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THE DUSTOFFER



DUSTOFF ASSOCIATION NEWSLETTER

SPRING/SUMMER 2005

In this issue:

2005 HALL OF FAME NOMINEES AND BALLOT PLUS VOTE ON DUSTOFF SCHOLARSHIP PROGRAM

DUSTOFF Association Membership Application/Change of Address

- ☐ I want to join the Association as a Member
Officers and Civilians \$10.00 Initial fee
\$15.00 Annual fee
\$25.00 Total
- ☐ I want to join the Association as a Member
Enlisted \$ 7.50 Annual fee
No Initial fee
E-5 & below
E-6 & above \$10.00 Initial fee
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Rank _____ Last name _____ First name _____ M.I. _____

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E-mail _____ Spouse's name _____

Home phone _____ Work phone _____

Send check or money order, payable
to DUSTOFF Association, to:

DUSTOFF Association
P. O. Box 8091
Wainwright Station
San Antonio, TX 78208



Flight line of the famous 498th Medical Company (Air Ambulance) in the Iraqi Desert.



President's Message



It's that time of year again, time for a letter from the "New DUSTOFF President." Greetings, fellow DUSTOFFers. First, a special thanks to Ernie Sylvester for his leadership and service to the DUSTOFF Association during the past two years, and congratulations to our Executive Council for the planning and execution of yet another outstanding reunion. Plans for the 2006 reunion are already underway, with some interesting changes that I hope everyone likes.

Our soldiers continue to fight the Global War on Terrorism and deploy at an ever-increasing rate. The DUSTOFF heroes supporting these great Americans are still on a successful glidepath, and as a Nation at War, we owe a special debt of gratitude to these brave Americans, many of whom are serving the second and third tours of duty in Iraq and Afghanistan. The DUSTOFF Units like the 57th, 571st, 54th, 236th, 50th, and 498th are completing or currently serving their second tour, and along with the 507th, 82nd, 68th, 159th, 45th, 1022nd, and the 1159th have closed the flight plan on their first tours.

The DUSTOFF Association has been mindful of its obligation to recognize our MEDEVAC crews returning from Iraq. A salute to the many DUSTOFFers whose donations have made it possible to purchase DUSTOFF Association coins, and the benevolence of Dan Gower, Charles Kelly Jr., Jeff Mankoff, and Ernie Sylvester, who traveled to Fort Bragg, Hood, and Riley, ensuring each returning crew member received one of these coins as a token of our legacy to the DUSTOFF mission.

Our focus for this year is to ensure we add new members to our ranks, develop the scholarship funds for future DUSTOFFers, and recognize the past and current achievements made in support of the DUSTOFF mission. I hope to see each and every one of you in San Antonio during the 2006 reunion. Until then, keep your rotor in the green...

DUSTOFF!

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When Minutes Count

by SP Len Cutler, reprinted from August/September 2004 Army Aviation.

Saving lives is just another part of military duty. But for most soldiers, the names and faces come from faraway lands, in places no one has heard of and will probably never see for themselves.

For a select few, however, the lives hanging in the balance are neighbors, friends, and coworkers. The work is challenging, but the soldiers of the 68th Medical Company wouldn't have it any other way.

"Our mission is to provide 24-hour, urgent medical response for the soldiers and citizens of the State of Hawaii," said Major Shannon Beckett, commander of the unit.

Car wrecks, surfing mishaps, missing hikers, even the occasional errant parasailist—the crews that deliver Hawaii's injured to safety have seen it all. The only common denominator is that in every case immediate evacuation is crucial to saving lives.

"The mechanism of injury and the condition of the patient are some of the biggest factors," said SGT Ben Walker, a flight medic with the company, adding that head and neck injuries are among the most commonly seen injuries that require urgent attention.

The program started about 30 years ago. Since then the people of Hawaii have become a little less shocked to see an Army helicopter landing to rescue them. But sometimes a few misconceptions still pop up.

"I want to make sure everyone knows that the service doesn't cost the patient anything," said CPT Mary Miller, operations officer for the company. "You don't even have to be an American. If you are on the island and get hurt, we will take care of you. It isn't something that the patient—civilian or military—will have to pay for."

The no-cost service has racked up an impressive \$9 million in savings for Hawaii and rescued more than 7,000 patients in its 30-year history, said Miller. That entire time, a complete flight crew has been ready and waiting, should the need arise, to fly anywhere and bring the patients to safety.

It isn't always easy caring for the wounded.

"You're coming to help someone at what's probably their worst moment," said Beckett. "But the overriding factor is that you know you're there to help them. It's what we're trained for and it's very rewarding."

That training includes drills, exercises, and time in a simulator—a mock cockpit mounted on pistons that can shimmy and shake just like a real helicopter. Pilots can practice flying with a near-perfect replication of the aerial experience, but without the hazards. Miller said it pays off daily, since this air ambulance unit is one of the most active in



DUSTOFF Hawaii—Still flying.

today's Army, conducting more missions than any other.

Walker said professionalism is what drives him to draw comfort out of the wreckage and to stand ready to do it all over again the next day.

And they do, day in and day out. These days, the soldiers of the unit are also doing it short-handed, since about half of the 68th is deployed to Afghanistan.

"We're real proud of our missions in Afghanistan," said Beckett. "We're conducting 24/7 Medevac ops in support of Operation Enduring Freedom. Those guys have flown more than 180 missions in three months. Our air crews and medics are proving their mettle, and their performance has been exemplary." ■



VOTE ☆ VOTE ☆ VOTE ☆ VOTE

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Hall of Fame Nominees . Pages 23-25

Ballot Page 27

Lessons Learned from Crewmembers

From "The Guys in the Back," bits of wisdom not found in those fancy-schmancy officer schoolhouses.

- Once you are in a fight, it is way too late to wonder if it was a good idea.
- It is a fact that tail rotors are instinctively drawn toward trees, stumps, rocks, and similar objects. While it may be possible to ward off this natural event some of the time, it cannot, despite the best efforts of the crew, always be prevented. It's just what they do.
- The engine RPM and the rotor RPM must BOTH be kept in the green. Failure to heed this commandment can affect the morale of the crew.
- Letters from home are not always great.
- The madness of war can extract a heavy toll. Please have exact change.
- Decisions made by someone over your head will seldom be in your best interest.
- The terms "protective armor" and "helicopter" are mutually exclusive.
- If being good and lucky are not enough, there is always payback.
- "Chicken plates" are not something you order in a restaurant.
- The B.S.R. (Bang, Stare, Read) Theory states that the louder the sudden bang in the helicopter, the quicker your eyes will be drawn to the gauges.
- The longer you stare at the gauges, the less time it takes them to move from red to green.
- No matter what you do, the bullet with your name on it will get you. So too can the ones addressed "to whom it may concern."

