plentiful, and while the net percentage of command opportunities at the LTC and COL level may decrease, the number of 67Js competitive for and eventually selected for promotion to LTC and COL will remain the same.

The following outstanding young DUSTOFF pilots were recently selected for promotion to Major. Congratulations to: CPTs Beckett, Carver, Clyde, Hughes, Koonce, LaFleur, Nowicki, Pearson, Salvitti, Siller and Wild.

Congratulations to the following officers who were selected for 2005 Air Ambulance Company commands: MAJ Pete Eberhardt, MAJ Andy Risio, MAJ Gary Letch, MAJ Bryce Anderson, MAJ John McNally and MAJ Ricky Ortiz. CPT Franks will take command of the USAAD in Honduras.

*(Consultant, continued on page 25)*

## Membership Report

Honorary Life Members	16
Life Members	947
Members	808
Units	70
Corporations	8
Inactive	652
Other	2
Total	1,868



## Treasurer's Report

May 1, 2003, through April 30, 2004



### INCOME

Dues	\$ 7,030.00
Interest Income	383.65
Memorial Fund	4,086.00
Other Income Unassigned	0.00
Reunion 2004	21,136.00
Sales—Memorabilia/Email	5,997.23
<b>Total Income</b>	<b>\$38,632.88</b>

Interest Income includes interest earned at Pentagon Federal Credit Union and the Bank of America Military Bank checking account.

### EXPENSES

Memorial Expenses	\$ 4,772.44
Newsletter & Ballot Publishing	6,306.40
Operating Expenses	1,413.34
Reunion Expenses 2004	16,173.82
Sales Expense Memorabilia	4,810.27
Sales Taxes	370.40
Sustaining Membership-Museum	1,000.00
<b>Total Expenses</b>	<b>\$34,846.67</b>

**NET INCOME (LOSS)** \$ 3,786.21

Balances at the bank/credit union are as follows:

Bank of America, Military Bank Checking	\$ 10,319.23
Pentagon Federal Credit Union CD	\$ 10,175.59
Pentagon Federal Credit Union Money Market	\$8,966.05
Retail Value of Store Items on Hand	\$14,715.00

Memorial Fund began the year with \$1,552.92; ends year with \$866.48.

Reunion profit totaled \$4,962.18, allowing for continued operations and support of our programs and a quality DUSTOFFER newsletter.

Store profit was \$816.56, with a good stockage of products and a new belt buckle for sale.

We will once again support the AMEDD Museum Foundation with a donation of \$1,000.00

## New Entries on the Flight Manifest

Ruben Y. Acosta	Phoenix, AZ	L
David Alton	Windsor, NJ	M
Ramon A. Arvelo-Nieves	Fort Campbell, KY	L
William S. Asselin	Clovis, CA	L
Michael W. Basler	Oshkosh, WI	L
Paul L. Batiz	Fort Campbell, KY	L
Sarah Beal	Bastrop, TX	L
Craig T. Berre	West St. Paul, MN	L
Ronald L. Best	Cocoa, FL	M
Steven Bolint	Ft Sam Houston, TX	L
Gary Brown	Fort Carson, CO	L
Waynard E. Caldwell	Roanoke, VA	L
Jon V. Corey	APO AE	M
Dennis Davis	Boise, ID	M
Willie M. Dixon	San Antonio, TX	M
Jon Eidem	Bloomington, MN	L
Douglas R. Fonnesbeck	Farmington, UT	L
Norman Farrar	Nashville, TN	L
Eldon V. Freeman	Fair Oaks Ranch, TX	L
Josef W. Frey	Logan, NM	L
Cheryl Fries	Austin, TX	HL
Patrick Fries	Austin, TX	HL
Brady A. Gallagher	Colorado Springs, CO	L
Russell Hall	Rolla, MO	L
Tommy Hallstead	San Antonio, TX	L
Fredrick M. Harker	Enon, OH	M
Spencer Hasch	Fairbanks, AK	L
Peter Hassapelis	Standish, ME	M
Robert Heinz	Grayslake, IL	M
Heath D. Holt	Clarksville, TN	L
Mark M. Hough	Bellevue, WA	L
Ted Isaacson	West Haven, CT	L
Jason M. Jones	Waipahu, HI	L
George R. Krueger	San Antonio, TX	M
William Kruse	Acworth, GA	L
James Leonard	Boise, ID	L
Richard Long	Bryan, OH	L
Richard J. Martin	South Portland, ME	L
Michael C. McLaughlin	Harrisburg, PA	HL
James A. Mullen	Spring Branch, TX	L
Ricardo Olivares	West Covina, CA	M
Enrique Ortiz Jr.	Fort Rucker, AL	L
Frank G. Phelps	Gambrills, MD	L
Deborah Pope	Columbia, MD	M
Larry L. Rafiner	Pleasant Grove, UT	M
Craig R. Ribeiro	New Bedford, MA	L
Randolph B. Robbins	San Antonio, TX	M
Peter D. Rohrs	Fort Lewis, WA	M
Willard G. Rusk	Littleton, CO	L
Ronald Salmon	Winchester, VA	L
Mike Sloat	Fort Worth, TX	L
J. Spruill	Rocky Mount, NC	M
Jerry L. Thompson	Elk City, OK	L
Jeffrey N. Thurman	El Cajon, CA	M
Tommy Trampp	Miami, AZ	M
Russell C. Wingate	Berlin, NJ	M
Russell Yount	Colorado Springs, CO	L

