



DUSTOFF ASSOCIATION NEWSLETTER

FALL/WINTER 2005



**In this issue:**

27TH ANNUAL DUSTOFF REUNION  
REGISTRATION  
AND  
SCHEDULE  
FEBRUARY 10-12, 2006



*Antique Army aircraft in Vietnam, 1965—UH-1B DUSTOFF and CH-37 Mojave, predecessor to the CH-47 Chinook.*



# President's Message



Greetings and Happy Holidays, fellow DUSTOFFers. It's once again that time to visit with family and old friends we have missed all year. A time to reflect on what was and what could have been. 2005 was marked by names like Katrina, Rita, and Wilma, that made us forget about Rustamiyah, Basra, Saqlawiyah, and a Nation at War. It's also that time to mark your calendar for the upcoming DUSTOFF Reunion in San Antonio, Texas.

This year's reunion is going to be bigger and better than ever. We start with a staple on Friday, 10 February, with the golf tournament. Then we have designed several "break-out" sessions Friday evening, so you can visit with your old unit and friends (see our home page for more details). If you can't decide on which session to attend, join us Friday night at the Fort Sam Houston Golf Course for eats, drinks, and a whole lotta fun. We've moved most of our business into the Business Meeting on Saturday morning, so no more long boring talks during the dinner Saturday night. We gotta band to fill in that time; "The Tailpipes" will play the "Oldie but Goodies," so we can dance the night or watch as others try to.

Saturday afternoon will now be our time to recognize both our Crew Member of the Year and Rescue of the Year awardees.

I'm happy to say, we have had another banner year of truly outstanding and dedicated American soldiers to choose from. Many of these future Hall of Famers are serving their second and third tours of duty, and several of them have served in both Iraq and Afghanistan. We are very fortunate to have two new Hall of Famers to add to our Wall this year. So plan to join us at the Fort Sam Houston Museum for this festive event. There's more, but you'll just have to visit the DUSTOFF Web site to see for yourself.

Our focus for this year has been to 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. We have done a pretty good job, but the year is not over, and there is still more work to do. I would ask that active-duty Commanders ensure your soldiers are aware of the importance of maintaining the heritage and legacy of our proud profession. We have always understood the DUSTOFF contribution made on the battlefield, but often forget that The DUSTOFF Association ensures that legacy lives on. 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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# 2005 Hall of Fame Inductees Announced

The DUSTOFF Association Executive Council is proud to announce that Specialist Fifth Class William J. Hughes and Colonel Merle J. Snyder have been elected to the DUSTOFF Hall of Fame. They will be inducted on Saturday afternoon 11 February 2006 during the 27<sup>th</sup> Annual DUSTOFF Reunion. Congratulations!

## Letters to *The DUSTOFFer*

An e-mail letter from original DUSTOFFer, Thomas C. Thomas, related an important and defining moment in his career as an airline pilot—after his Vietnam tour in 1965–'66:

I think my greatest accomplishment while at Eastern Airlines was denying boarding to Jane Fonda at Atlanta Airport. When I told the gate agent she couldn't board the flight, I also told him that if she questioned him for a reason, just say the captain is concerned about the safety of the flight with her on board, and I would talk to her if she wanted. When the agent came back, I asked him how she took it, and he replied that she just got up and said, "Okay," and left, just as though it happens every day. Maybe it does; I hope so.

T2

Excerpts of a letter written to DUSTOFFer CW2 Gary Potter from Captain Nellie Harness, 7<sup>th</sup> Surgical Hospital, in Vietnam on 1 March 1969:

Hello! I just returned from R&R yesterday (Singapore) and couldn't believe my eyes when I saw your letter. I've been to Vung Tau about 4 times. I stayed at the DUSTOFF Villa my first trip. That was really an experience!

Right now I'm sitting behind my desk in post-op working the graveyard shift. It's almost 4 A.M.. With the new Tet Offensive, we've been quite busy (averaging 30–40 casualties every other day or so). We're even using the chapel right now. I imagine we still have a reputation for being one of the friendliest and more enthusiastic hospitals, but like any place under constant change, we've developed our share of problems in the past few months. Most of our nurses are around my age and are really nice, but the doctors are quite a bit older and have scattered personalities. We all get along well, but we aren't nearly as close-knit as the group you knew. I guess myself, I'm somewhat of a loner. I prefer to keep from feeling too attached to any group so my sense of freedom doesn't get stifled.

(Some of the Vietnamese patients are beginning to get on my nerves. One in particular I'm going to hang over the head with a bed pan pretty soon if he doesn't be quiet. Then he'll have something to complain about. I think I've been over here too long. Thank the Lord we've got mainly GIs on the ward.)

Believe it or not, I actually have a 12-day drop! I leave here on St. Patrick's Day (March 17). I'm not really anx-

ious to report to Walter Reed any earlier, but it will be nice to get home. Home...hmmm. My family informed me in their last letter that they hoped I didn't mind if they made a few commitments for me. I have to talk to my brother's history classes and attend my mom's tea party and heaven only knows what else. Think it's too late to extend?

When you refer to Jim, do you mean Jim Truscott? I took it for granted that's who you meant. I thought a lot of him. I loved his dry sense of humor. I think he's at Fort Sam now.

You know, you're right about people changing once they get home or the lack of the brotherhood spirit back home that's so evident. In all honesty, I've thoroughly enjoyed my tour over here, and I know it's because of that spirit. It's great, isn't it? Everyone goes out of their way to make you feel welcome and liked. It's as though everyone is important and recognized as being "someone." I guess out of war there does come some good, but it's too bad it takes a war to make us realize how much we mean to each other and value each other. Man seems to spend his life seeking an identity through books, papers, art, material goods, etc., and if he'd only stop to look around, he'd see that he's surrounded by it . . . through the very lives of the people he touches every day. I think that's what we began to discover over here . . . that *man* gives to man an identity . . . not *objects*.

Enough! My soap box just rotted. I stood on it too long.

Well, it finally happened! After 10 months, hot water came to the nurse's hooch in late January. It was supplied by an ancient water heater that sputtered and coughed every time it turned on, and last week it blew up. Caused quite a commotion. The MSC officers, in their attempt to come rescue us from the small fire, fell in the barbed wire surrounding the hooch. Finally, dragging the remains of their bodies in, they arrive just after the fire was put out and had to be treated for minor lacerations. What a riot! Never a dull moment . . . back to cold showers again. I'm becoming an expert at 30-second showers—and that's no lie!

Yet another letter, donated by DUSTOFFer Gary Potter, was addressed to Nguyen Potter in Fort Worth, Texas, in October 1968.

You wouldn't recognize the place now. All FNGs around here. First Platoon has a new major/platoon leader, a real doofus. I got all three of my crew shot up north of Cai

(Letters, *continued on page 5*.)

# State of Texas Recognizes DUSTOFF Heroes

*The Texas State Congress passed the following resolution honoring the 507th Medical Company (Air Ambulance) in August 2005.*

By: Isett H.R. No. 145[0] RESOLUTION: WHEREAS, The 507th Medical Company (Air Ambulance), a unit of the 36th Medical Evacuation Battalion, based at Fort Hood, continues to render heroic support to American military forces in Iraq; and WHEREAS, Deployed to Kuwait in January 2003, the 507th crossed into Iraq on March 19 in support of the 3rd Infantry Division, and one of its helicopters became the first Coalition aircraft to land in Baghdad; before its initial tour in the war zone ended in June 2003, the company evacuated 463 casualties while logging more than 1,000 hours in flight; for its exceptional bravery, the company was awarded the Presidential Unit Citation, and many members of the company received Air Medals with Valor; and WHEREAS, The 507th returned to Iraq for a second tour of duty on February 17, 2004; on this occasion it was given responsibility for medical evacuations in Al Anbar Province, the most dangerous area in Iraq for Coalition forces; attached to Marine Aircraft Group 16,

3rd Marine Air Wing, the unit flew missions out of Al Asad and other forward operating locations in support of the 1st Marine Expeditionary Force; and WHEREAS, Working continuously for more than a year, the 507th evacuated nearly 1,800 casualties and flew 3,700 hours during its second tour; its crews airlifted Marines wounded in operations on the Syrian, Saudi Arabian, and Jordanian borders in the April and November 2004 operations in Fallujah; awards conferred on unit members included two Soldier's Medals, numerous Air Medals, and the DUSTOFF Association Crew Member of the Year; and WHEREAS, Among the troops, the 507th is known familiarly as the Lonestar DUSTOFF, "DUSTOFF" being the military's standard call signal for medical evacuation; adopted during the Vietnam War, the word conjures up the swirling of dirt on the ground whenever a helicopter lands or lifts off; since its adoption, DUSTOFF has been turned into an acronym for Dedicated Unhesitating Service to Our Fighting Forces; and

WHEREAS, From the time a call comes in for a medical evacuation helicopter, the 507th aims to have a crew airborne in seven to 10 minutes; the swiftness of its response and the skill of its medical personnel have combined to save the lives of countless American soldiers and Marines; dedicated to preserving human life regardless of nationality or combatant status, the 507th has also evacuated Iraqi civilians and fallen insurgents; and WHEREAS, The hazardous nature of the 507th's mission is suggested by the unofficial MEDEVAC motto, "Unarmed and Unafrain"; while members of the MEDEVAC crews are equipped with small arms, their helicopters carry no weapons, and in spite of the large red crosses painted on the aircraft, they are frequently targeted by hostile fire; during its second deployment, crews of the 507th were sometimes escorted by Marine Cobra helicopters, but oftentimes they flew alone; and WHEREAS, The 507th is preparing to ship out to Iraq for yet a third time in October 2005; on completion of that tour, the company will have spent 30 of the last 46 months in Iraq; and WHEREAS, Through their courage, professionalism, and unfaltering commitment to duty, the members of the 507th Medical Company exemplify the highest standards of the U.S. armed forces, and their fellow citizens owe these men and women an immeasurable debt of gratitude; now, therefore, be it RESOLVED, That the Congress of the 79th Texas Legislature, 2nd Called Session, hereby honor the members of the 507th Medical Company (Air Ambulance) for their consummate ability and extraordinary valor in the service of their country; and be it further RESOLVED, That an official copy of this resolution be prepared for the 507th Medical Company as an expression of high regard by the Texas Congress. ■



*Texas Governor Rick Perry signs the Congressional Resolution honoring the 507th with several members of the heroic company in attendance (L to R): MAJ Rick Ortiz, current commander; SSG Dennis Lockert, flight medic; CW2 Dan Petik, aviator; MAJ Jack Leech, previous commander; CW3 John Wuensche, aviator, instructor pilot; CW2 Scott Rackley, aviator, ASE officer; CW2 Rod Petersen, aviator; and 1SG Frank Stribling, current first sergeant*



Texas Legislature honors the 507th Medical Company (AA)

**(Letters, continued from page 3.)**

Le last week and 18 holes in the ship. Two of the crew evac'd to CONUS, and I stayed here. Zatkovich was my pilot, and he's home now. Trujillo was my crew chief but stayed here. The medic was in pretty bad shape. Lots of really bad stuff going on. I've pulled three night hoists in D Zone in the last two nights. Everybody getting shot up, but nobody killed yet. Looks like I'll get my 1,000 hours this year real easy. R&R in 9 days.

Write if you get work,  
Silver Tongue (Jim Truscott)

A great note from Jim Eberwine, a DUSTOFFer of historic renown, relates several experiences that he describes as fitting "... gently under the heading of lessons learned. Some of our most vivid experiences are of our own choosing, however they turn out."

"1965—Dick Healey was a Major when he installed a six week instrument training program in Germany for pilots of the 421<sup>st</sup> Medical Company (Air Ambulance). He was intense, hard working, and logical in his approach to preparing us for the eventuality of bad weather flying and the need for qualified helicopter instrument capability, a matter of efficient survival. Actual Instruments (AI) flying can be beautiful and yet at times uncomfortable, but we must believe the instruments.