VIETNAM REVISITED BY DUSTOFFER

DUSTOFFER Bud Bowen dropped a note after visiting Vietnam in late 2004, several years after his first trip as a helicopter pilot.

Vietnam is not anything like what you would expect. It's so modern and progressive and they have very nice new hotels. I prefer the Radisson Riverside in Saigon, with a pool on the roof with a fantastic view of the Mekong River. One block from the Mekong, on what was Tu Do Street, is a new Sheraton, and the street is now lined with boutique shops. There are great fares on Orbitz with several different airlines. Food is very reasonable and wonderful, with many places to choose from. This was my second trip, and I did not see anything that would remind you of the American presence. The Palace is now a unification museum with pictures of NVA victories. The shopping is great, and there is also a Central International Tourist Market not far from the town plaza. I stopped and chatted with one of the people at one of the shops, and he informed me that his son is a Captain in the USAF. Of course, Japanese tourists are everywhere, and there are tour buses that go from the South all the way to the North up Route 1. Taxis are plentiful and very reasonable, credit cards are readily accepted, and money can be changed at the hotel. In Dalat, I had to keep reminding myself that I was in Vietnam, as the city is so European with a lake in the city center surrounded by large hills. It is still a totally unique and fascinating place, and everyone is very friendly and helpful.

From Jay's Diary

Original DUSTOFFER Jay McGowan penned the following entry in his diary on Tuesday, 11 May 1965:

The Lord was with me. Up at 5:30 to go on lift coverage. On the way out, heard that Song Be, one of the places we were to get troops from, was still under violent attack. Paul (Bloomquist) and Jim (Truscott) went out at 2 a.m. and finally got in on third try at 9 a.m. We tried at that time but were low on fuel, so went to Hon Quan, after almost going in for AIE pilot (Saber 6 beat us to it). Returned and picked up CPT Jarrett for escort and went in for rest of patients—haired because clouds were low. VC had the compound surrounded and owned the town, and Mike was nervous. Got in without drawing much fire. Then as we sat down, some rounds went overhead (.50 cal., I think), and on the way out, we were literally in a stream of bullets—and not one hit us—why is something only God can answer. The rest of the long day was anticlimactic—thankfully. Final toll of Americans: five KIA and 11 WIA. Now they are under attack again, and they lifted three battalions of ARVN's in to relieve the pressure. The bastards are getting very daring and bold. If they keep up the same pressure they have shown in the past four days, things will be getting very hot in III Corps Area, RVN. Must get ARVN's back on the offensive, so they can regain the advantage.

Medical Command Mercury Features the 68TH

Articles in the November and December 2004 issues of the Mercury focused on the 68th, not always just loiming on the beach.

Alaska

The 68th Medical Company (Air Ambulance) rescued a hunter maulled by a grizzly bear about 50 miles east of Healy, Alaska, in August. Jim Johnson suffered a punctured lung, neck wound, and a broken leg during the attack, then called for help on a cell phone. The crew had to search a wooded area, through smoke from a forest fire, to find the hunter. Then CW3 Troy Dabney kept watch for the bear, while SGT Jeff Turner and CPL Mark Glenar treated Johnson and prepared him for evacuation to Fairbanks Memorial Hospital. ■

Kangaroo DUSTOFF Still Hopping

The Sikorsky Helicopter reported this snippet about the famous 82nd Medical Company.

Black Hawk Medevac helicopters from the U.S. Army's Medical Company (Air Ambulance) carried more than 700 patients during Operation Iraqi Freedom from February 16 to May 14, 2004.

During its deployment, the unit flew approximately 1,050 combat hours during 200 missions in UH-60A aircraft.

The 82nd provided 24-hour medical coverage for three divisions and millions of Iraqi civilians. Its 12 crews covered all of southern Iraq from Talil to Tikrit, according to data provided to the Sikorsky Winged-S rescue award program. The 82nd is based at Fort Riley, Kansas. ■

Operation Winter Freeze (OWF)

Army Aviation, 31 January 2005, noted DUSTOFF's contribution to Homeland Defense of our northern borders in this extract.

Army Guard aeromedical evacuation soldiers, members of the 86th Medical Company (Air Ambulance) from South Burlington, Vermont, and Westfield, Massachusetts, are standing by with UH-60 helicopters, ready to search for and rescue other OWF aviators or people working ground details, should misfortune come their way.

"We're able to fly day or night in any configurations we need in order to get people out in case of trouble," said 1LT Jesse Remney, a MEDEVAC leader. That unit gained a lot of experience during a full year of peacekeeping duty in Bosnia, which ended last March, Remney said. ■

The Gates of Heaven

It was late at night as the Pope, who had just departed this world, was approaching the gates of heaven. There was no one around, but just prior to the gates was a small shack with a light on. The Pope stepped into the shack and startled a young man half-asleep sitting at a small steel grey desk.

"Excuse me," said the Pope, "I'm supposed to check in here with St. Peter, but there is no one at the gate."

"Yeah, yeah," said the young man, "where are your orders?"

"I don't have any orders," said the Pope.

"Well, it's too late to check in tonight anyhow," said the young man. "Just go around to the back of this building, find a rack, and dump your gear in a locker. St. Peter will be here in the morning and you can check in then."

The Pope grabbed his stuff and walked around the building, only to find a WWII style open bay barracks. The racks were stacked three high, and the only open one was all the way at the end of the building, and it was on the top. He dragged his stuff to the end of the building, but there was no locker for him. He took a deep breath, thought about it for a minute, and decided this was just one final test. He crawled up into his rack and fell asleep.

Suddenly he was awakened by the loud commotion outside the barracks. As he walked outside, he saw a huge crowd of angels cheering and clapping, as a gold convertible limousine approached. As it drew nearer, the Pope saw a guy in a flight suit and leather flight jacket in the back seat with a beautiful angel on each arm, a beer in his hand, and he was smoking one of the biggest cigars the Pope had ever seen.

The Pope turned to the young man who checked him in and asked, "Who is that guy?"

"A helicopter pilot," the young man replied.

The Pope said, "I don't get it. I worked hard all my life to do God's work on earth. As a young man, I studied hard at the seminary. As a priest, I labored hard to tend my flock and provide guidance when they strayed. I struggled as a bishop to serve the church, and as Pope, I was able to attract more followers to the faith. Yet, when I reached heaven, St. Peter wasn't here to greet me. I had to carry my own bags. I got stuck in the top rack of an open bay barracks, and I don't even have a locker for my bags!"

The young man looked at the Pope and said, "Look, we get a pope every 20-30 years, but this is the only helicopter pilot who has ever made it!" ■



Fort Campbell Troops Work to Save Lives in Iraq

From The American Forces Press Service, an article by SGT Michael Carden, USA.