# From the Proponency

by COL Pauline Lockard

What would life be without change? Boring? Well, don't worry. These upcoming years in the Army will be far from that! Instead, be prepared for some very dynamic changes. Transformation has already started by redefining the structure and organizational designs of units and their capabilities. COL Scott Heintz covers some of the impacts of this transformation in his comments. This reorganization of the Army will affect all branches of the Army and how we all do business. The AMEDD, and specifically MEDEVAC, will continue to do what we do best—saving lives—but under a different construct. We were very fortunate to get the Army senior leaders to support the critical point that our MEDEVAC units need to have Medical Service Corps officers commanding and leading. Our MS officers are the critical link in the evacuation process and the continuum of health care. They are our subject matter experts and need to be the thread in the large scheme of maneuver. Our thread must pierce every level of organization to ensure we provide critical lifesaving services to our soldiers. We will continue to depend on our MSCs to uphold our legacy with DUSTOFF.

Another change on a smaller scale is that I have left the position as the Director for MEDEVAC Proponency. I have moved to the job as the Chief, Force Management for the Office of The Surgeon General, within the Directorate of Health Care Operations. I will continue to be involved in this transformation and continue to look out for the welfare of our Corps. Below are comments from the Wiregrass. *Please continue to keep all our DUSTOFFers in your prayers as they continue to serve our nation.*

—DUSTOFFer—

## From the Wiregrass

by LTC Van Joy

Greetings from UCLA!

COL Heintz's Consultant Update gives a very clear picture on what is fast approaching for the MEDEVAC community and the changes that will be taking place in the very near future. We here at Ft. Rucker are working closely with our Aviation brethren to ensure our long-standing commitment to help our fellow soldiers isn't lost in this transition.

We have been able finally to get an APA on the staff here at MEPD. MAJ Willie Sallis has joined this team. He came directly from spending a year in Kuwait, and he is a welcome addition here. If you have any medical equipment or medical standardization issues, let him know! MAJ Sallis has also helped fill the void since MAJ Colacicco has departed for ILE and then into command of Flat Iron here at Ft. Rucker. I know he will do great things supporting the installation and ease the transition of Flat Iron from MEDCOM to TRADOC, which is all part of Army Transformation efforts. MSG Vallejo is departing us at the end of May, and his replacement has been here for some time. Most of you know him already. MSG Charpentier is now officially the hoist guru, so if you have any issues on hoists, he's the man.

I am closing out my flight plan and passing the controls over to LTC Glenn Iacovetta. He is coming to MEPD from Ft. Benning, and I'm sure he will continue to keep this aircraft right side up and operating everything in the "green." If you get close to "Mother Rucker," stop in and say hello to him. I trust he will keep up the standing tradition of buying you lunch at Larry's. Keep up the great work. Fly safe. DUSTOFF!!!

—DUSTOFFer—

*(Consultant, continued from page 23.)*

Aviators led the way in the 05/06 command selections, with LTC Scott Avery, LTC Steve Rumbaugh, LTC Brian Kueter and LTC Steve Suttles being selected for battalion command, and COL Charles Keller and LTC(P) Jim Rice picked up for 06 command. Congratulations to all!

Again, God Bless all our young heroes in harm's way. As always, fly safe and take care of one another. DUSTOFF!

—DUSTOFFer—



# Reunion 2003



*Left: Kelly Salmon accepts induction into the DUSTOFF Hall of Fame on behalf of her late father, COL (Ret.) Ray Salmon.*



*Right: The family of COL (Ret.) Eldon Ideus gathered for his induction into the DUSTOFF Hall of Fame.*



*Left: DUSTOFF Hall of Fame 2004 inductees, COL (Ret.) Doug Moore and ISG (Ret.) Charles Allen.*

*Right: The family of SPC Morey Wilder joined him as he accepted of the award for DUSTOFF Crewmember of the Year.*



# Top of the Schoolhouse

by ISG Jayme Johnson

The last time I spoke with you, USASAM was in the planning stages of the 25<sup>th</sup> Annual Operational Aeromedical Problems Course (OAP), held this year at Moody Gardens Conference Center in Galveston, Texas. The OAP was dedicated to MG (RET) Spurgeon H. Neel, one of Aviation Medicine's great pioneers. I am pleased to report that it was a success, due to the hard work of USASAM soldiers and staff. I would especially like to thank Mrs. Neel and MG (RET) Pat Brady, who honored us with their presence. The 26<sup>th</sup> Annual OAP will be held at the same place in February 2005.