"1966—Don Bissell was a Major in Vietnam when he (my rater) wanted the experience of flying in the nearby thunderstorm. I advised him that updrafts could be exceedingly challenging (he was fixed-wing instrument trained),

and the tendency for a non-instrument rated helicopter pilot is to let the copter's nose go up and, as a result, have an incredible rate of climb.

Out of the clear and into the thunderstorm's edge, it all came true. I repeated instructions, "Put the nose down, on the attitude indicator horizon." Finally, I looked at him and said, "Had enough?" He said, "Okay." I took the controls, jammed the attitude indicator to level flight, dropped the collective to a five-hundred-feet-per-minute descent, and started my 180-degree turn to the right to get the "bleep" out of there, in a closely sequenced instrument maneuver.

Out of the corner of my eye, I could see the expression on Don's face. Priceless. For other things, I guess we could use a MasterCard.

Thanks,  
Dick Healey.

"1966—Major Dave Wik and I were returning from a Medevac mission to South Vietnam's Soc Trang airfield. It was socked-in, essentially zero visibility. David, looking straight down, said "I know the road. I can take us in."

We flew for a short while and Dave said, "We should have been there by now." I said, "Dave, there is a fork in the road. If you took the left one, there is a 600-foot steel tower . . . ."

At that moment, the steel tower appeared dead center. Dave put us in a very nose-high, steep left bank attitude and our blades missed the huge tower by a conservative ten feet. Totally AI, having missed the tower, I said, "I've got it," snapped our Huey into a straight and level, then normal climb until we were above the fog. We let the fog burn

off and returned safely.

Years later, I saw Dave Wik at a DUSTOFF Reunion. I said "Hi, Dave, remember when we almost got killed together in Vietnam?" Dave said, "What flight was that?" That's when I got a cold chill." Again, thanks to Dick Healey for that marvelous instrument training program.

—DUSTOFFer—

### A Pilot Goes to Heaven

A minister dies and is waiting in line at the Pearly Gates. Ahead of him is a guy dressed in sunglasses, a loud shirt, leather jacket, and jeans.

St. Peter addresses the guy, "Who are you, so that I may know whether or not to admit you to the Kingdom of Heaven." The guy replies, "I'm Joey Wilkes, retired DUSTOFF pilot, from San Antonio, Texas."

St. Peter consults his list, smiles and says to the pilot, "Take this silken robe and golden staff and enter the Kingdom." The pilot goes into Heaven with his robe and staff.

Next it's the minister's turn. He turns and stands erect and booms out, "I am Joseph Snow, pastor of Saint Mary's for the last 43 years."

Saint Peter consults the list and says to the minister, "Take this cotton robe and wooden staff and enter the Kingdom."

"Just a minute," says the minister. "That man was a pilot and he gets a silken robe and golden staff. How can this be?"

"Up here, we work by results," says St. Peter. "While you preached, people slept. While he flew, people prayed."

# New Agenda for 27<sup>th</sup> Annual Reunion

The Executive Council announced the 2006 DUSTOFF Reunion will be held the weekend of 10–12 February 2006 at the Holiday Inn Riverwalk. The reunion will follow the Army Medical Evacuation Conference. With the AMEC leading the way, we hope more active duty members will attend.

In an effort to spice up Friday night and get back to more of a reunion flavor, the reunion will have a “Favorite Unit” night—a special evening to reunite with members of a memorable unit in which you served. The Association needs “Unit Captains”—that is somebody to rally the members past and present and act as the interface between your group and the Executive Council. Some ideas that might make it easier to accomplish this would be to either meet at either the Fort Sam Houston Golf Course Club House following the golf tournament or possibly at the Sam Houston Club on Fort Sam Houston.

Units can reunite, spend time together swapping war stories, and do so in a more casual atmosphere. Unit captains may contact Dan Gower, and he'll assist in setting up a favorite restaurant or obtaining a hotel banquet facility—but act NOW! San Antonio is a tourist and convention city, and many places are booked well in advance.

On Saturday we plan to award our Crewmember of the Year, Rescue of the Year, and our newest inductees into the Hall of Fame during the afternoon ceremony at the AMEDD Museum. This will allow us to make the Saturday night banquet more of an entertainment event with no speeches (something many have been asking for). We will have a live band for your dancing enjoyment.

**MAKE YOUR PLANS EARLY THIS YEAR!** We also voted to charge a LATE FEE for those who register after the cut-off date. So make your plans now for the weekend of 10–12 February 2006 to join us in San Antonio at the Holiday Inn Riverwalk for Reunion 2006. Get those reservation forms filled out now. The back page of *The DUSTOFFer* has all the information for the 2006 reunion.

If you have suggestions you might like to see implemented for the reunion, please forward them by e-mail to our Executive Director at [ed@dustoff.org](mailto:ed@dustoff.org) or by mail at P. O. Box 8091, Wainwright Station, San Antonio, Texas 78208.



## 2004 PARKER AVIATION AWARDS

*Army Aviation*, 31 March 2005, reported on the best of the aviation battalions.

The best Combat Service Support unit is the 421<sup>st</sup> Medical Evacuation Battalion, 30<sup>th</sup> Medical Brigade, V Corps, Wiesbaden, Germany. The senior leaders are LTC Kyle Campbell and CSM Shirley English-Massey.

The 421<sup>st</sup> in one year deployed and redeployed three companies to Iraq and two companies to Afghanistan. They also supported many training and real world missions throughout Europe. As a further testament to this unit's exceptional leadership, they maintained 100% accountability of all equipment during all of these operations. Despite the battalion's hectic schedule, they maintained a fully mission capable rate of 97% for ground vehicles and 79% for aircraft.

## Operation Winter Freeze (OWF)

*Army Aviation*, 31 January 2005, noted DUSTOFF's contribution to homeland defense of our northern borders in this excerpt:

Army Guard aeromedical evacuation soldiers, members of the 86<sup>th</sup> 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.

# 82nd Medical Company (Air Ambulance)

## Operation Iraqi Freedom II (March 2004 – February 2005)

The 82nd Medical Company (Air Ambulance) is stationed at Fort Riley, Kansas. On 23 November 2003, the unit was alerted to deploy in support of Operation Iraqi Freedom II. With equipment loadout from 8–13 January 2004, the unit departed Fort Riley on 13 February 2004. Arriving in Kuwait on 14 February, the unit began its RSOI activities, which continued until 26 February. The unit's convoy began movement on 25 February with aircraft movement, and the remainder of the unit's personnel moving by C-130 the next day. The unit closed on LSA Anaconda, Balad, Iraq, on 26 February 2004 and began the Transfer of Authority (TOA).

The unit began a TOA of its four forward sites on 29 February 2004. The forward sites that the unit initially occupied included Tal Afar, Q-West, and Mosul primarily supporting the 3rd Brigade, 2nd Infantry Division (Stryker) and Kirkuk primarily supporting the 2nd Brigade, 25th Infantry Division (Light). Beginning on 1 June 2004 a massive realignment of medical evacuation support had the unit conducting yet another TOA. The unit moved Camp Caldwell, primarily supporting the 30th Infantry Brigade, 1st Infantry Division, and Camp Warhorse, primarily supporting the 1st Brigade, 1st Infantry Division, and Al Kut, primarily supporting Coalition Forces. An additional supported site was added late in the deployment. The unit picked

up site support for Diawaniyah, primarily supporting Coalition Forces. In addition to our primary customers, the Multi-National Corps-Iraq, the unit supports Department of the Army civilians, contractors, Iraqi National Guard, Iraqi citizens, and enemy prisoners of war with aeromedical evacuation.

**As a result of a rocket that detonated amid the unit's living tents . . . five soldiers received wounds and were subsequently awarded the Purple Heart Medal.**

During the deployment, the 82nd Medical Company completed 1,653 evacuation missions, with a total of 5,125 patients and 2,680 hours flown. The unit had a unique relationship with the Air Force as the primary Army partner of the Contingency Aeromedical Staging Facility (CASF), providing aeromedical evacuation support from Baghdad to Balad of patients departing theater aboard Air Force Theater Evacuation aircraft to Germany.

On 10 May 2004 the unit conducted a change-of-command ceremony between MAJ James F. Schwartz and MAJ Cara M. Alexander. MAJ Schwartz departed the company to enter an AMEDD Training with Industry program, while MAJ Alexander took command, as scheduled prior to the deployment.

On 28 May 2004 the unit experienced its first combat injuries. As a result of a rocket that detonated amid the unit's living tents in the North HAS area of LSA Anaconda, five soldiers received wounds and were subsequently awarded the Purple Heart Medal. A sixth combat injury was experienced when a rocket slammed into one of the company's

**(82nd, continued on page 8.)**



LTC Quinn pins on 5 Purple Hearts.



Overhead view of the company area at LSA Anaconda.

(82<sup>nd</sup>, continued from page 7.)

living trailers at LSA Anaconda on 10 November 2004. While no one in the trailer was injured, one soldier near the site of the explosion received a wound from flying shrapnel. A seventh Purple Heart Medal was awarded because of a direct combat injury on 26 December 2004, when a bullet pierced the cockpit and the leg of a pilot flying a priority patient transfer while the aircraft was in flight to the Combat Support Hospital.

Notably, one of our Forward MEDEVAC Teams was directly responsible for setting up a mission to improve relationships between the Coalition Forces and the Iraqi people. That team conducted several missions alongside Special Forces and Iraqi National Guard to deliver toys to the poorest of Iraq's children.

These missions were conducted to influence the local populace and gain their trust. Populations targeted for these missions were in areas prone to IED attacks. The improvement in relations with Coalition Forces was primarily hoped to gain cooperation to help stop such attacks against the coalition. It is unknown what direct effect these missions eventually had on their area, but the smiling faces of the children receiving toys was enough to satisfy all the participants.

The 82<sup>nd</sup> Medical Company's replacement unit, the 54<sup>th</sup> Medical Company, arrived to begin a RIP/TOA on 6 January 2005, and a TOA ceremony took place on 26 January 2005.

During the deployment, one soldier completed his Associate's Degree through distance learning, one soldier was promoted to PV2, three to PFC, 13 to SPC, 14 to SGT, three to SSG, one to SFC, three to CW2, and two to CW4. Twenty-four soldiers reenlisted during the last year. Eight babies were born to deployed soldiers. The soldiers endured heat, dust storms, mortars, small arms fire, and suspected RPGs fired at their helicopters. Through these trials the soldiers' morale remained high. They will return to their loved ones with pride and satisfaction in a job well done. ■



CW2 Montgomery throws out new balls to Iraqi children.



The residents of the Iraqi village wave goodbye.



SSGs Simmons and Longacre reenlist at Lake Dokan.



PFCs Kepfer and Salas get promoted to SPC; PVT Reynolds pins on PV2.

## 498<sup>th</sup> Plans Reunion During DUSTOFF Weekend

Now is the time to begin planning to attend the 498<sup>th</sup> Annual Reunion. If you read the last *DUSTOFFer*, you know the Friday night Mexican Buffet has been cancelled. As a result, that evening can be used to schedule individual unit reunions. Accordingly, the 498<sup>th</sup> Reunion will be Friday, February 10, starting with a Happy Hour at 6:00 P.M., with dinner at 7:30. Our reunion, along with the DUSTOFF Reunion, will be held at the Holiday Inn River Walk (210-224-2500 for room reservation, state you are DUSTPFF). The 498<sup>th</sup> registration will start at 8:00 A.M. just outside the Tango Room on the seventh floor. Cost of this year's reunion will be \$40.00 per person, which includes a sit-down dinner, bar set-up, and live entertainment. Please make your check payable to Al Flory and mail it to 10919 Grand Haven, San Antonio, Tx. 78239. If you have any questions, please do not hesitate to contact Al Flory at 210-599-9673 or e-mail <alflory@satx.rr.com> <mailto:alflory@satx.rr.com>.