Camp Taji, Iraq, March 2005—
“Never lose a soldier. No one dies on your bird.” This is the motto of the 50th Medical Company (Air Ambulance) of the 101st Airborne Division, deployed from Fort Campbell, Kentucky.

Almost every day since its arrival here in November 2004, the company has been challenged to live by that motto.

“When we get that Medevac call, things are pretty chaotic,” said Sam Simons, a crew chief. “Dealing with casualties is never easy. You just do what you’ve got to do to help the medic save lives.”

The company spent a year in Mosul, during its first deployment to Iraq. The company’s members were home for only nine months before deploying again. They have flown more than 1,100 combat hours in 12 Black Hawk helicopters.

The flight crews have executed more than 600 medical evacuation missions, transporting more than 800 casualties to combat support hospitals. Fifty percent of their missions have

dealt with roadside landing on hasty landing zones, according to the company commander, Major William Howard.

Unit members agree that no two

Adapting to different battlefield environments is something the crews do daily. Sometimes they’re called for a second mission before they’ve finished a current mission.

missions are ever the same for the two pilots, crew chief, and flight medic who make up the medical evacuation crew. Every time they receive a call, the possibilities and scenarios of what is in store are endless. They can’t afford to be unprepared or not proficient, said Staff Sergeant Thomas Harris, a flight medic.

“Every mission is different,” Harris said. “The call could be a mass casualty because of an insurgent attack, or simply to pick up an appendicitis or hernia patient from his base camp’s troop medical clinic. We could take fire when we land. We might have to make a roadside landing in a city or land in an open field. You’ve got to learn to adapt pretty quickly.”

Adapting to different battlefield environments is something the crews do daily. Sometimes they’re called for a second mission before they’ve finished a current mission. They often have to react to several different situations in a single day.

“Some days we can sit around all day and not get called,” Harris said. “Other days IEDs (improvised explosive devices) and RPGs (rocket-propelled grenades) could be going off all day long. Some days, we’ll get three missions in a row and end up flying for

three hours straight evacuating troops.”

Simons said he’s been flying with a Medevac crew for only about a month or so. During that time, he’s flown more than 50 hours evacuating casualties and patients.

Once the crew is on the ground, the medic’s sole concern is the patients. The crew chief’s responsibility is to make sure the medic can stay focused without worrying about incoming fire. The crew chief is the medic’s security effort. “He’s my bodyguard. He’s my eyes on the perimeter,” Harris said of his crew chief, Simons.

“The medic can’t worry about things like security,” Simons said. “He has the health of the patient to worry about.”

After casualties are loaded onto the helicopter, the medic begins treating patients for secondary injuries, such as minor shrapnel or small-arms fire wounds.

But sometime the injuries are far too severe for the medic to treat in the air. Sometimes the casualties don’t make it at all, Harris said.

“Saving a life is the greatest feeling in the world,” Harris said. “But a lot of guys aren’t going to make it. You have to be able to deal with that. I go home with a lot of bad memories of the faces of guys who died and didn’t make it.”

The pressures and stress of being on a Medevac crew may be more than most people can handle, but the medics, crew chiefs, and pilots of the 50th Medevac Company are well-trained, experienced, and always prepared to save the life of a fellow soldier, Simons said.

“This job isn’t for everyone,” Harris said. “You’re dealing with casualties and blood. You’ve got to be able to work through that. If you let it get to you, you’re not going to be any good to yourself or the patient.” ■

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 May 1. Details are on the 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.

Army, Navy Work Together to Fulfill New MEDEVAC Mission

From Van Joy, our branch correspondent in Lower Alabama, comes this 13 January 2005 Army Flier article, penned by Arikka Johnson.

Army aviation joined forces with the Navy last week to determine training and equipment needs for an expanded mission of medical evacuation for current Navy combat search and rescue crews.

An MH-60S Knighthawk and an HH-60H Jayhawk, Navy equivalents of the UH-60 Blackhawk, flew into Cairns Army Airfield, 5 January, to initiate this ground-breaking project. Personnel from the Army, Navy, and civilian corps of contractors assessed the airframes and began identifying the path ahead to accomplish this venture in support of Operation Iraqi Freedom.

"We are in the program's first stages—system integration and training planning," said Navy Commander Kevin Quinn, systems engineer director at the Naval Air Systems Command for Navy H-60 aircraft. "The program will be aggressive to meet a given schedule. However, we are off to a great start and have defined our aircraft configuration and personnel pieces. For here, we will integrate, test, produce, train, and deploy the aircraft and sailors."

Because the two helicopter series are similar but distinct from Army UH-

60s, civilian contractors, and Army engineers must develop systems that fit the Navy models. Specifically, a re-

"We are truly breaking new ground on working jointly in support of all personnel who continue to go in harm's way," said Iacovetta.

quirement to transport four stable or critical litter patients and transport ambulatory patients will be met by both airframes, according to Quinn.

The HH-60H aircraft will have a four-litter capacity with en route care capability and a communication program upgrade planned as an earlier improvement effort. These improvements will be added to the current capabilities of the aircraft, including a 520-nautical-mile range, aircraft survivability systems, and armored seating and flooring.

The MH-60S, in addition to adding a six-litter capability and medical support equipment, will integrate aircraft

survivability systems and extended fuel system to increase range to 500 nautical miles.

The training of personnel is also integral to this project.

"The Army Medical Department is providing assistance in an individual and collective manner for Navy personnel to assume the Army MEDEVAC mission," said LTC Glenn Iacovetta, U.S. Army Aviation Center Medical Evacuation Propensity Director. "To bring this project, the Army Medical Research Laboratory, School of Aviation Medicine, and my office are working together to facilitate support for the Navy to be trained to assume some level of Operation Iraqi Freedom's MEDEVAC mission."

"We are truly breaking new ground on working jointly in support of all personnel who continue to go in harm's way," said Iacovetta.

The schedule specifics are classified, but according to both Quinn and Iacovetta, the commitment is to field the project within this calendar year.

■



Left: Famous DUSTO!-er Michael Trader gets dunked in the water purification tanks at the 120th Aviation Company/57th Medical Detachment Compound in Saigon, Vietnam, 1965, in honor of successfully becoming a combat aircraft commander.

Reunion 2006

February 10-12

Holiday Inn Riverwalk

New format for Reunion
2006!

Friday night: Unit Reunion Night

We need "Unit Champions" to organize and promote "Unit Reunions," so DUSTOFFers can get together and tell war stories with the comrades with whom they served.

Saturday afternoon: Award ceremonies at the AMEDD Museum for Hall of Fame, Crewmember of the Year, and Rescue of the Year.

Saturday night: Banquet

Entertainment and dancing. No speeches and no awards.

