

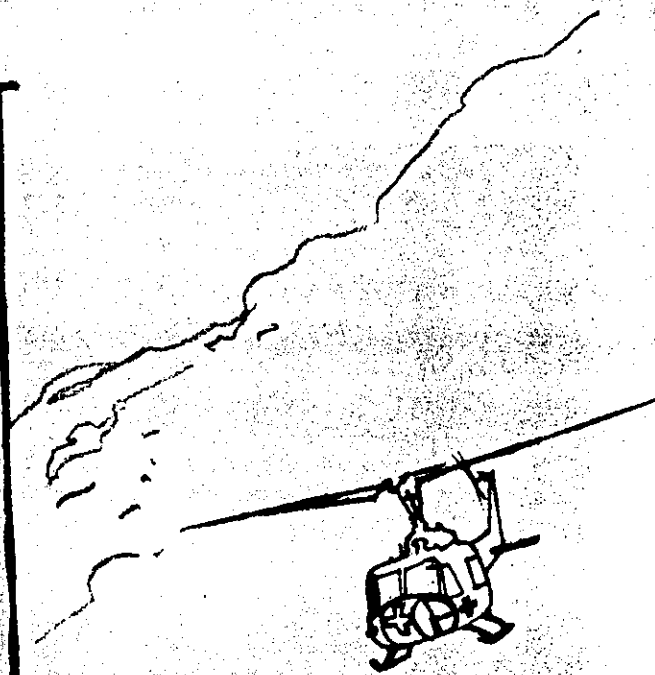
Med-evac

Dustoff -- When I Have Your Wounded

Major General Spurgeon Neel, M.D.
Commander, U. S. Army Health Services Command
Fort Sam Houston, TX

"DUSTOFF--When I Have Your Wounded" is a brief but succinct overview of the contributions of DUSTOFF to lives saved, patient care, medical efficiency and troop morale. The story is anchored on two of the many medical aviator heroes to provide perspective to the statistics cited. It was the dedication of the crews that made the magnificent system go