## SITREP in Iraq

*A memorable note from LTC Morgan Lamb, Commander, 3-3 Attack/Reconnaissance Battalion, 101<sup>st</sup> Airborne Division.*

Sir, I wanted to take the time to write you a note reference perhaps the best MEDEVAC unit in the United States Army today. On a daily basis, I have the honor of working beside the 50<sup>th</sup> Medical Company (AA) MEDEVAC, commanded by MAJ Bill Howard. We have been in country now for about 6 months, and I can say without hesitation or reservation that the soldiers of the 50<sup>th</sup> Med have made a substantial difference. As one of the Attack Recon Battalions in the Aviation Brigade here, one of our primary missions is to support the ground forces in the Baghdad AOR. Daily, these great soldiers put their lives on the line, and I know they are comforted by the fact that the Apaches are overhead and, more importantly, if they should be injured, the MEDEVAC will be there. I have had several occasions where we have been directly involved with securing sites for your MEDEVAC aircraft to conduct roadside pickups. No matter what the situation, the amount of contact, it is inspiring to see that we will in fact not leave a fallen comrade. I have seen your aircraft targeted by small arms fire and, even worse, by IEDs that are placed for the sole purpose of inflicting damage to your soldiers, yet this does not stop the mission. We just work more diligently to provide the security and the coverage required to get our wounded out. I am sure you are well aware of the heroics of this organization, but felt you should hear it from a battalion commander who is inspired daily by what your soldiers do. I know the 50<sup>th</sup> has flown more hours and more missions than any other MEDEVAC unit in the country (over 1,700 missions and 2,200 hours with 2,300 casualties evacuated). I have even been with them when they have sustained battle damage to their aircraft (at least four to date), yet again they carry on the mission. Again, I just wanted to share with you a data point about one of your organizations from my foxhole. I am honored to serve with them and would again, anytime, and anywhere. ■

## A Quick Note from Camp Taji, Iraq

*CW4 Jerry Frye, Battalion Safety Officer, 1-3 Attack/Reconnaissance Battalion, 101<sup>st</sup> Airborne Division, forwarded his comments in the 50<sup>th</sup> Medical Company (Air Ambulance).*

The way things are working here in Baghdad is, when a MEDEVAC request comes in and the 50<sup>th</sup> MEDEVAC unit requests Attack assets, they notify our TOC, which notifies the closest Attack aircraft in the pickup area. We then head to the pickup area and secure the PZ and surrounding area. We also come up on the MEDEVAC frequency and talk to the pilots as they are inbound. We pass on winds, hazards, and recommended landing and takeoff direction. We cover the MEDEVAC on their ingress, approach, while they are on the ground, their takeoff and departure from the PZ. We also deconflict with them and stay clear of their approach and departure path. Our other mission during this same timeframe is to provide security for the ground forces, since most of the MEDEVACs here are in response to Troops in Contact (TIC). Currently, we have not escorted a MEDEVAC mission from takeoff to landing, just in the PZ area.

On a side note, my hat goes off to all 50<sup>th</sup> MEDEVAC personnel. Here in the Baghdad AO, all missions for all aircraft are a minimum of two ships. The 50<sup>th</sup> MEDEVAC are the only ones who fly single ship. I have personally witnessed MEDEVAC landing in areas where the battle is still ongoing and transported the wounded out of the area. Our MEDEVAC guys and gals have taken rounds through their aircraft, and some of these guys and gals have been hit by small arms, IEDs, VBIEDs, and shrapnel. I've seen them land where no one else would and where no one else DOES. As an Attack guy, I know I have big ones, but theirs are much bigger and I SALUTE them! I will protect them to the utmost of my ability because of what they do, and I know they will be there for me if I ever need them.

To all past, present, and future MEDEVAC personnel, THANK YOU! ■

# **E-DUSTOFFer Available Online Fall 2006**

With the rising costs associated with production and mailing of *The DUSTOFFer*, the Executive Council has voted to explore moving *The DUSTOFFer* to become *The eDUSTOFFer*.

We will publish *The DUSTOFFer* in its present form for this edition and the spring 2006 edition. After that, to receive *The DUSTOFFer* in hard copy, members would specifically request that it be mailed to them. We will still produce hard copy editions to place in the Aviation Museum, at the AMEDD Museum, and to provide in "new member packets."

We will publish *The eDUSTOFFer* and post it on the DUSTOFF Association Web site. It will be in Adobe Acrobat Portable Digital Format (commonly known as a .pdf file). Readers are available online from <<http://www.adobe.com>>.

Several benefits are made possible by this move. First, we will save approximately \$1,500 in operating expenses. Each hard copy *DUSTOFFer* costs \$1.20 to print and mail. Each time one is forwarded or returned, it costs us either \$.70 or \$2.02 for the post office to accomplish forwarding or returning undeliverable copies.

Second, we can produce *eDUSTOFFer* with color photos, and we can expand the size. Currently we are limiting our editions to 28 pages with no color photos. We can actually include more articles in each online edition and use more photos.

Lastly, it will be immediately available online when it is finished. A notice will be placed on the Web site in advance, giving members the expected date of publication and then notice of its actual publication. We will archive copies for reference and retrieval, as well.

If you do not operate a computer, just need to have a hard copy mailed to you, or just prefer that method, please send us a letter or e-mail requesting your "hard copy" subscription. Otherwise, starting with the fall 2006 edition *The eDUSTOFFer* will be published and made available online.

You can view this edition of *The eDUSTOFFer* on the DUSTOFF homepage at <http://dustoff.org/newsletter/newsletter.htm>.

# **DUSTOFF**

*A poem penned by Kerry "Doc" Pardue in  
Reflections of a Combat Medic.*

Bandaid 26 calling DUSTOFF 47 . . .  
Bandaid 26 calling DUSTOFF 47 . . .  
DUSTOFF, DUSTOFF, where you be?

Flying treetop high coming to thee.  
You need to hurry; I got wounded and dead.  
We are in a hot LZ.

Bandaid 26, about 3 ETA, pick your flavor of  
smoke.  
Popping yellow, please hurry now.  
Bandaid, I brought a friend,  
Cobra's his name — He'll provide cover.

Load them up — We're movin' out.  
There's not enough room, there's 12.  
Just get them on and I'll fly away,  
Come on, Doc, get your ass on.

Flying low and slow we start our ascent,  
Leaving the hot LZ.  
No man left behind.  
Mission of mercy accomplished once again.

DUSTOFF 47 just nods at Bandaid 26,  
Doc nods back and mouths the word "Thanks."  
He is forever thankful his men are safe and will  
be treated.  
They arrive at Dong Tam at the 3<sup>rd</sup> Surg.

Another call is received,  
DUSTOFF 47, where you be?  
On another mission to rescue thee.  
Off again he flies away.  
Just another day in Paradise.

## **Shakespeare's Henry V**

"We few, we happy few,  
we band of brothers —  
For he today that sheds  
his blood for me shall  
be my brother."

# Utility Helicopters—Strategic Adaptation

Army Aviation, 31 March 2005, featured a detailed article in which the modernization of Army Utility Helicopters is being conducted with excerpts on Air Ambulance improvements.

The Utility Helicopters Project Management Office (UHPMO) is working closely with Sikorsky Aircraft to turn out an impressive number of new UH-60L and HH-60 airframes. Sikorsky coordinates to deliver quality products that are critical to Army Aviation transformation and the ongoing war on terrorism.

Two new aircraft have been delivered to Thailand under the Foreign Military Sales program. These aircraft will assist in the Tsunami relief effort. Sikorsky has gone to great lengths to institute lean manufacturing techniques and to continue a remarkable record of life-cycle management.

According to LTC Pete Smart, Assistant Project Manager for MEDEVAC, the HH-60 and its mission equipment package (MEP) will have a transformational effect on Air Ambulance units. The operational, patient assessment, and treatment capabilities

associated with the MEP installed in the HH-60 allow the flight medic greater access to patients for en-route care and monitoring, especially to pa-

awareness and reduced cockpit workload. LTC Smart is also working component and systems qualification of the MEP for integration supporting acquisition of a number of new HH-60M aircraft.

Additionally, the UHPMO MEDEVAC and the Integrated Materiel Management Center team have led the way in establishing a successful commercial overhaul and future re-cap program for the existing fleet of UH-60A/L high-performance internal rescue hoists ensuring reliable emergency personnel extraction capabilities during the transformation process.

Overall, UHPMO remains on a full wartime footing. We are modifying our current fleet and building two new fleets. The changes being incorporated will allow Army Aviation to operate and win in any environment. ■

**Sikorsky has gone to great lengths to institute lean manufacturing techniques and to continue a remarkable record of life-cycle management.**

tients requiring in-flight emergency interventions. Advanced technology Forward Looking Infrared Radar (FLIR), multifunctional displays, and a 1553 digital data bus-driven avionics management system provide aircrew members increased situational

## New Brigade to Coordinate all Army Helicopters in Korea

Stars and Stripes, 9 May 2005, reported on the formation of a single aviation unit, which is expected to simplify training and mission execution.

**P**yeongtaek, South Korea – The U.S. Army in South Korea this summer will merge its helicopter assets into a single, all-purpose aviation unit designed to make it easier for commanders to manage helicopter forces and mix them for short-term battle tasks.

The unit, being introduced Army-wide, is known as the Multifunctional Aviation Brigade, or MFAB. It includes all Army helicopter types except those designed for special operations work.

The Army will establish its first Korea-based MFAB in mid-June under the 8<sup>th</sup> U.S. Army. It will be one of 11 Army MFABs worldwide, several of which are already operating, said Army COL Richard H. Parker, 8<sup>th</sup> Army's Chief of Force Development and Plans.

The Army adopted the MFAB concept about two years ago. The MFAB will make it easier for commanders to pull together the various aircraft types into a "Unit of Action," tailored to the

needs of a specific task, especially in battle where fast action is crucial. It will also help commanders sort competing demands for aircraft and increase opportunities for helicopter units to train together.

"The MFAB brings the full spectrum of aviation capability to the ground force commander under one aviation commander," said Army LYC Richard Juergens, Commanding Officer of the 2<sup>nd</sup> Battalion, 52<sup>nd</sup> Aviation Regiment, at Camp Humphreys.

The MFAB consolidates within a single organization the Army's helicopter missions of attack, scout, command and control, cargo, and aeromedical evacuation.

Army helicopters are traditionally put in separate units according to general function. In South Korea, the 6<sup>th</sup> Cavalry Brigade is the 8<sup>th</sup> Army's attack helicopter force. Its high-tech AH-64D Apache Longbows can strike at

tanks, vehicles, and other ground targets.

The 8<sup>th</sup> Army's 17<sup>th</sup> Aviation Brigade serves as its cargo and general support helicopter force. It consists of UH-60 Black Hawk units that haul cargo or troops and the CH-47 Chinook units that can airlift troops, cannons, or other heavy equipment.

And 8<sup>th</sup> Army's medical evacuation helicopters come under 18<sup>th</sup> Medical Command. Its DUSTOFF aircrews fly Black Hawks equipped to rush wounded troops to a field hospital.

When these units combine in June, "The ground force commander need only go to one aviation commander to get aviation support," said Juergens. "It simplifies training, it simplifies mission execution, it simplifies deconfliction during execution." ■

# More on the Future of DUSTOFF

*COL Bill Forrester, Chief of Staff, U.S. Army Aviation Center, wrote the following letter to Army Aviation in its 31 January 2005 issue.*

In response to the October 31 article entitled "Is MEDEVAC Broke?", I'd like to provide the following. No one questions MEDEVAC's long-standing history or abilities as winged angels of mercy. In fact, I'm not sure anyone is really saying that MEDEVAC is broke! However, all Aviation forces within our Army are undergoing transformation in order to meet the demands of the current and future fights.

As today's battlefield changes, so must Army Aviation, to remain a true combat multiplier. The days of receiving a call for help and blindly launching in haste to save lives are truly over. Aviation's missions are complex and require enormous synchronization to ensure successful completion.

With that said, who best can ensure that MEDEVAC can execute missions in a safe and timely manner? Who is best suited for providing fuel, maintenance support, intelligence, and tactical and operational awareness necessary for survival? Who best understands what it takes to fly missions and remain synchronized on our battlefield? The answer seems clear—and proved the correct answer for MEDEVAC formations during the opening phases of Operation Iraqi Freedom in the 158<sup>th</sup> Aviation Brigade and throughout V Corps' Aviation organizations—the Aviation battalions of Aviation brigades.