Let us know if you'd like to be a "Unit

Champion." E-mail: unit@dustoff.org



Treasurer's Report

As of 30 April 2005



Total Income	\$33,431.48
Total Expenses	\$30,929.95

NET INCOME (LOSS)	\$2,501.98
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Balances at the bank/credit union are as follows:

Bank of America, Military Bank Checking	\$12,646.60
Passbook Share Account PFCE	\$10,285.38
Money Market Savings	\$9,056.09

Retail Value of Store Items on Hand	\$23,551.00
Memorial Fund balance	\$ 2,447.09

MEDEVAC

*A poem written by SP6 Hurlie Cook,
B Co, 5th Medical Bn, 25th Infantry
Division in Vietnam, 1965, and donated by
Dianne Carroll, wife of famous
DUSTOFFer, Bill Carroll.*

The bravest men I've ever known
Are the men of the DUSTOFF crew.
They risk their lives from day to day,
For men like me and you.

CPT Hopkins is one of these brave men,
And so is every man of his crew.
When he is needed, he's on the way,
And he answers to "DUSTOFF 22."

When the call comes in for Medevac,
They're seldom ever late.
For another man and his brave crew,
Is CPT Tuller on DUSTOFF 28.

I have great respect for all these men,
I admire the job that they do.
They risk their lives in an unarmed ship,
With only an M16 or two.

CPT Carroll is another courageous man,
And so is his crew you see.
He'll come to the rescue of wounded men,
And he answers to "DUSTOFF 23."

The everyday life of the DUSTOFF crew,
Is very seldom a bore.
CPT Mills will agree with me on that,
For he's the pilot of DUSTOFF 24.

So, men, remember when you're on the line,
Fighting "Charlie" with grief and despair.
When you need Medevac for a wounded friend,
DUSTOFF will always be there.

I've tried to relay my feeling, friend,
I've tried to give you some faith, too.
Just put your trust in these great men,
The men of our DUSTOFF crew.

Chopper Crews Ferry U.S. Troops to Safety

Ken Dilanian, Knight Ridder News Service, contributed the following article in the 24 January 2005 San Antonio Express-News, about a Texas DUSTOFFer in Iraq.

Taji Army Airfield, Iraq—CPT Joel Neuenschwander was just powering down his Black Hawk helicopter after a routine transport flight when the call came, the one he often waits for hours each shift to hear.

"Medevac, medevac, medevac." The words are spoken sharply through the crackle of a walkie-talkie that each crewmember carries around headquarters of this sprawling base north of Baghdad.

Neuenschwander, of Bandera, began turning to the radio room, while the other three crewmembers sprinted back out to the aircraft. It is his job to get the exact location, the seriousness of the injuries, how dangerous the area might be.

The call was marked "urgent." A U.S. soldier had been wounded by a roadside bomb about 15 miles north of Baghdad.

The pilot in charge, CPT Scott Brown, prepared the helicopter for flight. The crew chief, SGT Douglas Study, quickly hooked up a headset and microphone for a reporter flying along. The medic, SSG Thomas Harris, rechecked his equipment.

Three minutes after the request came in, the Black Hawk—call sign DUSTOFF 41, a stuffed Tasmanian Devil wedged in its front windshield—soared forward and upward into the sky.

More than 10,000 U.S. troops have been wounded in the Iraq War. More than 90 percent of those who have been hurt in battle survived, according to a Harvard University study—up from 76 percent in Vietnam and 70 percent in World War II.

That is due in no small measure to the men and women who make up the medical evacuation helicopter units. They aim to fly to the scene, pick up the wounded, and rush them to a combat support hospital within 30 minutes. Each Black Hawk can carry as many as six litters and a seventh patient in a seat.

They're among the only helicopter crews in Iraq whose job is to land in

potentially hostile areas outside of the fortified bases that most U.S. troops never leave. They're armed with only M4 rifles and handguns.

In January one Medevac helicopter, emblazoned with bright red hospital crosses, crashed while evading ground

"One day we fly wounded Americans; the next day we fly the guys who try to kill them. And we give them all the same medical care."

fire, killing all nine service members aboard. Countless others have been shot at.

Knight Ridder spent four days with the 50th Medical Company, which covers greater Baghdad from Taji Base. The 50th is part of the 101st Airborne Division, which was involved in the Iraq invasion and later occupied the northern town of Mosul. Most members of the company are on their second Iraq tour. They expect it won't be their last.

Neuenschwander, 29, has missed most of the short life of his 19-month-old daughter.

Here, in a small building near the helicopter pad, two crews of four idle away their days and nights watching DVDs, surfing the Internet, and doing

paperwork, while they wait for a call that will send them flying low and fast over cities and countryside. They work 12-hour shifts, alternating days and nights, with one day off every 10 days.

The "first-up" crew takes urgent missions, and the "second up" crew takes what are called "priority" missions, anything from transporting blood to picking up a soldier with food poisoning. When one crew goes to lunch, the other takes whatever call comes in.

Almost every day or night, and typically more than once, a call comes. In a recent week, Neuenschwander's crew flew more than a dozen missions. Although they don't usually retrieve bodies, they helped pick up seven National Guard soldiers killed 7 January when their Bradley hit a giant bomb in the road. They did it to spare their comrades the gruesome work, said company commander Major William Howard of Shinglehouse, Pennsylvania.

The next morning they took an American soldier whose appendix may have burst to the hospital. Minutes after returning from that flight, they responded to the scene of a crash in which a car full of Iraqi civilians collided with a Bradley fighting vehicle, badly injuring five Iraqis.

"One day we fly wounded Americans; the next day we fly the guys who try to kill them," Harris said. "and we give them all the same medical care." ■

What's New at <http://dustoff.org>

Many facets of military hardware draw in collectors, but one of the most avid groups of collectors is the military patch collector. The DUSTOFF Association Web site has over 200 air ambulance unit patches in its collection, and the collection grows almost weekly. There are many vintage patches from the early days of DUSTOFF and many newer patches from the air ambulance units carrying on our proud tradition today. Stop by the DUSTOFF Association Web site at <http://dustoff.org>, and click on the Patch Search link in the left navigation bar. The full DUSTOFF Association online patch collection is in a searchable database that allows one to look for something specific or see all the patches.

Army Aviation Focuses on DUSTOFF

The 28 February 2005 Army Aviation contained the following excerpts about various DUSTOFF units.

Combat Operations in Afghanistan and Iraq—The 68th Medical Evacuation Company (Air Ambulance), an HH-60L MEDEVAC unit from Hawaii, is a good example of the benefits of having one area of responsibility aviation headquarters. They were under the command and control of JTF Wings for day-to-day operations, and as required provided task-organized assets in support of ground battalion combat teams (BCTs). The MEDEVAC crews gained such inherent mission execution multipliers as operational situational awareness, three-dimensional threat information, attach helicopter security, and aviation risk approval and launch authority. ■

Armey Aviation Support to SOUTHCOM—Not your Typical Organization—Stationed at Soto Cano Air Base in Honduras, the 1st Battalion, 228th Aviation Regiment, has been reshaped by Army Transformation and Task Force Aviation implementation. Attached to the 1-228th Aviation is the U.S. Army Air Ambulance Detachment-Honduras (USAAAD), a medical evacuation detachment with four HH-60L Black Hawks.