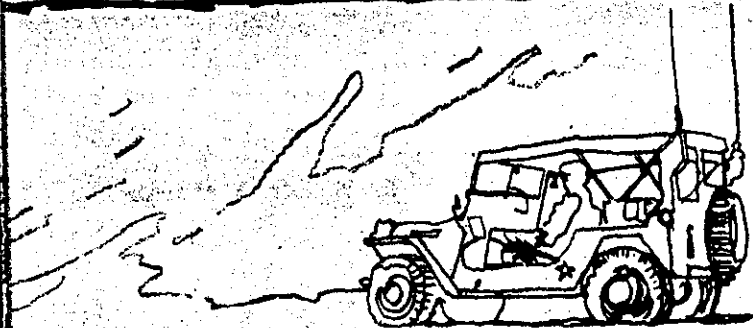


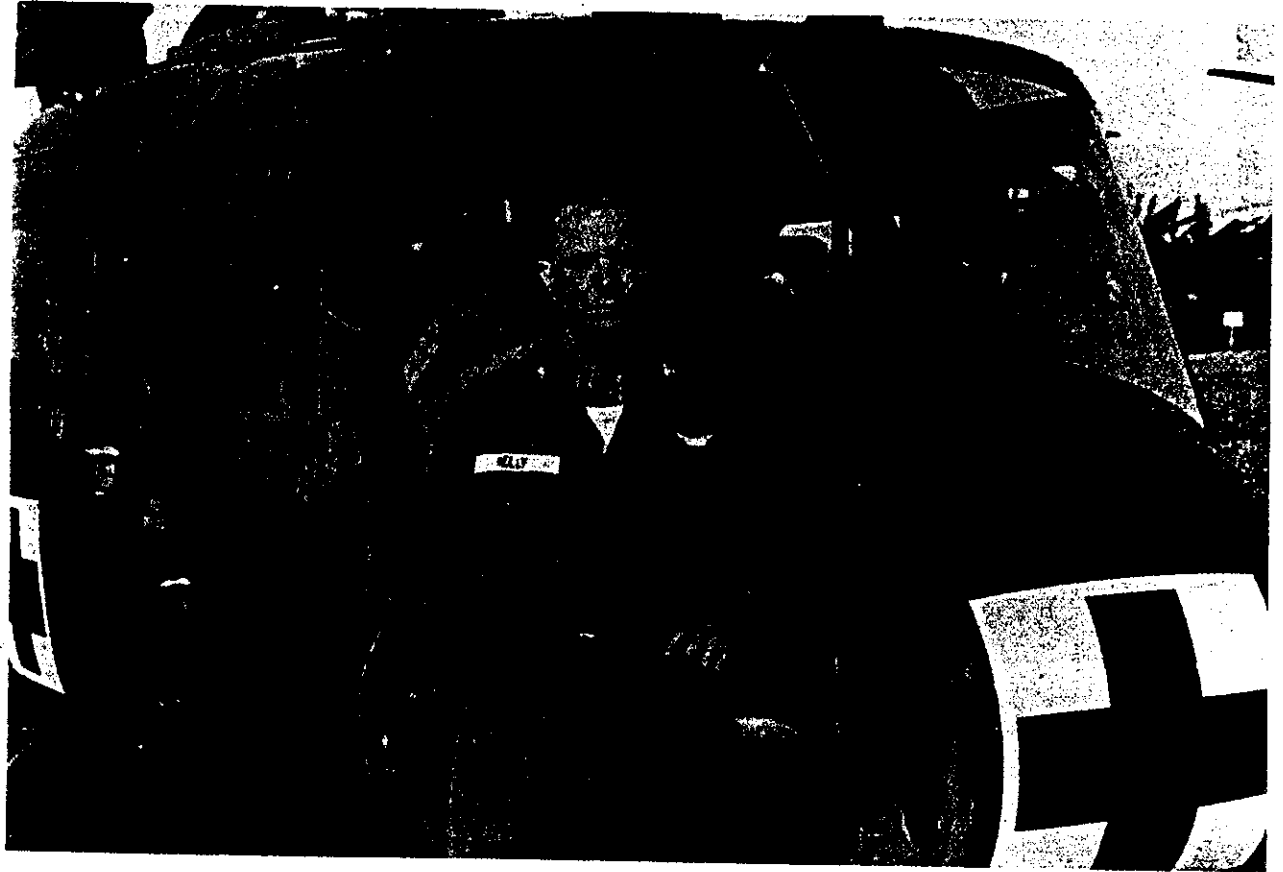


MAJOR CHARLES L. Kelly, Medical Service Corps, was **DUSTOFF** and **DUSTOFF** was "Combat Kelly." The two became synonymous in the Republic of Vietnam in 1964 when the most effective of all emergency medical evacuation systems emerged to full maturity in the mountains and paddies halfway around the world.

As commander of the 57th Medical Detachment (Helicopter Ambulance), Kelly assumed the radio callsign "DUSTOFF." His skill, aplomb, dedication and daring soon made both famous throughout the Delta. The lonely silence of many a distant outpost was broken by his radio drawl, "... this is DUSTOFF. Just checking in to see if everything is okay." And when there were wounded, here came Kelly "helibent for leather!"

On such a mission on 1 July 1964, Kelly was making an approach into a hot area to pick up wounded only to find the enemy waiting too with a withering bar-





Major Charles L. Kelly

rage of fire. He was advised repeatedly to retire but refused. When a U. S. advisor on the ground gave him a direct order to withdraw Kelly calmly replied, "When I have your wounded." Moments later Kelly died with a single bullet wound through his heart.

Kelly was dead but the legacy was only beginning. DUSTOFF became the callsign of all Army aeromedical evacuation missions in Vietnam and "when I have your wounded" became the personal and collective credo of the many gallant medevac pilots who followed him.

Major Charles L. Kelly was highly decorated for his valor and is memorialized by a heliport named in his honor at Ft. Sam Houston, TX. A far more appro-

priate and living memorial to him is the thousands of young Americans and other nationalities alive today as the result of DUSTOFF, the system that Kelly died for.

Regardless of the criteria utilized, the American soldier wounded in Vietnam had the best chance of survival of any war to date. The mortality rate among wounded reaching medical treatment facilities was only 2.6 percent, compared to 4.5 percent in World War II and 2.5 percent in Korea. But this is not the complete picture. Many more seriously wounded reached medical facilities alive to receive the benefits of modern medical care. Our surgeons have never been more challenged and never have they performed more magnificently. In previous wars most of these mortally wounded would have died en route and

would have been recorded as KIA (killed in action). Assuming that those who died within the first 24 hours of hospitalization were in this category, the real comparable mortality rate was closer to only 1 percent.