MEDEVAC evolved throughout the years and has gone almost full circle. From air ambulance companies assigned to Aviation units, to air ambulance units assigned to medical units, and further assigned to evacuation battalions and now assigned back to Aviation battalions. The one constant since

... to state that we have done well in the past, therefore we will do well in the future, is rife with danger to our soldiers.

the 1950s and continuing today is the superb contributions of the Medical Service Corps officers flying these aircraft, and the highly trained combat flight medics and crew members.

Our plan to fully integrate the medical evacuation mission with the commander's scheme of maneuver and link them with the Brigade Aviation element in the brigade combat team is well founded from lessons learned and analysis of our future fight. Pride in all of our Aviation formations is great. But to state that we have done well in the past, therefore we will do well in the future, is rife with danger to our soldiers.

Army Aviation's plan is well founded. It is time to move to the future as a team, not argue to keep a parochial point of view.

*In response to COL Forrester's statements, famed DUSTOFFer Major General (RET) Pat Brady provided these comments in the April/May 2005 issue of Army Aviation.*

There is not enough room in this magazine for me to say all that came to mind when I read COL Bill Forrester's letter in the January issue. But if what he wrote represents the current mindset of the Army leadership, MEDEVAC, or DUSTOFF, is not on track.

My experience with DUSTOFF began with MAJ Charles Kelly in Vietnam and the challenges he faced to keep DUSTOFF under medical control and dedicated to patient needs. It sounds as if DUSTOFF is facing the same challenge today. In Vietnam, Kelly prevailed, and it cost him his life. But his death, and his dying words, "When I have your wounded," proved the greatest lifesaver in the history of warfare.

It may be argued that DUSTOFF was the most efficient and effective battlefield operating system of that war. And I would gladly debate anyone who says today's battlefields are more challenging for the DUSTOFF mission—or any helicopter mission—than Vietnam. I fully realize that Kelly's struggle and death probably occurred before COL Forrester and today's crop of aviators reached the age of reason, but many Vietnam veterans will argue the reasonableness of what I say. I wonder if the DUSTOFF experience in Vietnam was input to what is happening to DUSTOFF today?

In two years of flying well over 2,000 combat missions and lifting over 5,000 patients, I don't recall ever "blindly launching in haste." Nor do I understand what it means. Sadly, it may represent the frame of mind of some in aviation leadership today. Haste, in its

"The flag stands for freedom, and I will defend her, no matter what the cause, because the cause is just paperwork for the weak. It's the buddy to my left and right who will be defended by my hand, my blade, my bullet. I will fear no man, no enemy. I will forego heaven if hell is where the fight is. I have done what I have done, and I will do what I will do. At the end of the day God will decide where my soul will lie. Upon the arrival of this day, there will be peace on the battlefield and at home. They shall not mourn my death, but celebrate my life. Because every man dies, but not every man really lives. I have lived. . . ."

LCPL J.J. Mattek

**Editor's Note:** The quote is from a letter LCPL Mattek left for his family when he went to Iraq. He told them they would know when the time was right to open it. Mattek was injured by an IED on 8 June 2005. He died of his injuries five days later.

*(Future, continued on page 13.)*

(Future, continued from page 10.)

positive definition—rapidity or swiftness of action—is the essence of DUSTOFF life saving. Col Forrester clearly meant haste in its negative definition—rash action. The most serious “rash action” that can occur during patient evacuation is when anything or anyone interferes with the patient’s needs and the swiftness of evacuation. In his entire dissertation of bureaucratic changes, COL Forrester does not mention patient’s needs once. And that is the question that should be the foundation of any changes to the proven method of DUSTOFF since Vietnam until now.

COL Forrester opines that the Aviation battalion is the answer to DUSTOFF missions, mission understanding, maintenance, and operational awareness. I never met a non-DUSTOFF aviator who understood my mission better than I did. But more importantly, what does assigning DUSTOFF to the Aviation Battalion do for patients’ needs? I would bet that it will not add to the swiftness of launch, essential to life saving.

It may be that Aviation, based on “lessons learned,” needs to transform to meet the current and future fights. But where were the lessons learned about DUSTOFF? Is DUSTOFF not performing? Have patient needs changed?

COL Forrester disparages past performance as a herald to future performance and says that to do so is “rife with danger to our soldiers.” The greater danger is to ignore past performance and add unnecessary layers between the patient and his needs. Such actions are rife with danger to our patients. From the beginning, Aviation has coveted DUSTOFF. Initially, DUSTOFF had a great champion in Kelly. I don’t know who their champion is today, but if COL Forrester represents current attitude, I sense the beginning of the end of DUSTOFF, and I fear the patients—our soldiers—will be the worse for it. ■



## “E. R. of the Skies” Saves Lives

Written by SSgt. Raymond Drumsta, 42<sup>nd</sup> Infantry Division Public Affairs Office, On DoD’s DefendAmerica.mil.com Web site and Blackanthem.com.

FORWARD OPERATING BASE SPEICHER, IRAQ—Odd, red flakes, like random, crimson snowflakes, float about inside the Black Hawk helicopter where a wounded Iraqi soldier lies. Their source soon becomes clear: drops of his blood have fallen on the aircraft’s warm surfaces, dried, flaked off, and are being blown around like so much confetti. Meanwhile, two soldiers of the 1159<sup>th</sup> Medical Company work, with coolness and efficiency, to save the Iraqi soldier’s life.

Scenes like this—horrible to some—are the daily work of the

1159<sup>th</sup> Medical Company’s soldiers. Every day they drop from the sky to scoop up and treat wounded Iraqi and Coalition Forces soldiers, Iraqi civilians, and suspected insurgents. Their helicopters are airborne emergency rooms, and though they field a robust array of Army training and civilian medical experience, some of them say their main lifesaving skills are teamwork, professionalism and dedication rooted in compassion.

“Some people say our job is to make sure the Thanksgiving Day table is full, so no one is missing when everybody gets home,” said Chief Warrant Officer Patrick Fallon, a medevac pilot with the 1159<sup>th</sup>. “If it was me, I’d want someone to do all they could to help me, and that’s why we do everything we can to help whoever is in the back to survive.”

The company, which belongs to both the New Hampshire and Maryland Army National Guard, deployed to Iraq in early February. Since then, they’ve flown nearly 900 patients on almost 600 missions, according to a unit fact sheet. These missions include patient transfers, blood and hospital resupply

runs and the most critical of all, aeromedical evacuation—picking up wounded, sometimes under fire, and transporting them to a Combat Surgical Hospital.

Unit flight crews consist of a flight medic, a crew chief, and two pilots. The crews are on a tight, rolling on-call schedule, which they call first-up, second-up, third-up and fourth-up. The schedule ensures there is always a flight crew “on deck,” so to speak, and available to perform aeromedical evacuation.

“From the time you start on fourth-up, you are on call 24 hours a day for a total of 96 straight hours,” said flight medic Sgt. Matthew Miller, of Anne Arundel, Maryland. “Obviously, there are operating procedures for crew rest, but working within the parameters set forth by the commander, it is 96 hours of duty. The first-up aircraft is the first to go, second-up the second, and so on. First- and second-up aircraft stay on duty in the Operations Building and immediate area.”

The first- and second-up aircraft’s response times for nine-line medevac requests is also immediate, Miller said. Once the wounded are in the helicopter, their lives are in the hands of the flight crew—especially the medic and the crew chief—who administer direct medical care to the wounded while in the air.

“Before we came here, I never had anyone’s life in my hands except for my newborn daughter’s,” said Staff Sgt. Gary Hitch. As a medevac crew chief with the 1159<sup>th</sup> Medical Company, Hitch is part of that tight loop of communication and care which forms

(E. R., continued on page 14.)

inside the aircraft whenever wounded are aboard. The flight medic, the crew chief and the pilots are all talking, working together to provide a stable platform for the flight medic to work, and to make every second count.

"I'm just a bus driver," Fallon said. "Our whole purpose in life is to get the medics to the patients and the patients to the hospital. If we have a patient where every second counts, we push the aircraft harder."

"Everyone is an expert in their own field," said medevac pilot Chief Warrant Officer 4 George Munson, of Lyndeborough, New Hampshire. "The flight crew works as a cohesive unit. So if the medic says, 'Speed it up, this guy's dying,' the pilot complies. They respect the professionalism of each other."

Like all medical professionals, the flight crew is trying to maximize the golden hour—the 60 minutes immediately following the occurrence of a life-threatening injury—when they have the best chance of saving the patient's life. The golden hour starts counting down when the wound happens, and the flight crew is using every second to perform lifesaving procedures.

"You just concentrate on patient assessments, like airway, breathing and circulation," said flight medic Sgt. Amanda Watkins. "Those are the ones that will keep them alive. Without those, you haven't got a patient. You're always thinking, 'What's next?'"

Watkins, who is from Lincoln, Nebraska, said the unit's flight medics are constantly learning from each other, trading notes and sharing experience.

"You learn something from every call," she said. "The crew chiefs, thank God, know some medical procedures. They know CPR, and most are combat-lifesavers."

On calls, she said, crew chiefs help perform lifesaving procedures, like helping to stop bleeding and helping a patient breathe using a bag-valve mask, which is called "breathing for a patient," or "bagging a patient."

"A lot of them will ask how to do things because they want to help out," Watkins said. "A lot of them can give IVs, too, if we have multiple patients."

"Everyone helps out," Hitch said. "You can't have one person taking care of the optimum of four patients that the Black Hawk can carry. You let the medic do what they do, and you help."

All the crew chiefs in the 1159<sup>th</sup> are qualified in Basic Trauma Life Support, also known as BTLS.

"That's quite a few steps higher

**"When something goes wrong with the aircraft, I can stop what I'm doing and look it up in a technical manual. When something goes wrong with a patient, the medic can't stop caring to look it up in a manual—they just have to keep trying."**

than combat-lifesaver," said Hitch. "I can assess the patient, I can breathe for the patient, I can pump fluid into the patient, and I can secure the patient so their spine or limbs are not in danger."

"With the crew chiefs helping out, I'm free to take care of the other things that have to be done, like administering CPR, drugs, and hooking up monitors," said flight medic Sgt. Robert McColligan, of Baltimore.

"Once I'm on the aircraft, the pilots are flying it, and they give me room to work," McColligan said. "The crew chief is a little more than that. All our crew chiefs are BTLS qualified. They understand trauma and basic airway management skills. If we need to bag a patient, they know how to do it. They help us dress lacerations and cuts."

"The crew chiefs are like "another care provider in the aircraft with the medic," said Miller. "You're able to get a whole lot done quickly."

Miller is the unit medical standardization instructor. He and unit member Sgt. James Phipps were the driving force behind getting the unit's crew chiefs BTLS-qualified.

"Sgt. James Phipps and I recog-

nized a long time ago that there were some shortfalls in combat medicine," said Miller. "One of those shortfalls is that the crew chief is left out of the loop." The BTLS training, which the unit approved and carried out while mobilizing at Fort Dix last year, taught the crew chiefs rapid trauma assessment, airway assessment and knowledge of injuries and how to treat them.

"It gives them a better understanding of what's going on with the patient," Miller said. He added that the crew chiefs learn medical jargon, which expedites communication.

"We can get things done a whole lot faster," Miller said.

The time in the aircraft, when the patient is being transported is the "platinum 10" said Miller—the time period when the flight medic is "rapidly finding injuries, treating lethal injuries and restoring breathing."

"These are interventions that need to be done," Miller said.

It's an "awesome feeling" to work with the flight medics, Hitch said.

"The stuff they have to know is amazing," he said, "like what drugs to use, and how to counteract those drugs, because you don't know if an Iraqi is allergic to morphine. When something goes wrong with the aircraft, I can stop what I'm doing and look it up in a technical manual. When something goes wrong with a patient, the medic can't stop caring to look it up in a manual—they just have to keep trying."