The Army Aviation Air/Sea Rescue Award is presented to the 68th Medical Company (Air Ambulance), Wheeler Army Airfield, Hawaii. Goodrich Hoist and Winch sponsors this award, which is presented to a crew who has per-

formed a rescue using a personnel hoist. The crew of DUSTOFF 56 performed a life-saving mission in a hostile area near the Pakistan border in northeastern Afghanistan. Three Marines, severely wounded by Taliban forces, needed evacuation from steep mountainous terrain. The six-hour mission involved multiple trips to the pickup site and several hoist operations at over 5,000 feet in elevation, performing under day, night, and night vision goggle conditions. Major David M. Sperto accepted the award on behalf of his unit and crew members, including SSG David Hernandez, SSG Robert Rameriz, CW2 Jayson Rayburn, and 1SG Louis Gholston. ■

Father and Son at War

The November 2003 issue of *Soldiers* magazine focused on some historic DUSTOFFers.

Michael Novosel and his son, Mike Jr., muse over Vietnam like old war buddies at a reunion.

"We were always being shot at. We expected it," Mike Jr. said of the rescue missions they flew together.

America didn't ask Mike Jr. to follow his father into war. He went willingly to flight school and later to Vietnam, where he volunteered as a DUSTOFF pilot for the 82nd Medical Detachment.

The senior Novosel was the 82nd's medical evacuation instructor pilot, a seasoned trainer who'd coached pilots to fly in the line of fire. He welcomed his son into the unit with more pride than fear of the dangers ahead.

"I wasn't overly concerned about the risk Mike was taking. I was confident in my ability to teach him the proper way of doing the work and surviving," Novosel said.

But in March 1970, Mike Jr.'s UH-1 helicopter was shot down. His dad heard the "mayday" call from 15 minutes away. With assurance from the aircraft commander that his son's crew had survived the crash and found shelter, Novosel completed his own mission before flying to their aid.

The younger Novosel returned the favor seven days later when his father

was shot down. Just 19 at the time, Mike Jr. flew to his father's rescue.

"Saving one another was no big deal," Novosel said. "Saving lives was what we did."

The 82nd Medical Detachment had 12 pilots and six aircraft. The aviators didn't dream of reaping rewards, Novosel Sr. said. "None of us cared

"None of us cared about getting medals. We were too fatigued to think about recognition."

about getting medals. We were too fatigued to think about recognition."

Public praise came to the elder Novosel after the war in 1971, when he was presented the Medal of Honor for his actions in Kien Tuong Province. Novosel flew his Huey into a hail of enemy fire to save the lives of 29 soldiers on 2 October 1969. The wounded men—without weapons or radios—avoided direct fire by crouching low in elephant grass as Novosel hovered his aircraft close enough that crew members could reach down and pull them

aboard.

"They were badly wounded," Novosel said. "One man's intestines were coming out, another had lost a hand, and another had been shot through the mouth."

The risky vocation of a DUSTOFF pilot may have seemed like a death wish. But it was a job of necessity. And perhaps one of humbleness.

"When I look back and realize that I flew 2,543 missions—each one dedicated to saving lives—I wonder what was more important about that one occasion than all of the others," Novosel said. "There were times when I'd saved 50 to 60 lives at a time. But this day I saved only 29. Only 29—that clues you in on the thought process that goes along with doing this kind of work."

Mike Jr. was still in training when his dad completed the mission that branded him a hero.

Throughout the war, Mike Jr. trusted that the techniques his father taught would keep him alive—tricks like flipping the tail of the aircraft in the direction of fire so bullets would have to travel through the body of the aircraft before entering the crew compartment.

(Father, continued on page 11.)

(Father, continued from page 10.)

"When we actually flew together, I didn't doubt for a second that the outcome would be good. I also had a lot of faith in the aircraft commanders he put me with because they'd all 'been there and done that,'" Mike Jr. said.

The Novosels are now retired warrant officers. Mike Jr. runs the Flight Line Café just outside of Eglin Air Force Base, Florida. The café's walls pay tribute to his dad and to aviation history through photographs and artifacts.

Mike Sr. divides his time between homes in Florida and Enterprise, Alabama. His military adventures were published in 1999 in *DUSTOFF: The Memoirs of an Army Aviator*.

Their combat days are over, but father and son reminisce about a past that makes them comrades as well as kin.

"When two guys from Vietnam meet, they call it a reunion. But Dad and I have that every day," Mike Jr. said. "My dad is an old friend from the war, an old combat buddy. How many fathers and sons share that?" ■



A cartoon drawing of "Miss Lace," rendered in 1965 for the "Original DUSTOFF" 57th Medical Detachment (Helicopter Ambulance) by the creator of "Steve Canyon," cartoonist Milton Caniff.

Military Medicine to Win Hearts and Minds Aid to Civilians in the Vietnam War

By Robert J. Wilensky

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American Soldiers have provided medical aid to civilians in many wars, and no less in the Vietnam War, where there were more than forty million contacts between U.S. medical personnel and Vietnamese civilians.

Robert J. Wilensky, using data derived from extensive archival research, as well as his personal experience in Vietnam, shows how medical aid to Vietnamese civilians, at first based simply on good will, became policy.

The original Medical Civic Action Program (MEDCAP), by which unit medical teams treated civilians in their area, soon expanded to other acronymically-designated programs: The Military Provincial Hospital (later Health) Assistance Program (MILPHAP), the Civilian War Casualty Program (CWCP), and the Provincial Health Assistance Program (PHAP).

Robert J. Wilensky, a battalion medical officer in Vietnam in 1967–68, is a surgeon who also holds a

Ph.D. in history. He is on the staff of the Historical Section of the Office of the Surgeon General of the Army, teaches at George Mason and American University, and has an appointment at the Uniformed Services University of Health Sciences. ■



Jim Truscott recounts war stories as he accepts his induction into the DUSTOFF Hall of Fame.

FLATIRON Moves to the Aviation Training Brigade

Arikka Johnson, a Living Editor for the Army Flier, published at Fort Rucker, Alabama, reported on this historical event in the 28 October 2004 edition

To honor the coming together of two vital military organizations, the U.S. Army Aeromedical Center Air Ambulance Detachment, FLATIRON, and the Aviation Training Brigade held a realignment ceremony 20 October at the U.S. Army Aviation Museum. The ceremony began with a tribute to FLATIRON and its vital mission.