A more realistic index of comparison of the effectiveness of the combat evacuation/treatment systems between wars is the "deaths as percent of hits" or ratio of deaths to deaths plus surviving wounded, which adjusts for the effect of the rapidity of evacuation upon the echelon at which death occurs. In World War II 29.3 percent of the wounded died, in Korea it was 26.3 percent, while in Vietnam it was only 19 percent. Further, the ratio of KIA to WIA (wounded in action) was 1 to 3.1 in World War II, 1 to 4.1 in Korea and 1 to 5.6 in Vietnam.

The major factors contributing to this outstanding accomplishment in the management of battle wounds were:

- Swift reliable helicopter evacuation.
- Ready availability of ample amounts of whole blood.
- Highly skilled, well organized surgical teams.
- Well equipped, semipermanent forward hospitals.
- Effective management of available medical resources.

Of these important factors, helicopter evacuation is considered the common denominator of the success achieved. Without DUSTOFF it would have been impossible to exploit the other factors cited and the management of medical resources would have been much less effective.

Helicopter evacuation in Vietnam was neither a sometime thing nor a fair weather, daytime phenomenon. DUSTOFF was the method of emergency medical evacuation with ground means in a secondary supporting role. A high percentage of sorties were flown at night and weather was not a significant deterrent.

The number of patients evacuated by DUSTOFF rose from 13,004 in 1965, to 67,910 in 1966, to 85,804 in 1967 and peaked at 206,229 in 1969. In 1969 DUSTOFF completed more than 104,112 missions while flying approximately 78,652 combat hours. These statistics include evacuation of Vietnamese soldiers and civilians, Free World Forces and even Viet Cong as well as U. S. casualties. One has only to relate these statistics to the survival data previously cited to extrapolate the tremendous number of lives saved by DUSTOFF.

In addition to significant contribution to saving lives, amelioration of suffering and improving medical



Major Patrick H. Brady

efficiencies, DUSTOFF contributed immeasurably to the morale and combat effectiveness of our soldiers. The soldier committed to battle in an isolated situation *knew* that he was within 35 minutes of definitive surgical care should he become wounded, and he *knew* that DUSTOFF would be there when needed. For each of the thousands of wounded actually evacuated, tens of thousands of his comrades were reassured by the red crosses and later the white ships of DUSTOFF.

On 9 October 1969 at the White House, the President of the United States recognized the contributions of DUSTOFF when he awarded the Medal of Honor to Major Patrick H. Brady, Medical Service Corps, for conspicuous gallantry and intrepidity in action at the risk of his life and beyond the call of duty (see page 1 and "Out Of The Valley Of Death," May 1970



Major General Spurgeon Neel, M.D., MC, is the commander of the U. S. Army Health Services Command at Ft. Sam Houston, TX. He was the first Army officer to be certified in the specialty of aviation medicine by the American Board of Preventive Medicine. Prior to his present assignment he was the assistant surgeon general for the United States Army

DIGEST). Brady learned to fly DUSTOFF with Kelly and continued the tradition. On 6 January 1968 he utilized three helicopters in succession on multiple missions under heavy fire to evacuate 51 seriously wounded men, many of whom would have died without prompt medical attention.

Nor is this the end of DUSTOFF's proud story. The system which reached perfection in Vietnam is now being applied to the significant emergency medical care problems within the United States. Lives are being saved daily on our highways, in our factories and in our homes by the use of helicopter evacuation and the lessons learned in Vietnam. Project MAST (Military Assistance to Safety and Traffic) has demonstrated clearly the feasibility and necessity for expansion of this service to our citizens (see "MAST Is," November 1973 DIGEST). The right to live is a basic American right, whether on the field of battle or in our metropolitan and rural areas at home. Helicopter evacuation adds meaning to such innovative health care delivery systems as the Regional Medical Programs. A health care system incorporating helicopter evacuation is economically competitive with present systems without this capability.

I am convinced that DUSTOFF is the brightest light in the dark shadows of Vietnam. DUSTOFF with its Kellys and Bradys exemplifies the highest dedication of the Army Medical Department—"when I have your wounded." I knew them well and am proud.