As a National Guard unit, the 1159<sup>th</sup> Medical Company's ranks are full of soldiers who are full-time, civilian medical professionals.

"In the 1159<sup>th</sup>, we're lucky, because out of our 15 medics, seven are paramedics, and all of them have critical care experience," Miller said. "Three are emergency medical technician intermediates. They all practice on the outside. They all work for fire departments or ambulance services."

The unit's Black Hawk helicopters are equipped with medical equipment like oxygen, monitors, and a defibrillator.

"The equipment you see in the back of our Black Hawks is the same equipment used by critical care transport teams on the highways of America,"

Miller said.

To do the job, Miller said, takes flexibility. "The medical treatment portion of our mission happens as the event unfolds," he said. "You need to be able to change gears quickly."

Though they call it "ground hog day" because the same things happen every day, the type of call varies, Hitch said.

"You know it's going to be something different, until you get out to the site," Hitch said, "then adrenaline just takes over."

Getting to and from the site, called the "point of injury," is the job of the pilot and pilot-in-command, who also navigates and works the radio. Miller stressed however, that the entire crew calls out hazards like suspicious vehicles, rising terrain, or changes in the road structure—a sign of a possible improvised explosive device (IED).

"It's a lot of stress," Miller said. "It's a lot to deal with. It can be a little overwhelming. Not only are you dealing with a trauma patient, you're working in a hazardous environment. The insurgents don't care about the Red Cross on the aircraft. They don't care if we're trying to help someone. We're just another target to them."

McColligan was part of the medical teams targeted while evacuating IED victims in February. The flight crews treated and evacuated their patients while under direct fire and secondary IED attacks. While on the ground, McColligan said it took a couple of seconds to realize they were firing at him.

"When I was 30 yards away from the aircraft, the third IED went off about 50 feet from it," McColligan said. "The adrenaline didn't hit me until I got in the aircraft, and I saw how bad off the soldier was. I started counting my fingers and toes and checking for wounds." He "used about every dressing in my bag" on the wounded soldier, McColligan added.

As an emergency medical technician volunteer back home, McColligan said he worked about 30 hours a month. "I went from sprained ankles and chipped teeth to people who were getting ready to die," McColligan said. "It was a big change."

Before coming to Iraq, McColligan said one of the worst things he had seen was a car accident. The trauma he's witnessed here, he said, "is the worst I've ever seen."

"I think I've seen every type of trauma here, with the exception of drowning," McColligan said. "You've got to have a good mindset. You have to take everything in stride and be very flexible."

**"I went from sprained ankles and chipped teeth to people who were getting ready to die," McColligan said. "It was a big change."**

Dealing with battlefield trauma can be traumatic for the crews, Miller said, and they sometimes look fatigued or mentally drained. Crews are routinely ordered to undergo combat stress control—after going through what unit members refer to as "bad calls."

"Sometimes you're so focused, you don't realize you're under that amount of stress," Miller said. "It takes someone from the outside to look at you and talk to you. Then you don't have someone going home with more ghosts in their head than they want," he said.

"Everyone's there for each other," Watkins said. "There could be a major or captain flying the aircraft, but they're paying attention to the NCO medic in the back. It's all about the patient."

It's like a brotherhood, said Miller. "The medevac flight crew is a very tight group," Miller said. "There is a lot of emotion that revolves around one of our soldiers who is wounded. We take this medical duty very seriously, and our patients become part of our tight group. When one of them dies, a piece of us dies with them." ■

## Retired Pilots

Four retired guys are walking down the street in Topeka, Kansas. They turn a corner and see a sign that says "Old Timer's Bar—All Drinks 10 Cents."

They look at each other, then go in. The old bartender says, in a voice that carries across the room, "Come on in and let me pour one for you. What'll it be, gentlemen?"

There seems to be a fully-stocked bar, so the men all ask for a martini. In short order, the bartender serves up four iced martinis and says, "That will be 10 cents each, please."

They can't believe their good luck. They pay the 40 cents, finish their martinis, and order another round. Again, four excellent martinis are produced with the bartender again saying, "That's 40 cents more, please." They pay the 40 cents, but their curiosity is more than they can stand.

They've each had two martinis and so far they've spent less than a dollar. Finally one of the men can't stand it any longer and asks the bartender, "How can you afford to serve martinis this good for a dime apiece?"

"Here's my story. I'm a retired airline pilot from Brooklyn, and I always wanted to own a bar. Last year I hit the lottery for \$25 million and decided to open this place. Every drink costs a dime, wine, liquor, beer, all the same."

"Wow, that's quite a story," says one of the men. The four of them sipped their martinis but couldn't help noticing three other guys at the end of the bar who didn't have a drink in front of them and hadn't ordered anything the whole time they were there.

One man gestures at the three at the end of the bar without drinks and asks the bartenders, "What's with them?"

The bartender says, "They're retired Army helicopter pilots. They're waiting for happy hour."



# What an Old Army Helicopter Pilot Thinks about Army Nurses

*A perspective penned by Colonel Doug Moore, DUSTOFF 77 ('64-'65) and DUSTOFF 156 ('68-'69)*

I had a unique opportunity to see Army nurses in action while serving two tours in Vietnam and during the two years I spent in Japan between those combat tours. In one setting, you wore fatigues. In the other, it was mostly white uniforms, but there was one constant and that was your dedication to taking care of people.

As a medevac helicopter pilot, we managed to steel ourselves to the trauma of the wounded. We saw them only for brief periods of time, but you were there for the long haul, and I don't know how you managed that aspect of your job.

In Vietnam, I watched as you rushed to our helicopters when we landed. Despite the mud and the blood and the gaping wounds, you greeted the wounded and offered them their initial words of encouragement.

I don't think most of us can fathom the rapid transition these men had just gone through. Minutes before, they were slogging waist deep in a rice paddy or cutting their way through triple canopy jungle when they were hit. Then they were thrown aboard our helicopters and given a rough ride to the sanctuaries where you waited. Just imagine what it was like when they looked up from their litters and into your faces. I've seen critically wounded men reach out to take your hands because you represented safety and home.

During the two years I spent in Japan, we ferried more than 60,000 patients from the air bases at Yokota and Tachikawa to six Army, Navy, and Air Force hospitals scattered around the greater Tokyo area. By the time they arrived in Japan, most of the wounded had received their initial care and some had undergone surgery in Vietnam, but many of them were still scared and hurting. A seven- or eight-hour plane ride across the South China Sea from Vietnam to Japan and then another bumpy helicopter ride to your hospitals only served to confuse them more and cause additional pain.

In Japan I saw Army nurses in

starched whites rush to our helicopters and demonstrate the same level of care and concern I saw in Vietnam. You took their hands, offered words of greeting, and smiled at them. And I'll bet those brief smiles were worth more than several days of hospital stay.

**"Don't worry, we've seen lots of helicopter pilots without any clothes on, and all of you look the same."**

After they had undergone additional operations and were sufficiently stabilized to survive the long flight to the States, we came back to pick them up and saw you again. You walked out with the patients and held their hands while saying goodbye and wishing them well. You knew those men for only a brief moment in time, but those brave warriors' memories of you are everlasting.

I had a more personal experience with Army nurses that began in the early morning darkness of December 11, 1968. Two companies of the 2/12<sup>th</sup> Infantry Battalion had been surrounded in an all-night battle and had taken a beating. They needed several casualties evacuated to regroup and fight their way out, so we went to help.

The "Bad Guys" let us land before opening up with everything they had. We began taking hits while loading the wounded, and the fire increased in intensity as we took off. I've never seen more tracers in my life.

Someone told me later there were 37 holes in our helicopter, including one bullet that punched a hole in my flight helmet and left me temporarily blinded in my left eye. I was a mess because another round ricocheted off the collective lever and split my left thumb open. The latter really hurt, and I remember being concerned because I

couldn't see out of my left eye and could feel blood dripping down the left side of my face. Someone was watching over us that night as we limped towards Cu Chi in a badly damaged helicopter with eight critically wounded Americans on board.

I remember lying on an exam table in the receiving room of the 12<sup>th</sup> Evacuation Hospital, when a perky nurse lieutenant appeared down by my feet and asked whether my bootlaces were new. At first, I wondered what kind of stupid question she was asking, until I saw her whip out a pair of scissors from a carrier on her belt and begin cutting my boots off. She then asked whether my fatigues were new and began cutting them off too. I pleaded with her to be careful, but she didn't slow down at all. Soon I was completely naked and surrounded by people, some of whom I knew.

About that time, the Chief Nurse walked by, so I asked for a sheet to cover up with. LTC Mary Frances McLean laughed at my request and said, "Don't worry, we've seen lots of helicopter pilots without any clothes on and all of you look the same." Mary Frances then hurried off to check other patients who were more badly wounded.

One of the physicians came by and started poking around all over my body. I wondered why he was checking every inch of me. From somewhere deep within the recesses of my mind, I remembered he was supposed to ensure no entry or exit holes were overlooked. He then told me my thumb needed some stitches, but they could wait.

Finally, the doctor told me he needed to flush some metal fragments from my eye and warned it might sting a little. Whatever he poured into my eye burned like liquid fire, so I instinctively tried to reach a hand to my face. At that point, I became aware that a pretty nurse captain was holding both of my hands in a firm grip. She leaned over and said quietly, "Don't worry,

*(Nurses, continued on page 17.)*

# The Special Operations Aviation Medical Indoctrination Course

*LTC Andre M. Pennault, Regimental Surgeon, 160<sup>th</sup> Special Operations Aviation Regiment (Airborne), wrote this article in the 30 June 2005 issue of Army Aviation.*

The sustained role of the 160<sup>th</sup> SOAR in support of the Global War on Terrorism (GWOT) resulted in a dramatic increase in the operational responsibilities of unit medical personnel. The use of conventional medical evacuation (MEDEVAC) assets to support special operations forces is often unfeasible due to missions in denied areas. As a result, SOAR aircraft may be used for tactical casualty evacuation (CASEVAC) platforms under these circumstances, thus making it essential to have qualified medical personnel capable of providing in-flight casualty care on such missions.

Current regimental policy prescribes that a SOAR medical provider participates as an aircrew member on every combat missions. Typically, a team of one medical officer and one flight medic supports the dedicated CASEVAC aircraft.

Operational medical support for the regiment is provided by residency-trained flight surgeons, aeromedical physician assistants, and flight medics who are graduates of the Special Operations Combat Medic (SOCM) paramedic course. While SOCMs are

highly qualified and newly assigned medical personnel generally have significant training in general trauma care, often they lack the experience required to provide appropriate casualty care and evacuation aboard a special operations rotary wing platform.

**These graduates have repeatedly proven the value of their training by providing outstanding casualty care and evacuation on numerous occasions during the Global War on Terrorism.**

The cabin space in mission aircraft offers a unique and challenging environment, including high noise levels, vibration, low light levels, and possible exposure to high altitude and extreme temperatures. These conditions demand the use of specialized casualty assessment and monitoring techniques, measures to prevent potential casualty

hypothermia, and medical providers with a high degree of situational awareness.

Consequently, in 2004, SOAR senior medical leaders developed and instituted the Special Operations Medical Indoctrination Course (SOAMIC) to better prepare new medical personnel to perform CASEVAC duties in this unique environment. This course also serves to integrate medical personnel as functional aircrew members.

Although not accredited as a qualification course, the SOAMIC is an intensive two-week training program required for all regimental medical personnel. It has served the regiment and supported soldiers well by providing indoctrination in an intense situational environment. Students receive instruction in tactical combat casualty care principles to include care under fire, the set-up and use of specialized CASEVAC equipment sets, preparation of MH-60 and MH-47 aircraft for casualty treatment and transportation, medical support for forward arming and refueling points, special ops medi-

**(Course, continued on page 18.)**

## **(Nurses, continued from page 16.)**

Major Moore. You're going to be all right."

That was the exact message I needed! From that moment on, I knew I was in good hands. I stopped worrying whether I would permanently lose sight in my left eye. I don't know her name, but I will be forever indebted to that beautiful nurse for her special touch that night. Later I was moved to the 24<sup>th</sup> Evacuation Hospital, where a wonderful team of neurosurgical nurses cared for me.