FLATIRON has flown more than 2,000 MAST missions, saving the lives of more than 1,900 residents of the local community. FLATIRON also flew more than 500 missions in support of the installation and the U.S. Army Aviation Center. FLATIRON's mission is to provide the highest quality crash rescue and aeromedical evacuation support to USAAVNC, USAAMC, the Southeast TRICARE Regional Medical Command, and the local Wiregrass community, and has done so since 1957.

On 15 April 2004, FLATIRON, a subordinate unit of the USAAMC, was reassigned to and became part of the Aviation Training Brigade, effective 1 October. COL Susan Denny, Commander of USAAMC, took the podium to address the realignment.

"It is an incredible honor to be a part of today's realignment ceremony. It is with mixed emotions that I bid goodbye to FLATIRON, which has been with us for more than half a century.

"Today we find ourselves in the midst of great change. We are an Army of seasoned combat veterans who have learned the lessons born on the fields of battles and have become better, stronger, and more efficient. As the Army changes, I think for the better, and with the complex realities of modern warfare in Iraq and Afghanistan, we can no longer fly our medical evacuation pilots into combat without intelligence, gunship support, fire support, and critical maintenance functions," she said.

"The Aviation Training Brigade and its brave soldiers will now work more closely with our MEDEVAC pilots under this realignment," said Denny. "But before we move on, I'd like to make

one more comment about FLATIRON members. They've always been at the ready, around the clock, standing by in case of any emergency at a moment's notice. For the past 40 years, they have

They've responded to aviation accidents, hard landings, floods, fires, medical emergencies, and countless motor vehicle accidents around the region. They've saved countless lives. . . .

never failed to perform. They've responded to aviation accidents, hard landings, floods, fires, medical emergencies, and countless motor vehicle accidents around the region. They've saved countless lives, and their professionalism is always evident," she said.

"Major Colaccio, you have been an exceptional leader before and throughout this change. I appreciate your skill and guidance, as you set your unit up for success during this transition. Finally, I personally want to thank all the MEDEVAC commanders, pilots, crew chiefs, medics, and firefighters for their tireless commitment to FLATIRON," Denny said.

COL Stephen Simmons, Commander of the Aviation Training Brigade, then took the podium.

"It is important we acknowledge this first step in the evolution of the Army Aviation Warfighting Center and the Aviation Training Brigade. This evolution will allow us to adapt and respond to demand of the transformation of the Army at war and bring out our greatest strengths," he said.

"To meet these challenges and possibilities, we have gone through changes over the past two years and will continue to see changes into the future. Moving FLATIRON to the Aviation Training Brigade is a logical step that

Fort Rucker, TRADOC, and MEDCOM take to improve our flexibility as a force," said Simmons.

"FLATIRON has an outstanding history of providing medical support to the ATB and have successfully accomplished their missions. The realignment will formalize the relationship between these two entities," he said.

"ATB provides the structure, the resources, the expertise that are necessary to perform critical command and control functions. Ultimately, the unity in command resulting from this realignment will enhance FLATIRON's training programs, its standardization, and the ability to accomplish its mission as a fully synchronized part of the command intent," Simmons said.

The name FLATIRON evolved from the demanding requirement of having one rescue aircraft in the air the entire time USAAVNC students were flying. When one aircraft would land to refuel, another would immediately launch. This term refers to flat irons used by early settlers when ironing their clothing. One iron would be in the fire while the other was in use. ■



A male pilot is a confused soul who talks about women when he's flying and about flying when he's with a woman.

VETERANS' DAY TRIBUTE TO VIETNAM HELICOPTER PILOTS

DUSTOFFer Boyd Wynne contributed this essay, transmitted from the Task Force, 185th Aviation in the Summi Triangle, on Veteran's Day, 2004.

On Veteran's Day, we will honor all those service members and their families who have served and sacrificed before us. We deeply respect and admire the dedication and selfless service of all combat veterans.

Task Force 185th Aviation would like to dedicate our success here in Iraq to the Vietnam helicopter pilots and crews who developed the basics of our modern day Army Aviation doctrine. Thanks to our predecessors, we have the most modern, high-tech aircraft, we have tried and true tactics, techniques, and procedures, and we have the proven skills to accomplish our mission. When we arrived in Iraq, we were more than prepared for the challenge.

In contrast, the helicopter pilots of Vietnam were young men who went from high school to flight school and then straight to Vietnam. The average age of a helicopter pilot in Vietnam was the early 20s, and the concept of helicopters in combat was a novelty. Thirty-five years later, the average age of TF 185th pilots is 34, and the average flight experience is almost 3,000 hours. Despite their inexperience, Vietnam-era pilots were fearless and innovative as they adapted and developed ways to utilize the helicopter in combat.

The 185th is mostly a National Guard and Reserve Task Force. While most Vietnam Veterans have long been retired, 10% of our pilots are Vietnam "old-timers" in their mid-50s. Over the years, these veterans, along with many others, have been our mentors and role models as we trained and prepared for combat.

The enemy in Vietnam were more ferocious, smarter, and dedicated. Iraqi insurgents are cowards, picking on the innocent or using hit-and-run tactics to avoid a fight. The Viet Cong may have used hit-and-run tactics, but they were deliberate in their prosecution of the war. When in a situation they couldn't back out of, they fought fiercely.

Shoulder-fired, man-portable anti-aircraft missiles appeared at the end of the Vietnam War, so the aviators did not

have to contend with them for long. What they learned about these new, small, heat-seeking missiles was critical to our tactics today. The greatest threat to our aircraft in Iraq is encountering new versions of this man portable anti-aircraft missile.

Despite their inexperience, Vietnam-era pilots were fearless and innovative as they adapted and developed ways to utilize the helicopter in combat.

Due to the enemy threat and dense airspace use here in Iraq, detailed and time-consuming mission planning is a way of life. Fortunately, we have the computers, software, and Internet-generated airspace coordination means to create computer-generated maps and mission data for each flight. We also have GPS navigation systems, long-range radios, and complete flight instruments. For protection, we fly only in pairs here, while in Vietnam, many times they flew single-ship with minimal pre-planning time using only a map and a compass.

Today in Iraq, safety is paramount to everything we do. We even say our biggest enemy is ourselves in the form of an accident. We are required to conduct thorough risk analysis and track our duty time to prevent flight fatigue. In contrast, Vietnam Vets developed safety procedures only after frequent accidents or shoot-downs. In Iraq, we also enjoy the tactical advantage of flying "black-out" at night, with night vision goggles that were not invented back then.