The Medical Evacuation Doctrine Course (2C-F7) has incorporated the suggestions from last year's task selection board. AMEDDC&S Programs of Instruction, such as the Advanced Noncommissioned Officers Course, Basic Noncommissioned Officers Course Small Group Leaders, and the Defense Medical Readiness Training Institute, were the first to receive those new blocks of instruction. The feed back was positive from everyone concerned. The course material is relevant to today's current operations, so visit our Web site at <<http://usasam.amedd.army.mil>> for more details on how you can get your soldiers into this course.

I recently returned from the Army Medical Evacuation Conference (AMEC) in San Antonio, Texas, where LTC Layden and I tried to shed some light on initiatives that the schoolhouse is undertaking. Some of these were met with resistance, so I will try to provide some enlightenment.

First, Advanced Cardiac Life Support (ACLS). The current student evaluation plan makes it a graduation requirement for flight medics to pass the ACLS portion of the course in accordance with the American Heart Association standards. What does that mean to the Commanders and First Sergeants in the Air Ambulance Companies? It means that if the soldier fails to achieve the course ACLS standards, he does not graduate and becomes reassigned to needs of the Army. You will not get that soldier to your unit. Some say this is a good thing because they do not want soldiers who cannot achieve the standard. However, a counter-argument is that the majority of Air Ambulance companies do not have any sustainment programs for ACLS, nor do they even carry the appropriate drugs to facilitate the flight medic who is ACLS-qualified, and frequently do not have current protocols that support this qualification.

Simply having an ACLS card does not equal proficiency. I graduated airborne school in July 1988, and I can tell you that having a pair of wings on my chest did not mean I was a proficient jumper. It took many years and continuous training at my next few airborne assignments before I was truly proficient as a jumper. The proposal that I presented at the AMEC was to continue instructing ACLS and test the soldiers in accordance with the American Heart Association standards and issue cards for those who pass. Those who do not meet the ACLS standard would still graduate and become flight medics. If the unit they go to has an ACLS training/sustainment program, the soldier might eventually become qualified and proficient. Individual units must take responsibility for training their soldiers. If you are still skeptical, ask yourself this: How many of your flight medics have never attended the Flight Medic Course at Fort Rucker? Additionally, how many did you "draft" from the ground ambulance company or the hospital who never received ACLS training under your watch as the First Sergeant or Commander? The schoolhouse's job is to facilitate what you in the field need and request, but be careful for what you ask for.

The second issue is the proposal to add an Additional Skill Identifier (ASI) to the flight medic positions instead of the current Special Qualification Identifier (SQI). To better understand the issue, you must understand the meaning of each term. SQIs are authorized for use with any MOS and skill level character, unless otherwise specified, to identify special requirements. ASIs identify special skills, qualifications, and requirements that are closely related to and are in addition to those inherent to the MOS. ASIs are authorized for use only with designated MOS and will be listed in each specification for such MOS. ASIs are primarily used to identify skills requiring formal school training or civilian certification.

To further clarify the "F" identifier, AR 611-201 states that it defines positions that require soldiers to perform frequent and repetitive aerial flight, to include CMF 15 positions. Qualifications for the "F" identifier are that the soldier must volunteer for flight duty and complete a qualifying physical examination for flight status, as prescribed in AR 40-501. Furthermore, the proponent for the "F" identifier is the United States Army Aviation Center (USAAVNC). Flight Medics have been on the verge of losing the right to wear the Aviation Crewmember Badge because Aviation Proponency's position is that only CMF 15 series MOS-producing courses have this entitlement. Nothing about an SQI helps further the cause of getting better-trained flight medics to Air Ambulance companies, nor does it protect the Flight Medic's right to wear wings. However, by definition, the ASI has everything to do with maintaining MOS proficiency, especially since the 91W certification process deals with maintaining civilian certifications. Also, the ASI may be one route to create a separate set of Flight Medic wings, or at the very least to help justify the right to wear the ones we have now.

It was also brought to my attention that some of the First Sergeants and Commanders in the field believe that the application of a Flight Medic ASI will negatively impact the personnel readiness statistics of their Unit Status Report, at least in the near term. The main concern in this matter is MOS-qualified percentages. I researched this, and Army Regulation 220-1 states: When determining the enlisted available military occupational specialty qualified percentages, use the first three characters of the MOSC. Where an ASI is specified in the authorization documents, it will not be considered in

*(Schoolhouse, continued on page 18.)*

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