Fate smiled on me again when the efforts of two friends and outstanding Army nurses finally paid off. Diane Carlson-Evans and Jane Carson had to battle the bureaucracy for many years before getting the Vietnam Women's Memorial approved, and I was blessed

to be able to attend its dedication, along with several of the nurses from the 12<sup>th</sup> and 24<sup>th</sup> Evacs who cared for me. We hugged and cheered, and the tears flowed like falling rain as that beautiful memorial was dedicated.

I don't know whether others noticed or not, but the crowd at the dedication of the Women's Memorial was overwhelmingly male, and most were men about my age. Some wore suits, others were in casual clothing, and many wore remnants of their Vietnam era uniforms. But there was one distinctive commonality in the group. As the dedication progressed, you could see a far-away look in their eyes, as their minds raced back across the years to remember a special person who leaned over their litter or hospital bed to whisper,

"Don't worry, you're going to be all right."

To a man, I think all of us who served in Vietnam share a common thought. You nurses were our heroes because you encouraged the wounded to get better, you helped us when we needed help, you badgered those who began to lose hope, and you offered your love and kindness when we were vulnerable and needed it most.

Army nurses earned a special place in my heart a long time ago and continue to hold that spot today. ■

# Vietnam Letter

Cheryl Fries, of "In the Shadow of the Blade" fame, dropped a note about a special program initiated at Westlake High School in Austin, Texas, that got students involved with very intimate studies of the Vietnam War. Excerpts below.

**A**s an overview: The Westlake High unit began with a map of Vietnam. Students identified major places, major battles, and understood the way the American military divided South Vietnam in the four sectors. Teachers lectured on Cold War global politics, the Domino Theory, and the reasons for U.S. involvement, as well as the dissent at home. Assigned reading included literature, poetry, and non-fiction by Vietnam veterans.

Each day as the kids came in, music from the era played on the stereo in the room. They read aloud excerpts from "Dear America: Letters Home from Vietnam." They watched "In the Shadow of the Blade." They listened as Austin veterans spoke to them (two Marines, one Army infantry officer, and one Huey pilot).

The major assignment was to choose a name from the Virtual Wall. First, they did a "virtual rubbing," which they cut out and pasted in his hometown area on a U.S. map in the classroom. They had to make a presentation about the person behind the name, which included basic biographical

information about what was happening in Vietnam and in the US when he died, his unit, and area of operations. They were also required to put themselves in his shoes and write a "final letter home in his voice."

**"It's so important for veterans to share their stories, so people aren't forgotten for what they did, and so they didn't die in vain."**

One thing I noticed: the students used Vietnam lingo casually—"hot LZ," "II Corps"—and they speak intelligently ("Ironically, he survived the Tet Offensive but died by a sniper's bullet." "He volunteered to recon the area and walked onto a mine.")

Another thing I noticed: when they talk about "their guy," their tone and posture change . . . like, now we're getting personal. One example is a girl who identified her soldier as "Thomas"

**(Course, continued from page 17.)** cal mission planning considerations, and unit-specific aspects of aviation medicine.

Additionally, students undergo day and night qualification for fast-roping infiltration and exfiltration and casualty hoist extraction. The SOAMIC provides a progressive learning environment, beginning with classroom instruction and concluding with the execution of complex mission profiles aboard regimental aircraft during mass-casualty scenarios.

To graduate, students must successfully complete training events involving battlefield treatment, mass casualty management, infiltration and exfiltration, casualty extraction, and in-flight care of multiple casualties under low-light conditions. A 1:1 student-

instructor ratio is generally maintained for practical exercises throughout the course to ensure safety and maximize learning opportunities.

The SOAMIC produces medical personnel who are confident and qualified to conduct special operations battlefield care. These graduates have repeatedly proven the value of their training by providing outstanding casualty care and evacuation on numerous occasions during the Global War on Terrorism.

Recent examples include the successful stabilization and evacuation of casualties aboard an MH-47 by a single medical provider; the night-time hoist rescue of a critically-injured soldier in mountainous terrain; provision of critical care services and ventilator management to a casualty with multiple

in the formal part, then later said, "If I take my kids to The Wall, I will show them Tommy's name and tell them how he was captain of his highschool football team."

Here are some of the students' words:

- "What I learned about Vietnam veterans is that these are some of the bravest people who are alive today."

- "This lesson has greatly affected my perspective about war and the soldiers who fight it and my appreciation for them."

- "It's so important for veterans to share their stories, so people aren't forgotten for what they did, and so they didn't die in vain."

- "When I was working on my project, it wasn't just an assignment. It was like a personal job."

- "The Vietnam War constructed our society today. They were fighting for the ideals of a previous era, even as the country shifted to a new one."

- "When they came home and were rejected—well, learning about that put me in my place. It made me feel small."

**(Letter, continued on page 19.)**

wounds; and a night vision goggle in-flight airway control for two soldiers with head injuries.

The semi-annual SOAMIC will likely include participation by other special operations units in the future and will incorporate casualty transfer between echelons of care as part of the CASEVAC process.

The regimental medical leadership will continue to expand and refine the SOAMIC to ensure that unit medical providers remain the best qualified to meet the needs of injured special ops forces in even the most austere environments. Although the SOAMIC is labor- and resource-intensive, the lives saved during combat, coupled with the aircrew confidence in unit medical personnel, far outweigh any costs. ■

# Congress Considers MEDEVAC Medal

*A story in the Santa Barbara News-Press presented an update on legislation designed to recognize DUSTOFF in a more effective manner.*

**W**hen he was a 21-year-old Army MEDEVAC pilot flying DUSTOFF 112 in Vietnam in 1968, Richard Lindekens wasn't concerned about recognition.

It was about saving lives. As one of his band of brother pilots had said during a particularly heavy fire fight when the ground troops urged him to leave, "When I have your wounded."

"That's just the way it was," says Mr. Lindekens. "I got shot down a few times. DUSTOFF is an acronym for what we did as MEDEVAC pilots. It stands for Dedicated Unhesitating Service to our Fighting Forces."

Still, even though it's 37 years coming, he's heartened that HR 1308, a bill establishing a combat badge for helicopter medical evacuation (MEDEVAC) ambulance pilots and crews, is working its way through Congress. A quirk in Army regulations has short-changed the dedicated soldiers for decades.

"Please contact your House of Representatives member and ask them to support HR 1308," Richard Lindekens urges.

**(Letter, continued from page 18.)**

• "I'll tell my children that the people on The Wall; They died fighting for their country. They deserve the ultimate respect."

• "Our generation is so individualistic, so capitalistic. When the veterans share their experiences, it shows us how we can be together as a people."

• "Before, when I thought of veterans, I maybe thought of guys in the street or drug addicts. Now I know they're just normal people."

• "When I first got the name, it was just a name. Now he's a real person to me." ■

"I was with the 254<sup>th</sup> Medical Detachment, part of the 44<sup>th</sup> Medical Brigade. We were a small unit with six ships that flew our missions in the Central Highlands," said Mr. Lindekens. "During the Vietnam conflict, helicop-

**"Everybody in the crew got shot, including the medic working on him. He got shot in the face and still wouldn't stop working on him."**

ters became a vital tool used to remove the wounded from the battlefield. Not only did they rescue the downed pilots in the north, the bulk of the flying was done extracting soldiers in the south."

Richard Lindekens, a Captain for American Airlines, grew up in Pasadena and has lived here for nine years. He's a past president of the Danish Brotherhood.

Helicopters run in the family. His wife, Raelynn, the daughter of former Viking Press owner Bo Pedersen, once landed a chopper at Solvang School to show the students. She's now a pilot for Northwest Airlines on the Bombay route.

At the request of his former commanding officer, Richard K. Andersen, Richard Lindekens went to the Vietnam War Memorial on 3 May, where members of the Vietnam Veterans of America hosted a ceremony. Attended by about 150 persons, it was dedicated to the 215 fallen crew members of the U.S. Army medical helicopter ambulance units. An unofficial Combat Aeromedical Badge was presented to each soldier's panel and later forwarded to their families.

"I went and represented our unit. This particular set of wings will be sent to Doug Stover's dad this afternoon. His dad was a World War II pilot, flying B-24s," said Mr. Lindekens. "The sad part is that I belonged to a unit that had only six helicopters, but I presented

10 of these badges."

"Not all those guys died during my tour. Three of the crew members I flew with for the year I was there, died the day I left."

The first Gold Star mother of the Vietnam War was at the ceremony at The Wall, as was a former POW who spent a number of years in the same cell as Senator Jon McCain.

Richard Lindekens pointed to a man in a wheel chair in a photo of the event. "He lost both legs and an arm. He went in front of Congress on behalf of this bill and in ten minutes had everybody absolutely crying. He talked about the crew who picked him up. Everybody in the crew got shot, including the medic working on him. He got shot in the face and still wouldn't stop working on him."

"On 3 May, we presented badges to 215 of our fallen friends who made the ultimate sacrifice. They gave their lives. This bill, now working its way through Congress, will hopefully be passed, so these crew members will finally, officially, have their badges." ■

## Crewmember Poem

If you are able, save for them a place inside of you and save one backward glance when you are leaving for places they can no longer go.

Be not ashamed to say you loved them, though you may or may not have always. Take what they have taught you with their dying and keep it in your own.

And in that time when men decide and feel safe to call the war insane, take one moment to embrace those gentle heroes you left behind.

Captain Mike O'Donnell  
Dak To, Vietnam  
1 January 1970

## New Entries on the Flight Manifest

Stephen Acai  
SFC Candi O. Belle  
SFC William Bryce  
Richard N. Elliott  
CW4 Scott Franklin  
MAJ Jerry R. Gingrich  
SSG Marie-Claire Glidden  
SGT Timothy J. Godwin  
SGT Russell J. Graham  
SPC Rick M. Guttery  
MAJ Arthur A. Jackson  
LTC Raymond A. Jackson  
SSG Walter J. Kent  
CPT Tommy A. Meyer  
SGT James K. Meyers  
CPT Jacqueline Moyer  
SGT M. Rasanen  
Richard D. Riley  
MAJ Andrew J. Risio  
SSG Patrick B. Rose  
SGT Richard G. Villa  
CPT Kristian E. Willis  
Dr. Christopher K. Wyman

## Closing out the Flight Plan

George MacDonald, age 79, one of the OH-13 Helicopter Ambulance pilots, passed away on 24 August 2005. George was a flight school classmate of Chuck Mateer, the first president of the DUSTOFF Association. Reported by his friend, DUSTOFFer Joe Martin.

Carl Carroll, a retired CW4, died on 20 August 2005 of injuries from a roadside bomb attack near FOB Kalsu, Iraq. At the time he was employed by Titan Corporation as site manager, providing support the 155<sup>th</sup> Brigade Combat Team and 65<sup>th</sup> MP elements.

**REUNION 2006  
REGISTER EARLY!  
REUNION SCHEDULE  
AND  
REGISTRATION FORM  
ON PAGES 26 AND 27.**



### Treasurer's Report As of 31 October 2005



Interest Income	\$121.27
Membership Dues	\$1,420.00
Sales Income	\$1,591.30
Scholarship Fund Income	<u>\$2,387.25</u>
<b>Total Income</b>	<b>\$5,519.82</b>
Welcome Home Coins	(\$317.85)
Newsletter Publishing	\$1,638.43
Operating Expenses	\$453.11
Reunion Expenses	\$727.49
Sales Expenses	<u>\$360.40</u>
<b>Total Expenses</b>	<b>\$2,861.58</b>
<b>NET INCOME (LOSS)</b>	<b>\$2,658.24</b>

### 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](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.

# 159<sup>TH</sup> Medical Detachment (Helicopter Ambulance)

*Required to publish newsletters quarterly, DUSTOFF units were also granted some license with the manner in which the unit's historical actions were written and forwarded to higher headquarters. This came from the 159<sup>th</sup> and covered the first quarter of calendar year 1969.*

The first quarter of 1969 found the 159<sup>th</sup> celebrating the Lunar New Year, or more specifically, one phase of it called the Tet Offensive.