But perhaps the greatest difference between Iraq and Vietnam is the support at home. Today we enjoy widespread support on the home front. Even those who can't see why we are fight-

ing rarely slander soldiers when they protest the war. This may be due in part to 9/11, but it is also because our nation remembers the nature of the 1960s war protesters and their actions toward returning Vietnam vets. Such conduct is no longer acceptable in mainstream American society. This quote by Vietnam Veteran Ronnie Wells makes it clear: "When comparing Vietnam to Iraq, there were a few things that were painful. First, we went as individuals, not as units. We came and went at different times. We often left in the middle of the night, coming home to a town that may or may not have known you even left. We were cursed, called 'baby-killers,' and completely disrespected for many years. You, however, are seen as heroes and should receive the accolades you deserve."

We in Task Force 185th have a lot to thank the aviators of Vietnam for, from their pioneering tactics in Air Mobile Warfare, to the way they proved what was needed in the way of future aircraft. The burdens they bore both at war and at home have made our success in Iraq possible. ■



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Musings of an Old Helicopter Pilot

SP4 Jessica Carter reported about reserve air ambulances now at the ready on Simmons Army Airfield in the Fort Bragg Paraglide, May 2003.

In times of need, the Army calls on its reserve counterparts to continue the mission in garrison for deployed active duty units.

The 641st Medical Evacuation Battalion, a National Guard unit from McNary Airfield in Salem, Oregon, has taken over for the 56th Medical Battalion by taking on their mission at Simmons Army Airfield while they are deployed.

"We've just been here a couple of weeks. The 56th just departed, and so we are backfilling for them," LTC David A. Greenwood, 641st battalion commander said. "We do the same thing they do."

Filling the 56th Medical Battalion's shoes can be a difficult task to accomplish with fewer personnel and equipment shortages.

"Our primary mission while we are here is to run the medical evacuation missions for Fort Bragg, Fort Stewart, Fort Campbell, Fort Knox, Eglin Air Force Base, and Ranger Camp at Dahlgren, Georgia," Greenwood said. "So, at all these various installations, we have pieces out there, with helicopters, and they are on 24-hour standby in case there is some sort of training accident."

"One of the 641st Medical Battalion's companies, 812th Medical Company, from Esler Field, Alexandria, Louisiana, replaced three companies here with one-third the aircraft and one-ninth the personnel," said SSG Michael R. Gray Jr., 812th crew chief.

However, this hasn't hampered their performance, skill, or capability. "Since we've been activated in January, we've flown 1,270 hours and approximately 30 missions," said SSG Matthew S. Harmon, 812th flight medic. Due to the nature of their mission, the 641st maintains qualified pilots, as well as medical technicians.

"This type of unit normally will have air ambulance units, which are the helicopters that provide Medevac support for the various installations, and we also have ground ambulance companies," Greenwood said. "All the

people in the unit get some medical training and some aviation training."

Even though aviators are essential to the mission's success, the 641st focuses on medical treating and transporting soldiers.

"It's all about the medical aspect.

Contrary to the "weekend warrior" stereotype, the 641st remained technically proficient at all times and were ready for the last-minute activation.

The helicopter is just a conveyance to get the patients to the hospital, and that is where we fit in," Greenwood said. "We have folks who are experts on aircraft maintenance, safety, tactical operations . . . just to provide assistance to units."

The flight crew consists of two pilots, one crew chief, and one flight medic; however, they function as a team to accomplish their objective.

"Everyone's job is centered around getting a patient from Point A to Point B in the fastest time possible; not necessarily treating him, but getting him stabilized, packaged, and brought to a place of higher critical care than what we can provide," Gray said. "We are no more important than anyone else. We are four people, but we act as one crew."

Flight medics are trained to stabilize a patient, and a crew chief aids the medic and tends to the needs of the aircraft.

"We train with the medics, but we aren't qualified medics; we can assist in various ways," Gray said. "Our task is primarily in the event that the aircraft has a malfunction, we can diagnose the malfunction and repair it as need be."

Each helicopter, UH-1 or UH-60K,

is equipped to accomplish the mission efficiently.

"It is a Medevac-configured aircraft," Harmon said. "We can carry three litter patients or four ambulatory patients, a crew chief, and flight medic. The aircraft has a rescue hoist, so we are able to do extractions on the hoist from altitudes and areas where we can't land a helicopter."

Because these ambulances move above ground, the pilots are essential and remain trained and ready for flight at a moment's notice, along with their other three crew members.

Contrary to the "weekend warrior" stereotype, the 641st remained technically proficient at all times and were ready for the last-minute activation.

"We were notified and then expected to be here four days later. There was no time to train," Greenwood said. "When we got here, we were a fully-trained unit. We are ready to go."

Even though the 641st is a part-time unit, many of its soldiers' civilian jobs parallel their military occupational specialty to further enhance their skill level.

"Almost all our medics are paramedics at fire departments," Greenwood said. "And I am a pilot for American Airlines."

Some of the soldiers feel more prepared because they do this job every day. "We can provide a higher level of care than most military medics, because of our civilian credentials," Harmon said.

Greenwood feels his unit is now an essential part of the Active Army. "In theory, according to the 'Army of One,' once you get to an installation, there should be few differences," Greenwood said. "That is what we try to do—come here and maintain the standard." ■



Officer Career Management Problems Peculiar to Aviators in the Army Medical Service

Pennington then-Captain Byron P. Howlett Jr., this article in the U.S. Army, Europe, Medical Bulletin, August 1962, "... points out difficulties in maintaining flight proficiency and also proficiency in administration; further recommending an increase in the helicopter lift available to medical units in the combat area."

History of MSC Aviation

In order to present the career management problems peculiar to our aviators, it is necessary to go into a brief history of MSC Aviation.

Early in the Korean War, it was decided that the helicopter would afford an effective means of frontline evacuation. Several helicopter detachments were formed, and aviators from various branches of the service performed the first evacuation of casualties by helicopter. Many of these aviators later transferred branches and became part of our Corps. Also, many aviators from the U.S. Air Force, Navy, and Marine Corps transferred into the MSC Aviation Program.

In 1952 the Surgeon General opened an active campaign to recruit officers within the Medical Service Corps for its aviation program. Young MSC officers, as well as experienced captains, were prompted to enter this program, which appeared to offer unlimited opportunities for those who entered the program "on the ground floor."

The MSCs who volunteered for the programs were sent through helicopter school at Fort Sill, Oklahoma, and then to one of our helicopter detachments. Gradually, by the end of 1954, all our medical helicopter detachments were filled with either transfers from other services or MSC officers who had applied for the program.

This is a very brief synopsis of the evolution of our MSC Aviation Program.

Army Aviation Officer Career Program Today

AR 600-105 (Army Aviation Officer Career Program) is supposedly the bible on the aviation career program and applies to all aviation officers on extended active duty.

It is stated in this AR that, prior to acceptance for initial aviation training, an officer should complete two years

of branch material troop duty. After an officer becomes an aviator, he should serve in a Category I or II aviation duty assignment for a minimum of three years immediately following graduation.

We must not allow our aviators to develop into true specialists by receiving continuous assignments in aviation and thereby failing to remain qualified in our basic branch.

tion from initial flight training courses. After this, aviation officers in the grade of captain and field grade should normally receive career branch duty assignments (Category III) of not more than three years in each grade to maintain their branch proficiency.

After this, aviation assignments should be programmed to offer a variety of assignments at all echelons. Assignments and attendance at aviation courses should be made to develop aviation flying skill, knowledge of aviation operations, maintenance, and equipment; and aviation command and staff experience.

Commensurate with his assignment and the more encompassing responsibilities of his grade, the aviator must acquire knowledge of the technical and tactical aspects of aviation and of its proper employment as an integrated element of the Army. Additionally, the aviator is expected to maintain progressive development in the activities of his career branch. This is the key to our aviation program. We are MSC officers first and pilots secondly.

Army Aviation is decentralized into branch elements, so it can better serve the commander. Centralization of aviation into a separate branch (Aviation Branch) would take us back to the old Army Air Corps of World War II. Our

senior commanders don't want this. They prefer aviation being an integral part of the various branches. Aviation is a specialty, and the military specialist who is of greatest value to the Army is one primarily qualified in his basic branch and secondarily qualified in one of the specialist career fields, such as aviation.

We must not allow our aviators to develop into true specialists by receiving continuous assignments in aviation and thereby failing to remain qualified in our basic branch. Otherwise, we will have a group of "throttle jockeys," or officers with limited potential as future senior commanders and staff officers.

To facilitate the identification of the relationship of aviation background requirement for an aviator assignment, four categories of assignments are established in the AR:

Aviation officers will be retained on flying status while serving in the following three categories of assignments:

Category I. Positions in which the primary duty is pilot, or is the direct command of aircraft in a unit below battalion level. Example, assignment to one of our helicopter detachments, platoons, or companies.

Category II. Command and staff positions where flying is a prerequisite skill but not required as the primary duty. Example, prefix 6 type positions.

Category III. Career development assignments necessary to improve the aviator's qualifications as an Army officer, provided such assignments do not exceed two consecutive years duration. This is the category for maintaining branch proficiency and attending service schools (Advanced Course, C&GS, etc.).

Aviators assigned to primary duties other than those just discussed will be placed in Category IV and will be indefinitely suspended from flying status for the period of such duties. If such duties extend for more than three years,

(Aviator, continued on page 16.)

(Aviator, continued from page 15.)

the individual will be eliminated from the Army Aviation program.

Career Management Problems Peculiar to MSC Aviators

Up to this point, we have discussed in very general terms the evolution of the MSC Flight Program and the Aviation Officer Career Program, as outlined in AR 600-105. Now I will briefly discuss what I feel to be the major career management problems peculiar to our aviators.

The first and foremost problem is the maintenance of this dual proficiency in the branch career field and in the aviation career field.

Picture, if you will, a young officer standing before a tall structure. At the summit of this structure stands his goal or objective, which is the attainment of senior commander or senior staff officer status in the service of his country. On his right hand is a career progression ladder in his ground duty career field, and on his left hand is a career progression ladder in the aviation career field.

The individual should start by spending his first two years climbing the branch career ladder. This two-year period should be spent building a solid foundation in the Medical Service Corps.

He then applies for aviation training, graduates from the helicopter program, and crosses over and begins to climb the aviation career ladder. He should spend a minimum of three years in one of our aviation units building a solid foundation in medical aviation.

Upon completion of this three-year tour, he is ready to cross over to his basic ground career field ladder and serve a two-year tour of ground duty.

Upon completion of his Category III ground duty tour, he is ready for another Category I or Category II aviation assignment, so he again crosses over to the aviation career progression career ladder.

This crisscrossing between the two career progression fields continues throughout the remainder of the aviator's career. The key to the successful development of the individual, both as an MSC officer and as an aviator,

lies in the close monitorship of his assignments and the planning of the career progression ladders, so the individual receives progressively broader career development assignments each time he crosses from one career program ladder to the other.

People exercising assignment jurisdiction and career planning, from the

The first and foremost problem is the maintenance of this dual proficiency in the branch career field and in the aviation career field.

top people in Washington to the lowest unit commander and personnel officer, must see to it that the aviator moves to a higher rung on the ladder each time he crosses over. The aviator will spend only approximately 40% of his time in his ground duty career field. Consequently, he must be assigned to positions that allow him to learn the most about his ground career field in the limited time available.

He is expected to know as much about his ground career field as his brother MSC, but we know that unless he is an exceptional person, he cannot possibly learn as much when he spends only 40% of his time in the field, compared to his brother's 100%. However, I do hope that both people are of equal value to our Corps and to the Army; the aviator because he carries additional skills and qualifications, and his brother MSC because of his greater experience and background in the ground career field.

A second problem area, which is actually part of the one just discussed, is the development of an aviation career progression pattern and adhering to it. We do not have such a pattern published as yet, although a draft has been prepared. This is a step in the right direction. We have far too many aviators who are becoming stagnated in the same old jobs at the detachment and platoon level. We must clearly define and chart aviation career patterns and start people progressing up the ladder.

A third problem, related to building

a second career progression pattern, is that we allow our MSC aviation program to stagnate. While Army Aviation as a whole is growing by leaps and bounds because of the increased emphasis on mobility and firepower, our own program is trending toward the rather limited role of frontline evacuation only. This mission, of necessity, limits us to a small aircraft with a low silhouette that can operate out of unimproved areas.

If we are going to provide effective medical service, we must develop the capability of moving our mobile surgical and evacuation hospitals by air. This requires the addition of larger helicopters for our Corps, the addition of more medical helicopter companies, and the development of a medical helicopter battalion operating under the Corps and Army Surgeons, respectively. In addition to transporting our hospitals in time of need, these units would provide lateral and rearward evacuation of patients, resupply of critically needed medical items, and second-echelon aviation maintenance for our platoons.

MSC Aviation must have this capability. We cannot depend on the Transportation Corps. At the very time we need a hospital moved, patients evacuated, or critical supplies delivered, the tactical commander needs ammunition, supplies, and replacements, and he will get first priority. The only way we can be assured of dependable service is for the surgeon to have his own integral aircraft. This is commensurate with the current philosophy of Army Aviation.

The surgeon has the responsibility for providing effective medical service, and he must be provided the tools with which to accomplish his mission. The required tools include an increased lift capability for our medical aviation units, so we can make our surgical and evacuation hospitals air mobile, provide lateral and rearward evacuation of patients, and transport critically required medical supplies.

The only way we will ever achieve this capability is through concentrated effort and a good sales program. We need some high-ranking advocates of medical aviation who will "toot our horn" and who will toot it loud and long. Otherwise, we face possible extinction or relegation to the limited role

(Aviator, continued on page 17.)