Dust out landings and tracked vehicles charging all over the Ho Bo Woods and Bo Loi Forest signaled that we were in the midst of the dry season. We have all experienced several hairy landings at night in powdery dust, but have managed to bring them all home without mishap.

Those of you who haven't worked with tank and armored infantry units have missed a real thrill. The 25<sup>th</sup> Division's 3/4<sup>th</sup> Cavalry Squadron (commanded by Jay McGowan's brother), 2/34<sup>th</sup> Tank Battalion, 1/5<sup>th</sup> Mechanized Infantry Battalion, and the 2/22<sup>nd</sup> Mechanized Infantry Battalion are full of spirit and never miss an opportunity to tangle with the bad guys. The terrain around Cu Chi is particularly well-suited for armored units during the dry season, so they are out there day and night stirring up trouble and providing business for us.

WO1 Jacoby practiced a "No Tail Boom" landing while making a pickup for one of these units recently. On short final to their hastily drawn perimeter, his rotor wash set off a booby-trapped 105mm howitzer round that blew off

the tail boom just aft of the sink elevator. He managed to keep the aircraft level, and after spinning 270 degrees, it came to a resounding halt. Fini helicopter, but everyone walked away.

Several personnel changes were made this quarter. Captain George Hurtado departed for a couple of snap courses: the Helicopter Instrument Flight Course, followed by the career course. CW2 Anthony Peters went to Hunter Army Airfield, and CW2 James Ellsworth to Fort Wolters. Both officers spent an 18-month tour and compiled a fantastic flying record.

Inbounds were Captain Roger Hula, a second-tour officer who came from the newly arrived 247<sup>th</sup> Medical Detachment via the Vung Tau Beach Bums, where he flew the Otter for awhile. WO1 Christopher Crowley arrived in early January. No newcomer to Vietnam as he spent a couple of summers here working as a stevedore at Saigon and Danang. Lt George Grandy arrived in early February. Then in early March, WO1s Taylor Grady and Dennis Derber arrived to round out the detachment's pilot strength.

The 88<sup>th</sup> NVA Regiment provided considerable excitement at 0400 hours, 25 February. They bit the base camp with rockets, mortars, and ground at-

tacks that resulted in several killed and the destruction of several Chinooks, the ammo dump, and rearm point, among other places.

During the melee, an enemy sapper unit slipped on post, so daylight found a real New England "Witch Hunt" in progress, as each unit had to search its bunkers, storage areas, and motor pools for the bad guys. A fearless five from the 159<sup>th</sup> searched diligently, but they succeeded only in flushing an old dog out of one of our bunkers. Although the dog did not respond favorably to interrogation, the undaunted medics-turned-infantry finally concluded that he was probably just a sympathizer and not a hardcore NVA or Viet Cong.

The entire day was treated correspondingly, as one or two sappers were picked up some distance from our unit. At around 1600 hours, four sappers were found in a Conex container about 100 meters from our billets, so an inspired DUSTOFF crew quickly became more diligent.

WO1 Steve Peth staged a one-man show while on our Tay Ninh standby during the period 7-11 March. When he arrived at the battle area, the Special Forces, 1<sup>st</sup> Cavalry Division,

*(159<sup>th</sup>, continued on page 22.)*

## The Real Reason for Reunions

"I now know why we who have been to war yearn to reunite. It's not just to tell war stories, look at old photos, and drink beer—although we do all of that. We don't do so to laugh at our past mistakes or dry one another's tears either. Warriors gather because they long to be with buddies who acted their best, men who suffered and sacrificed, who were stripped raw, right down to their humanity. I did not pick these men to share my year of toil and torment. They were delivered to me by fate and were the best men of my generation. I now know them in a way I know no others. Never have I given anyone such trust. They were willing to guard something more precious than my life. They would have carried my reputation, the memory of me into the future. It was also part of the unwritten code, the reason we were willing to die for one another and our country."

—George Marrett

ARVN Airborne and everyone else with a weapon were in heavy contact. After spending his normal two-day rotation there, he volunteered to stay two more days because he knew where all the units were located.

Battling mortars and heavy enemy small-arms fire, he kept maneuvering in and out of tiny landing zones from just east of Tay Ninh Mountain to the Cambodian border. A bedraggled young aircraft commander finally returned to Cu Chi with 34 hours flown and 251 patients evacuated. His only concern was that, after pulling out 93 ARVN from one landing zone, a VNAF H-34 went in and scarfed up the remainder of his little brown buddies. "Would have hit 300 if those guys had stayed home," he remarked.

Speaking of the ancient and respected art of scarfing patients, one of the lieutenants from Bill Covington's

unit sneaked across the Saigon River into our area and tried to police up some Ruff Puffs (Regional Forces/Popular Forces) just north of Trang Bang, while our first-up ship was on another mission. WO1s Jacoby and Daily heard their "May Day" call after a .51 caliber flamed their ship.

Although quite distressed because Covington's guys had been trying to slick patients from under our noses, they went in and picked up the fallen scarfers. Two from that crew were slightly wounded when they were shot down, so Jacoby and Daily added them to their patient count before "Ho Hum" returning to evacuate the Regional Forces wounded.

There was one sad note this quarter. Our dog, Katum, a gift from the Green Berets at an outpost by the same name on the Cambodian border, managed to get himself squashed by a 2 1/2-

ton truck while ardently making love to a female dog in the middle of Taro Road near the detachment headquarters. An entry in the unit history log indicated Katum maintained the DUSTOFF image to the very end. The only way to go!

The detachment received three new "68" model aircraft during March, much to the chagrin of the 45<sup>th</sup> Medical Company's Maintenance Officer, Major Al Borth, who can only get rebuilds from ARADMAC. Do you want to know our secret? First, you take a 1250-hour ship that has been shot up so many times until nothing electrical works any longer and get Field Maintenance to retrograde it, especially since it lost a cargo door while in flight because the sliders on both doors had all worn out. Secondly, park another 1200-hour ship in a revetment at Long Binh and let a transient 1<sup>st</sup> Cav ship hover into it while trying to maneuver out of an adjacent revetment. Lastly, let one of the WO1s land on a mine and, there you go, three new flying machines in one month. We wouldn't recommend these procedures for the weak at heart.

Officers assigned at the end of the quarter included: Major Doug Moore, Captain Roger Hula, Captain Richard Hill, 1LT George Grandy, CW2 Doug MacNeil, CW2 Kevin Murrell (Departs 3 April for Fort Benning), WO1 James Daily, WO1 Dennis Derber, WO1 Taylor Grady, WO1 Theodore Jacoby, WO1 Steven Peth, WO1 James Ratliff, and WO1 Christopher Crowley.

The detachment has been extremely busy this quarter, as evidenced by our statistics. Our flying time doesn't match that of the Delta Detachments because we are more centrally located in our Area of Operations. Ninety percent of our missions are less than eight minutes one way, and that adds up to beaucoup missions and exposures. ■

## 159<sup>th</sup> Med. Det. Quarterly Statistics

	January	February	March
Total Patients	1678	1932	2319
U.S. Patients	623	842	1089
ARVN Patients	546	534	783
Others (Civ., POWs)	509	556	447

## ANOTHER DUSTOFF HERO RETIRES

Colonel Charles H. Davis retired from the service of the United States Army on 31 January 2005 after 30 years and 27 days of memorable leadership and unselfish contributions to DUSTOFF. His final position in the Army was as Division Chief, Health Service Support Division, J4, Joint Chiefs of Staff. His DUSTOFF service included the 283<sup>rd</sup> Medical Detachment (Helicopter Ambulance) in Alaska, the 507<sup>th</sup> Medical Company (Air Ambulance) at Fort Sam Houston and Fort Bliss, Texas, and superb performance as the Commander, 421<sup>st</sup> Medical Evacuation Battalion, Darmstadt and Wiesbaden, Germany. His military education took him all the way from the AMEDD Officer's Basic and Advanced Courses through the Command and General Staff College and the Army War College.

Charles received a number of important decorations, topping out with the Distinguished Service Medal and the Master Army Aviator Badge. He led the 421<sup>st</sup> to its award of the LTG Ellis D. Parker Award for Aviation Excellence in 1993 while also winning the Top Aviation Battalion and Top CSS Aviation Battalion in Europe that same year.

Charles and his lovely wife, Sunny, will reside in Northern Virginia.



# Flight Medic Recognized with Purple Heart

*Brian Henretta wrote this article in the Fort Campbell Courier in April 2005, recognizing the dedication and courage of former DUSTOFF Crew Member of the Year, SGT George W. Hildebrandt.*

**C**amp Taji, Iraq — A soldier whose mission is to aid the wounded was himself awarded the Purple Heart in April at Taji Airfield for injuries he received while saving lives.

SGT George W. Hildebrandt, a flight medic with the 50<sup>th</sup> Medical Company (Air Ambulance), 101<sup>st</sup> Airborne Division, was given the award by BG Elder Granger, Commanding General of the 44<sup>th</sup> Medical Command, XVIII Airborne Corps.

Hildebrandt, a native of Esperia, California, was given the award for wounds sustained during a mission where he was responding to a medical evacuation request after some soldiers were hit by an improvised explosive device (IED) in downtown Baghdad on 21 February.

His MEDEVAC crew arrived on the scene and was evacuating and treating the injured. While treating a soldier he placed on a litter, a second IED exploded in his area, knocking Hildebrandt down. He picked himself up from the ground and, although disoriented, continued to load the heli-

copter, which was also damaged in the explosion. It was then that he noticed his own wounds, which included shrapnel in his legs, back, spine, and neck.

Despite his own injuries, Hildebrandt continued treating the other casualties during the flight to the hospital.

"I didn't do anything that any of our other medics wouldn't have done," Hildebrandt said. "I'm just happy to be doing a job I love. The worst part of this all was that I had to stay away from work a month."

"I'm extremely proud of SGT Hildebrandt. He took a risk that others only think about and, despite injuries, continued to do what he was trained to do," Granger said.

The Purple Heart award was created by George Washington in 1782 for "any singularly meritorious action," and its first three recipients were sergeants.

Granger said that Hildebrandt's actions on 21 February carried on that tradition.

"Hildebrandt is an example of a proud patriot and is a great noncommissioned, just like the first three men who were awarded this medal," Granger said.

Flight Platoon Leader CPT Heath D. Holt, who was the Black Hawk pilot Hildebrandt crewed with that day, also praised his actions not just from that day, but every day.

"No one embodies the work ethic of Medical Company more than SGT Hildebrandt. He is a great medic, and nobody has made more sacrifices for our unit during the years I have known him," Holt said. "He's the first person I'd pick to be on my crew and not just because of this Purple Heart. I would have said that a year ago, the day he was injured, or still today."

Just as medics are trained to do with their injured soldiers, Hildebrandt, who has a wife and five children, was certain to relay calming reassurances from the hospital that he would be just fine and back in the business of helping others once again. ■

## PILOT PEARLS

- The strength of the turbulence is directly proportional to the temperature of your coffee.
- The three worst things to hear on your headset:

The crew chief says, "What's that noise?"

The pilot says, "I have an idea!"

The aircraft commander says, "Watch this!"

- If helicopters are so safe, why aren't there any class helicopter fly-ins?
- Death is just nature's way of telling you to watch your airspeed.
- I never liked riding in helicopters because there's a fair probability that the bottom part will get going around as fast as the top part.
- Real planes use only a single stick to fly. This is why bulldozers—in that order—need two.
- There are only three things the pilot should never say to the aircraft commander:

Nice landing, sir.

I'll buy the first round.

I'll take the ugly one.

- It is solely the pilot's responsibility never to let any other thing touch his aircraft.



# Top of the Schoolhouse



by ISG Jayme Johnson

The last time we spoke USASAM just completed the Flight Medic Course Critical Task Selection Board/Critical Task Selection Survey (CTSB/CTSS). The intent of the CTSB/CTSS was to ensure that current Lesson Plans taught in the resident Flight Medic Course are in line with skills required in the field.

A few changes have occurred in those Lesson Plans based on the board recommendations. The most significant addition is in the way we teach trauma management. Based on lessons learned from OEF/OIF we now incorporate the training methodology of Tactical Combat Casualty Care (TC<sup>3</sup>) into the Flight Medic course.

Under the TC<sup>3</sup> methodology, casualty management during combat missions can be divided into three distinct phases. First, "Care under Fire" refers to care rendered at the scene of the injury while both the medic and the casualty are under effective hostile fire.

Second, "Tactical Field Care" is the care rendered once the casualty and his unit are no longer under effective hostile fire. Third, "Combat Casualty Evacuation Care" is the care rendered while the casualty is being evacuated

plans dealing with the role of air ambulance companies in the new Brigade Aviation Element (BAE) (TC 1-400) and the General Support Aviation Battalions (GSAB) (FM 3-04.118).

The inaugural Joint Medical En Route Care Course (JMERCC) was held 28 March 2005. The focus of this new two week course is to synchronize health care providers from each of the services and educate them on the advanced care requirements of medically or surgically stabilized casualties during air transport within a joint environment. The class comprised both officer and enlisted personnel from the Army, Navy, and Air Force and totaled 17 students. The JMERCC is scheduled again for October 2005. For more information about the courses offered at USASAM you can visit our Web site at <<http://usasam.amedd.army.mil>>.

## A medically correct intervention performed at the wrong time in combat may lead to further injuries.

by an aircraft, ground vehicle, or boat for transportation to a higher echelon of care. These concepts recognize a particularly important principle: Performing the correct intervention at the correct time in the continuum of field care. A medically correct intervention performed at the wrong time in combat may lead to further injuries. CPT David Broussard, the Flight Medic Course Director, has implemented this training in the Flight Medic Course through both classroom instruction and a situational training exercise that incorporates all three phases of TC<sup>3</sup>.

Further changes in the Flight Medic Course deal with class demographics. The last two courses have seen an increase in joint attendance, to the tune of 21 Navy Corpsman. This is in preparation for the Navy's upcoming mission of providing direct support MEDEVAC to those forces in support of OIF V.

The Medical Evacuation Doctrine Course (2C-F7) continues to play a vital role in the education of combat health support providers. The last course graduated a total of 33 students; 14 were Navy personnel who will be responsible for the planning and execution of medical evacuation for OIF V. In May 2005 the 2C-F7 instructors will travel to San Diego, California, to conduct training for additional Navy personnel tasked to provide the planning and execution of medical evacuation for OIF V. The June 2005 resident 2C-F7 Course will incorporate new lesson

## 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

In closing, I would like to recognize the academic excellence of the following soldiers, sailors, and airmen. The Distinguished Honor Graduate for Class 05-01 was SGT Mathew J. Marrott, and the two Honor Graduates were TSGT Daniel Normandin and SGT Jeffery Dixon. The Distinguished Honor Graduate for Class 05-02 was HM2 Mark Kirkland, and the Honor Graduate was HM2 Keith Koerber.

As my time as the First Sergeant for USASAM comes to a close, I want to extend a heartfelt thanks to all the *DUSTOFFer* readers for your support over the past three years. Thank you for your service and continued support. DUSTOFF!

—DUSTOFFer—



# From the Consultant

by COL David McDonald

**A**nother chapter in the illustrious AMEDEVAC history is coming to a close with the departure of the 36<sup>th</sup> Medical Evacuation Battalion from Iraq at the end of this year. From that point forward, the General Support Aviation Battalion (GSAB) under the Combat Aviation Brigade (CAB), will command and control all aeromedical evacuation assets. The AMEDD will retain influence over these assets, through the orders process, and 30<sup>th</sup> MED BDE will ensure a smooth transition to this new way of integrating aeromedical evacuation assets into the Joint Health Service Support system (JHSS).

We have a responsibility as professionals to make the current structure work and recommend solutions that will improve the current structure. However, we must first educate the Aviation Branch on the scope and breadth of the aeromedical evacuation mission. All aeromedical evacuation professionals must be involved in this process. During this educational process, there are three key talking points that I emphasize.

First and foremost, the Aviation Branch must realize that it has assumed a medical mission, not another aviation mission. Aeromedical evacuation assets provide the connectivity to the

JHSS, as these assets are the primary means of moving patients, medical supplies, blood and medical personnel around the battlefield. Aviation officers must not only understand the ground tactical plan to support the ground component commander; they must also understand the joint health service support plan to support the joint force surgeon.

Second, the Aviation Branch must understand that aeromedical evacuation assets are joint assets, not just Army assets. The CAB and GSAB commanders must understand that they have joint and coalition responsibilities that include tactical, operational and strategic missions. Essentially, the division must now aeromedically support Corps and Theater mission along with its Division mission.

Third and last, Medical Service Corps aviators must remain AMEDD officers. Aeromedical Evacuation is Title X responsibility of the Surgeon General. Thus, the Surgeon General should have control over the personnel executing the medical mission. It is counter-intuitive that Medical Service Corps aviators must become Aviation Branch officers to be successful. There must be mediation to ensure definitive career progression for Medical Service Corps aviators.

These are the main talking points I would like to get to the field. These are by no means the only talking points. The Army Medical Evacuation Conference (AMEC) this year will help magnify these talking points and solicit others. The theme of this year's AMEC is "Medical Evacuation is support of the Joint Force."

I will solicit your ideas to solidify medical evacuation doctrine and develop courses of action that will make the current structure work and recommend solutions that will improve the current structure. I will brief your input to a panel consisting of AMEDD and Aviation General Officers to establish a baseline for the way ahead and eliminate the current confusion and uncertainty that exists.

Finally, I would like to applaud all the aeromedical evacuation professionals. Through all the uncertainty over the past eighteen months, you have remained true to the aeromedical evacuation mission and have quietly and professionally executed this mission superbly. You have upheld the highest standards and traditions of your profession. I am proud to be a part of this unique and august group.

*-DUSTOFFer-*

## LESSONS LEARNED FROM CREWMEMBERS

- Gravity may not be fair, but it is the law.
- If you are wearing body armor, the incoming will probably miss that part.
- If something hasn't broken on your helicopter, it's about to.
- Eat when you can. Sleep when you can. Visit the latrine when you can. The next opportunity may not come around for a very long time. If ever.
- Combat pay is a flawed concept.
- Having your body parts intact and functioning at the end of the day beats the alternative.
- Air superiority is NOT a luxury.
- If you are allergic to lead, it is best to avoid a war zone.
- It is always a bad thing to run out of airspeed, altitude, and ideas all at the same time.
- While the rest of the crew may be in the same predicament, it's almost always the pilot's job to arrive at the crash site first.
- Sudden loud noises in a helicopter WILL get your attention.
- Girlfriends are fair game. Wives are not.

## Fighting 50<sup>th</sup> Pushes the Mission Profile

The 50<sup>th</sup> Medical Company (Air Ambulance) has flown just short of 500 roadside missions as of 27 August 2005 in the Baghdad Battle Space, meriting the following awards, not including end of tour service awards:

- 1 Bronze Star Medal
- 3 Air Medals (Valor)
- 87 Air Medals (Achievement)
- 27 Army Commendation Medals (Valor)
- 1 Army Commendation Medal



# 2006 DUSTOFF ASSOCIATION REUNION

Schedule of Events  
February 10–12, 2006



## Friday, 10 February 2006

1200–1900 — Registration  
1100–1200 — Registration for Chuck Mateer Golf Classic (Fort Sam Houston Golf Course)  
1200–1800 — Chuck Mateer Golf Classic (Fort Sam Houston Golf Course)  
1400–1800 — Hospitality Suite open  
1900–2200 — Unit-Level Reunions or Mexican Buffet—Fort Sam Houston Golf Club  
2200–0200 — Hospitality Suite open

## Saturday, 11 February 2006

0900–1000 — Professional Meeting  
1000–1100 — Business Meeting  
1100–1300 — Spouses' Luncheon—Citrus Restaurant  
1430–1600 — Hall of Fame Induction, Rescue of the Year, and Crewmember of the Year Awards—AMEDD Museum, Fort Sam Houston  
1500–1800 — Hospitality Suites open  
1800–1900 — Cash bar at Banquet  
1900–2200 — Banquet: Welcome  
Invocation  
Dinner  
Entertainment  
2200–0200 — Hospitality Suite open

## Sunday, 12 February 2006

0900–1000 — DUSTOFF Memorial Service—Holiday Inn Riverwalk

## Thoughts for the Day

- When Hillary Clinton visited Iraq, the Army Black Hawk used to transport the Senator was given the call sign “Broom Stick One.” Who says the Army has no sense of humor?
- Beauty is in the eye of the beer holder.
- Being “over the hill” is much better than being under it.
- Some people are alive only because it’s illegal to kill them.
- You’re just jealous because the voices only talk to me.
- Ham and eggs—a day’s work for a chicken, a lifetime commitment for a pig.
- They call it PMS because Mad Cow Disease was already taken.



# 27th Annual DUSTOFF Association Reunion

## February 10–12, 2006

### Registration Form



Member's name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Home address \_\_\_\_\_

Military address \_\_\_\_\_ e-mail address \_\_\_\_\_

Please list your combat-related deployments by theater/year/unit \_\_\_\_\_

Dues: Totals

New Member Dues	\$15 + \$10 initial fee (E5 & below—\$7.50)	\$ _____
Annual Dues	\$15 (E9 & below—\$7.50)	\$ _____
Past Dues (Catch up)	\$15 per year owed as back dues	\$ _____
Life Member Dues	\$100 (one-time payment) (Enlisted—\$50)	\$ _____

Reunion Registration:

Member/Spouse	\$25/person	_____ persons	\$ _____
Non-member/Spouse	\$30/person	_____ persons	\$ _____
Single-day Registration for Guest of Registrant	\$15/person	_____ persons	\$ _____
<b>Late Fee (if after 15 Jan 06)</b>	\$10/person	_____ persons	\$ _____

Hotel Reservations:

Call the Holiday Inn–Riverwalk at 800-445-8475 or local (210) 224-2500 to reserve your room. Mention you are with the DUSTOFF Association to get the special rate of \$93/night.

You can register online at <[www.holidayinn.com/sat-riverwalk](http://www.holidayinn.com/sat-riverwalk)>. The Group Code is "OFF." These rates apply for 10 through 12 February 2006. If you would like to stay longer at that rate, call Dan Gower, 210-379-3985, and he'll try to arrange it with the hotel.

Chuck Mateer Golf Classic:

Ft. Sam Houston Club Member	\$20/person	_____ persons	\$ _____
Non-member Military	\$32/person	_____ persons	\$ _____
Non-member Civilian	\$37/person	_____ persons	\$ _____

Friday Night:

Mexican Buffet (FSH Golf Club)	\$15/person	_____ persons	\$ _____
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Spouses' Luncheon:

Citrus Restaurant	\$20/person	_____ persons	\$ _____
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Saturday Night Banquet:

Beef	\$30/person	_____ persons	\$ _____
Chicken	\$30/person	_____ persons	\$ _____

Please send registration form and check to: DUSTOFF Association  
P. O. Box 8091  
Wainwright Station  
San Antonio, TX 78208

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Membership Application/Change of Address**

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Officers and Civilians** **\$10.00 Initial fee  
\$15.00 Annual fee  
\$25.00 Total**
- I want to join the Association as a Member  
Enlisted  
E-5 & below  
E-6 & above** **\$ 7.50 Annual fee  
No Initial fee  
\$10.00 Initial fee**
- I want to join the Association as a Life Member  
Officers and Civilians  
E-9 and below** **\$100.00 One-time fee  
\$ 50.00 One-time fee**
- Check here if change of address, or e-mail change to [secretary@dustoff.org](mailto:secretary@dustoff.org)**

Rank \_\_\_\_\_ Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_  
Mailing address \_\_\_\_\_  
E-mail \_\_\_\_\_ Spouse's name \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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